

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 05, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 228,152.60
TOTAL TRANSFERS BETWEEN FUNDS	\$ 93,041.78
TOTAL NURSING HOME UPL EXPENSES	\$ 2,108,368.84
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED April 05, 2023	\$ 2,429,563.22

APPROVED

APR 05 2023

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---April 05, 2023

PAYABLES AND PAYROLL

3/30/2023 Weekly Payables	194,164.03
3/30/2023 Patient Refunds	5,170.80
4/3/2023 Frontier-phone services	39.55
4/3/2023 City of Port Lavaca-water	4,425.99
4/3/2023 McKesson-340B Prescription Expense	9,554.94
4/3/2023 Amerisource Bergen-340B Prescription Expense	2,505.71
4/3/2023 Health Equity-Wage works employee FSA	10,829.20

Prosperity Electronic Bank Payments

3/27/2023 Credit Card & Lease Fees	561.00
3/27-3/31/23 Pay Plus-Patient Claims Processing Fee	294.11
3/31/2023 ExpertPay- child support	607.27

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 228,152.60**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

3/30/2023 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	5,700.00
3/30/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	21,225.36
3/30/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	19,488.26
3/30/2023 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	43,313.76
3/30/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating	3,314.40

TOTAL TRANSFERS BETWEEN FUNDS **\$ 93,041.78**

NURSING HOME UPL EXPENSES

4/3/2023 Nursing Home UPL-Cantex Transfer	602,612.02
4/3/2023 Nursing Home UPL-Nexion Transfer	111,637.60
4/3/2023 Nursing Home UPL-HMG Transfer	65,945.02
4/3/2023 Nursing Home UPL-Tuscany Transfer	388,933.78
4/3/2023 Nursing Home UPL-HSL Transfer	477,363.26

QIPP CHECKS TO MMC

4/3/2023 Ashford	114,316.60
4/3/2023 Broadmoor	40,651.47
4/3/2023 Crescent	27,468.02
4/3/2023 Fort Bend	36,981.06
4/3/2023 Solera	34,254.67
4/3/2023 Golden Creek	54,723.94
4/3/2023 Gulf Pointe	41,502.34
4/3/2023 Tuscany	66,436.44
4/3/2023 Bethany	44,823.48

TRANSFER BETWEEN FUNDS TO MMC OPERATING

4/3/2023 Ashford-Interest Earned	87.20
4/3/2023 Broadmoor-Interest Earned	99.20
4/3/2023 Crescent-Interest Earned	96.88
4/3/2023 Fort Bend-Interest Earned	37.57
4/3/2023 Solera-Interest Earned	131.63
4/3/2023 Golden Creek-Interest earned	58.06
4/3/2023 Gulf Pointe MM-Interest Earned	49.68
4/3/2023 Gulf Pointe PP-Interest Earned	15.78
4/3/2023 Bethany-Interest Earned	143.14

TOTAL NURSING HOME UPL EXPENSES **\$ 2,108,368.84**

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

GRAND TOTAL DISBURSEMENTS APPROVED April 05, 2023 **\$ 2,429,563.22**

RECEIVED BY THE COUNTY AUDITOR ON

MAR 30 2023

03/30/2023 CALHOUN COUNTY, TEXAS 11:04

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/20/2023

0 ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
14620	AETNA ✓			230637		03/30/20	03/03/20	04/03/20		22.65	0.00	0.00	22.65 ✓		
REFUND															
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										14620	AETNA	22.65	0.00	0.00	22.65
14028	AMAZON CAPITAL SERVICES ✓			1C1C-CHTT-3XWG ✓		03/29/20	03/20/20	04/19/20		28.97	0.00	0.00	28.97 ✓		
SUPPLIES															
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										14028	AMAZON CAPITAL SERVICES	28.97	0.00	0.00	28.97
A1360	AMERISOURCEBERGEN DRUG CORP ✓		W	3128172425 ✓		03/30/20	03/29/20	04/04/20		28.16	0.00	0.00	28.16 ✓		
INVENTORY															
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										A1360	AMERISOURCEBERGEN DRUG CORP	28.16	0.00	0.00	28.16
12800	AUTHORITYRX ✓			1652 ✓		03/30/20	01/03/20	01/04/20		338.00	0.00	0.00	338.00 ✓		
CVS CLAIMS															
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										12800	AUTHORITYRX	338.00	0.00	0.00	338.00
M2485	BAYER HEALTHCARE ✓		M	6010432897 ✓		03/29/20	03/09/20	03/29/20		828.06	0.00	0.00	828.06 ✓		
SUPPLIES															
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										M2485	BAYER HEALTHCARE	828.06	0.00	0.00	828.06
B1220	BECKMAN COULTER INC ✓		M	110500953 ✓		03/29/20	03/15/20	04/09/20		1,417.90	0.00	0.00	1,417.90 ✓		
SUPPLIES															
				110513476 ✓		03/29/20	03/22/20	04/16/20		85.07	0.00	0.00	85.07 ✓		
SUPPLIES															
				5470952 ✓		03/30/20	03/13/20	04/07/20		5,016.58	0.00	0.00	5,016.58 ✓		
LEASE															
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										B1220	BECKMAN COULTER INC	6,519.55	0.00	0.00	6,519.55
13892	BLUE CROSS BLUE SHIELD REFUND ✓														

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
225669 ✓		03/30/20	03/03/20	04/03/20		76.52	0.00	0.00	76.52 ✓		
	REFUND ✓										
205763 ✓		03/30/20	03/03/20	04/03/20		189.71	0.00	0.00	189.71 ✓		
	REFUND										
215754 ✓		03/30/20	03/06/20	04/06/20		81.52	0.00	0.00	81.52 ✓		
	REFUND ✓										
206111 ✓		03/30/20	03/21/20	04/15/20		81.52	0.00	0.00	81.52 ✓		
	REFUND										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						13892	BLUE CROSS BLUE SHIELD REFUND	429.27	0.00	0.00	429.27
Vendor#	Vendor Name				Class	Pay Code					
B1650	BOSART LOCK & KEY INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
125886 ✓		03/29/20	03/14/20	04/01/20		133.70	0.00	0.00	133.70 ✓		
	KEYKS										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						B1650	BOSART LOCK & KEY INC	133.70	0.00	0.00	133.70
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		
032423		03/30/20	03/24/20	04/06/20		89.54	0.00	0.00	89.54 ✓		
	FUEL										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						C1048	CALHOUN COUNTY	89.54	0.00	0.00	89.54
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		
1647629980		03/29/20	03/19/20	04/13/20		634.60	0.00	0.00	634.60 ✓		
	SUPPLIES										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						14064	CAPITAL ONE	634.60	0.00	0.00	634.60
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		
7000142870-9 ✓		03/30/20	02/28/20	04/05/20		150.84	0.00	0.00	150.84 ✓		
	SUPPLIES										
1002037187-8 ✓		03/30/20	03/08/20	01/04/20		1,788.00	0.00	0.00	1,788.00 ✓		
	MAINT										
1002037188-6 ✓		03/30/20	03/08/20	04/01/20		2.00	0.00	0.00	2.00 ✓		
	MAINT										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						14260	CAREFUSION SOLUTIONS, LLC	1,940.84	0.00	0.00	1,940.84
Vendor#	Vendor Name				Class	Pay Code					
C1992	CDW GOVERNMENT, INC. ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
HC24781 ✓		03/15/20	02/28/20	03/30/20		1,078.64	0.00	0.00	1,078.64 ✓		
	LVO M90Q										
HH42990 ✓		03/29/20	03/09/20	04/08/20		1,912.51	0.00	0.00	1,912.51 ✓		
	SUPPLIES										
HL15355 ✓		03/29/20	03/16/20	04/15/20		1,992.86	0.00	0.00	1,992.86 ✓		

SUPPLIES

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
C1992	CDW GOVERNMENT, INC.			4,984.01	0.00	0.00	4,984.01

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C1390	CENTRAL DRUG ✓	W		032723		03/30/20	03/27/20	04/01/20		38.80	0.00	0.00	38.80 ✓

INVENTORY

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
C1390	CENTRAL DRUG			38.80	0.00	0.00	38.80

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C2157	COOPER SURGICAL INC ✓	M		6592082 ✓		03/14/20	03/09/20	04/01/20		397.73	0.00	0.00	397.73 ✓

SUPPLIES CHRISTAIN10

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
C2157	COOPER SURGICAL INC			397.73	0.00	0.00	397.73

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON ✓			713269-1 ✓		03/29/20	03/20/20	04/14/20		57.18	0.00	0.00	57.18 ✓

SUPPLIES

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON			57.18	0.00	0.00	57.18

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11284	EMERGENCY STAFFING SOLUTIONS ✓			42067 ✓		03/30/20	03/31/20	04/10/20		40,062.50	0.00	0.00	40,062.50 ✓

PHYSICIAN SERVICE (16-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	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14136	EPI-EDWARD PLUMBING ✓			66047 ✓		03/30/20	03/24/20	03/24/20		1,755.19	0.00	0.00	1,755.19 ✓

LABOR/MILEAGE (Heated Dehumidifier - operation 2)

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
14136	EPI-EDWARD PLUMBING			1,755.19	0.00	0.00	1,755.19

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C2510	EVIDENT ✓	M		T2303091378 ✓		03/30/20	03/09/20	04/03/20		18,979.52	0.00	0.00	18,979.52 ✓

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C2510	EVIDENT			T2303161378 ✓		03/30/20	03/16/20	04/10/20		7,813.16	0.00	0.00	7,813.16 ✓

BUSINESS SERV

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
C2510	EVIDENT			26,792.68	0.00	0.00	26,792.68

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE ✓	M		1209070 ✓		03/29/20	03/10/20	04/04/20		110.96	0.00	0.00	110.96 ✓

1247094	✓	SUPPLIES	03/29/20	03/13/20	04/07/20	38.45	0.00	0.00	38.45	✓	
1287906	✓	SUPPLIES	03/29/20	03/14/20	04/08/20	1,442.71	0.00	0.00	1,442.71	✓	
1287904	✓	SUPPLIES	03/29/20	03/14/20	04/08/20	246.02	0.00	0.00	246.02	✓	
1328207	✓	SUPPLIES	03/29/20	03/15/20	04/09/20	7.23	0.00	0.00	7.23	✓	
1368000	✓	SUPPLIES	03/29/20	03/16/20	04/10/20	145.60	0.00	0.00	145.60	✓	
1368002	✓	SUPPLIES	03/29/20	03/16/20	04/10/20	1,316.11	0.00	0.00	1,316.11	✓	
1443042	✓	SUPPLIES	03/29/20	03/20/20	04/14/20	177.95	0.00	0.00	177.95	✓	
1443041	✓	SUPPLIES	03/29/20	03/20/20	04/14/20	177.95	0.00	0.00	177.95	✓	
1482986	✓	SUPPLIES	03/29/20	03/21/20	04/15/20	128.54	0.00	0.00	128.54	✓	
1482985	✓	SUPPLIES	03/29/20	03/21/20	04/15/20	128.54	0.00	0.00	128.54	✓	
1482987	✓	SUPPLIES	03/29/20	03/21/20	04/15/20	842.63	0.00	0.00	842.63	✓	
1524533	✓	SUPPLIES	03/29/20	03/22/20	04/16/20	478.64	0.00	0.00	478.64	✓	
1524532	✓	SUPPLIES	03/29/20	03/22/20	04/16/20	52.99	0.00	0.00	52.99	✓	
1524530	✓	SUPPLIES	03/29/20	03/22/20	04/16/20	213.03	0.00	0.00	213.03	✓	
1524531	✓	SUPPLIES	03/29/20	03/22/20	04/16/20	213.03	0.00	0.00	213.03	✓	
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						F1400	FISHER HEALTHCARE	5,720.38	0.00	0.00	5,720.38
Vendor#	Vendor Name		Class		Pay Code						
11183	FRONTIER ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
031923		03/30/20	03/19/20	04/12/20		70.40	0.00	0.00	70.40	✓	
						PHONE					
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11183	FRONTIER	70.40	0.00	0.00	70.40
Vendor#	Vendor Name		Class		Pay Code						
12636	FUSION CLOUD SERVICES, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
28823454		03/30/20	03/16/20	04/15/20		33.85	0.00	0.00	33.85	✓	
						PHONE					
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						12636	FUSION CLOUD SERVICES, LLC	33.85	0.00	0.00	33.85
Vendor#	Vendor Name		Class		Pay Code						
11149	GBS ADMINISTRATORS, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
205884141148		03/30/20	03/23/20	04/01/20		6,197.57	0.00	0.00	6,197.57	✓	

INSURANCE APR 23

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11149	GBS ADMINISTRATORS, INC		6,197.57	0.00	0.00	6,197.57	
Vendor#	Vendor Name			Class	Pay Code				
G1001	GETINGE USA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6992174303 ✓		03/29/20	03/16/20	04/01/20		59.75	0.00	0.00	59.75 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		G1001	GETINGE USA		59.75	0.00	0.00	59.75	
Vendor#	Vendor Name			Class	Pay Code				
W1300	GRAINGER ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9642892807 ✓		03/29/20	03/16/20	04/10/20		300.60	0.00	0.00	300.60 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		W1300	GRAINGER		300.60	0.00	0.00	300.60	
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
2369038 ✓		03/29/20	03/21/20	04/20/20		674.61	0.00	0.00	674.61 ✓
2369198 ✓		03/29/20	03/21/20	04/20/20		35.61	0.00	0.00	35.61 ✓
	SUPPLIES								
2369136 ✓		03/29/20	03/21/20	04/20/20		8,196.90	0.00	0.00	8,196.90 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		G1210	GULF COAST PAPER COMPANY		8,907.12	0.00	0.00	8,907.12	
Vendor#	Vendor Name			Class	Pay Code				
11182	HEATHER MUTCHLER ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032923		03/29/20	03/29/20	04/01/20		312.26	0.00	0.00	312.26 ✓
	TRAVEL REIMB (3/19 - 3/22/23) NARTZ conference								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11182	HEATHER MUTCHLER		312.26	0.00	0.00	312.26	
Vendor#	Vendor Name			Class	Pay Code				
H1269	HENRY SCHEIN INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35435498 ✓		03/29/20	03/09/20	03/09/20		87.02	0.00	0.00	87.02 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		H1269	HENRY SCHEIN INC.		87.02	0.00	0.00	87.02	
Vendor#	Vendor Name			Class	Pay Code				
H0416	HOLOGIC INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10300786 ✓		03/29/20	10/22/20	11/22/20		-137.50	0.00	0.00	-137.50 ✓
	CREDIT MP201								
10461730 ✓		03/29/20	03/13/20	03/29/20		708.75	0.00	0.00	708.75 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		H0416	HOLOGIC INC		571.25	0.00	0.00	571.25	

Vendor#	Vendor Name		Class	Pay Code							
10530	HUMANA										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	180386 ✓		03/30/20	03/07/20	04/07/20		120.00	0.00	0.00	120.00 ✓	
		REFUND									
	224640 ✓		03/30/20	03/21/20	04/15/20		296.15	0.00	0.00	296.15 ✓	
		REFUND									
	224790 ✓		03/30/20	03/21/20	04/15/20		117.60	0.00	0.00	117.60 ✓	
		REFUND									
	229090 ✓		03/30/20	03/21/20	04/15/20		119.13	0.00	0.00	119.13 ✓	
		REFUND ADELINA BENAVIDE									
	225553 ✓		03/30/20	03/21/20	04/15/20		119.13	0.00	0.00	119.13 ✓	
		REFUND ADELINA BENAVIDE									
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
		10530 HUMANA					772.01	0.00	0.00	772.01	
14812											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	032423		03/30/20	03/24/20	04/01/20		47.25	0.00	0.00	47.25 ✓	
		REFUND									
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
		14812					47.25	0.00	0.00	47.25	
14364	JACQUELINE HERRERA ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	032823		03/29/20	03/28/20	04/01/20		40.02	0.00	0.00	40.02 ✓	
		TRAVEL <i>to central Dwy for medication 3/27/23</i>									
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
		14364 JACQUELINE HERRERA					40.02	0.00	0.00	40.02	
M2470	MEDLINE INDUSTRIES INC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	2258085598 ✓		03/29/20	03/15/20	04/09/20		58.15	0.00	0.00	58.15 ✓	
		SUPPLIES									
	2258085582 ✓		03/29/20	03/15/20	04/09/20		272.90	0.00	0.00	272.90 ✓	
		SUPPLIES									
	2258085585 ✓		03/29/20	03/15/20	04/09/20		23.74	0.00	0.00	23.74 ✓	
		SUPPLIES									
	2258085596 ✓		03/29/20	03/15/20	04/09/20		120.06	0.00	0.00	120.06 ✓	
		SUPPLIES									
	2258085589 ✓		03/29/20	03/15/20	04/09/20		425.73	0.00	0.00	425.73 ✓	
		SUPPLIES									
	2258085594 ✓		03/29/20	03/15/20	04/09/20		5,116.97	0.00	0.00	5,116.97 ✓	
		SUPPLIES									
	2258085597 ✓		03/29/20	03/15/20	04/09/20		95.48	0.00	0.00	95.48 ✓	
		SUPPLIES									
	2258158550 ✓		03/29/20	03/15/20	04/09/20		116.81	0.00	0.00	116.81 ✓	
		SUPPLIES									
	2258085587 ✓		03/29/20	03/15/20	04/09/20		264.61	0.00	0.00	264.61 ✓	
		SUPPLIES									
	2258205527 ✓		03/29/20	03/16/20	04/10/20		-47.63	0.00	0.00	-47.63 ✓	

	SUPPLIES											
2258298830	✓	03/29/20	03/16/20	04/10/20			-23.74	0.00	0.00	-23.74 ✓		
	SUPPLIES											
2258592590	✓	03/29/20	03/18/20	04/12/20			221.28	0.00	0.00	221.28 ✓		
	SUPPLIES											
2258664739	✓	03/29/20	03/19/20	04/13/20			131.08	0.00	0.00	131.08 ✓		
	SUPPLIES											
2258711823	✓	03/29/20	03/20/20	04/14/20			105.89	0.00	0.00	105.89 ✓		
	SUPPLIES											
2258711824	✓	03/29/20	03/20/20	04/14/20			147.88	0.00	0.00	147.88 ✓		
	SUPPLIES											
2258915288	✓	03/29/20	03/21/20	04/15/20			67.90	0.00	0.00	67.90 ✓		
	SUPPLIES											
2258915287	✓	03/29/20	03/21/20	04/15/20			109.03	0.00	0.00	109.03 ✓		
	SUPPLIES											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	7,206.14	0.00	0.00	7,206.14
Vendor#	Vendor Name				Class	Pay Code						
10536	MORRIS & DICKSON CO, LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
9373329	✓	03/30/20	03/22/20	04/01/20			8.69	0.00	0.00	8.69 ✓		
	INVENTORY											
9374515	✓	03/30/20	03/22/20	04/01/20			977.52	0.00	0.00	977.52 ✓		
	INVENTORY											
9372571	✓	03/30/20	03/22/20	04/01/20			4,208.70	0.00	0.00	4,208.70 ✓		
	INVENTORY											
9375945	✓	03/30/20	03/22/20	04/01/20			94.42	0.00	0.00	94.42 ✓		
	INVENTORY											
9376309	✓	03/30/20	03/22/20	04/01/20			246.14	0.00	0.00	246.14 ✓		
	INVENTORY											
9375673	✓	03/30/20	03/22/20	04/01/20			11.25	0.00	0.00	11.25 ✓		
	INVENTORY											
9373328	✓	03/30/20	03/22/20	04/01/20			4.85	0.00	0.00	4.85 ✓		
	INVENTORY											
9375946	✓	03/30/20	03/22/20	04/01/20			8,846.10	0.00	0.00	8,846.10 ✓		
	INVENTORY											
9374514	✓	03/30/20	03/22/20	04/01/20			6.44	0.00	0.00	6.44 ✓		
	INVENTORY											
1500	✓	03/30/20	03/22/20	04/01/20			-0.76	0.00	0.00	-0.76 ✓		
	CREDIT											
9378105	✓	03/30/20	03/23/20	04/02/20			4,355.76	0.00	0.00	4,355.76 ✓		
	INVENTORY											
1805	✓	03/30/20	03/23/20	04/02/20			-162.29	0.00	0.00	-162.29 ✓		
	CREDIT											
9388431	✓	03/30/20	03/26/20	04/05/20			48.03	0.00	0.00	48.03 ✓		
	INVENTORY											
9388432	✓	03/30/20	03/26/20	04/05/20			1,668.24	0.00	0.00	1,668.24 ✓		
	INVENTORY											
9386390	✓	03/30/20	03/26/20	04/05/20			907.48	0.00	0.00	907.48 ✓		
	INVENTORY											
9386391	✓	03/30/20	03/26/20	04/05/20			474.18	0.00	0.00	474.18 ✓		

		INVENTORY										
SC2188	✓		03/30/20	03/27/20	04/06/20		117.64	0.00	0.00	117.64 ✓		
		SERVICE CHARGE										
SC2189	✓		03/30/20	03/27/20	04/06/20		218.80	0.00	0.00	218.80 ✓		
		SERVICE CHARGE										
SC2190	✓		03/30/20	03/27/20	04/06/20		96.35	0.00	0.00	96.35 ✓		
		SERVICE CHARGE										
9392089	✓		03/30/20	03/27/20	04/06/20		165.02	0.00	0.00	165.02 ✓		
		INVENTORY										
9389299	✓		03/30/20	03/27/20	04/06/20		4,504.16	0.00	0.00	4,504.16 ✓		
		INVENTORY										
9390124	✓		03/30/20	03/27/20	04/06/20		86.52	0.00	0.00	86.52 ✓		
		INVENTORY										
9390123	✓		03/30/20	03/27/20	04/06/20		1,220.60	0.00	0.00	1,220.60 ✓		
		INVENTORY										
9392090	✓		03/30/20	03/27/20	04/06/20		48.85	0.00	0.00	48.85 ✓		
		INVENTORY										
9397960	✓		03/30/20	03/28/20	04/07/20		2,610.52	0.00	0.00	2,610.52 ✓		
		INVENTORY										
9395590	✓		03/30/20	03/28/20	04/07/20		42.90	0.00	0.00	42.90 ✓		
		INVENTORY										
9397959	✓		03/30/20	03/28/20	04/07/20		4,057.49	0.00	0.00	4,057.49 ✓		
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	34,863.60	0.00	0.00	34,863.60
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		
91134563	✓		03/29/20	03/20/20	03/29/20		120.00	0.00	0.00	120.00 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10868	NOVA BIOMEDICAL	120.00	0.00	0.00	120.00
Vendor#	Vendor Name		Class		Pay Code							
O1201	OZARK BIOMEDICAL, LLC ✓		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
345495	✓		03/29/20	03/16/20	04/01/20		360.00	0.00	0.00	360.00 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							O1201	OZARK BIOMEDICAL, LLC	360.00	0.00	0.00	360.00
Vendor#	Vendor Name		Class		Pay Code							
14764	PL-CPR, LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
186	✓		03/22/20	03/18/20	04/17/20		750.00	0.00	0.00	750.00 ✓		
	PALS (5@150)											
185	✓		03/22/20	03/18/20	04/17/20		525.00	0.00	0.00	525.00 ✓		
	ACLS (33=@ 175)											
187	✓		03/22/20	03/20/20	04/19/20		750.00	0.00	0.00	750.00 ✓		
	ACLS RERT (5 @ 150)											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14764	PL-CPR, LLC	2,025.00	0.00	0.00	2,025.00
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		
998727462 ✓		03/29/20	03/20/20	04/19/20		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		
SC32090423 ✓		03/29/20	03/12/20	04/06/20		1,791.67	0.00	0.00	1,791.67 ✓		
	SERV AGREEMENT										
SC32690423 ✓		03/29/20	03/16/20	04/10/20		1,708.33	0.00	0.00	1,708.33 ✓		
	SERV 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					
11764	ROBERT RODRIQUEZ ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
032323		03/29/20	03/23/20	04/01/20		93.42	0.00	0.00	93.42 ✓		
	REIMBURSEMENT 3/22/23 travel to Sam's, Office Rpt, HEB Plus / reimbursement										
032723		03/29/20	03/27/20	04/01/20		46.18	0.00	0.00	46.18 ✓		
	TRAVEL REIMB 3/23-3/26/23 travel to Sam's, HEB Plus										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11764	ROBERT RODRIQUEZ				139.60	0.00	0.00	139.60		
Vendor#	Vendor Name				Class	Pay Code					
14808	✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
030322		03/30/20	03/03/20	04/03/20		103.13	0.00	0.00	103.13 ✓		
	REFUND										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	14808					103.13	0.00	0.00	103.13		
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		
032023		03/29/20	03/20/20	04/08/20		744.59	0.00	0.00	744.59 ✓		
	SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	S0900	SAM'S CLUB DIRECT				744.59	0.00	0.00	744.59		
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		
116346756 ✓		03/30/20	03/16/20	04/10/20		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					
10094	ST DAVIDS HEALTHCARE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MMCPL2023-02 ✓		03/29/20	03/27/20	04/01/20		420.00	0.00	0.00	420.00 ✓		
	FEB 23 CONNECTIVITY FEE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		

	10094	ST DAVIDS HEALTHCARE				420.00	0.00	0.00	420.00
Vendor#	Vendor Name		Class	Pay Code					
S3940	STERIS CORPORATION ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10961967 ✓		03/29/20	03/15/20	04/09/20		202.80	0.00	0.00	202.80 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION				202.80	0.00	0.00	202.80
Vendor#	Vendor Name		Class	Pay Code					
12476	SUN LIFE FINANCIAL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032323		03/30/20	03/22/20	04/10/20		11,027.97	0.00	0.00	11,027.97 ✓
	MARCH 2023 INSURANCE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL				11,027.97	0.00	0.00	11,027.97
Vendor#	Vendor Name		Class	Pay Code					
14524	SYSMEX AMERICA, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
94686044 ✓		03/29/20	03/24/20	04/20/20		527.44	0.00	0.00	527.44 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	14524	SYSMEX AMERICA, INC.				527.44	0.00	0.00	527.44
Vendor#	Vendor Name		Class	Pay Code					
13880	TEXAS SELECT STAFFING ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032323		03/30/20	03/23/20	04/01/20		8,000.00	0.00	0.00	8,000.00 ✓
	DEPOSIT FOR JOSEPH ESQUELL - RN ICU								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	13880	TEXAS SELECT STAFFING				8,000.00	0.00	0.00	8,000.00
Vendor#	Vendor Name		Class	Pay Code					
14828	THE UNIVERSITY OF TEXAS HEALTH ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2860 ✓		03/30/20	08/05/20	09/05/20		900.00	0.00	0.00	900.00 ✓
	CONTRACT RENEWAL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	14828	THE UNIVERSITY OF TEXAS HEALTH				900.00	0.00	0.00	900.00
Vendor#	Vendor Name		Class	Pay Code					
14012	TK ELEVATOR CORPORATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3007070103 ✓		03/29/20	02/01/20	03/01/20		1,447.77	0.00	0.00	1,447.77 ✓
	MAINTENANCE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	14012	TK ELEVATOR CORPORATION				1,447.77	0.00	0.00	1,447.77
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
INV1796718674 ✓		03/22/20	03/17/20	04/16/20		5,028.00	0.00	0.00	5,028.00 ✓
	STEVEN SHAW 3/5-3/11								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC				5,028.00	0.00	0.00	5,028.00
Vendor#	Vendor Name		Class	Pay Code					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
U1064 UNIFIRST HOLDINGS INC ✓											
8400417904 ✓	LAUNDRY	03/22/20	03/20/20	04/14/20		59.45	0.00	0.00	59.45 ✓		
8400417924 ✓	LAUNDRY	03/22/20	03/20/20	04/14/20		2,430.11	0.00	0.00	2,430.11 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U1064	UNIFIRST HOLDINGS INC	2,489.56	0.00	0.00	2,489.56
Vendor#	Vendor Name			Class	Pay Code						
U2000	US POSTAL SERVICE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
032823	POSTAGE	03/29/20	03/28/20	04/01/20		2,200.00	0.00	0.00	2,200.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U2000	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00
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		
9111298323 ✓	LEASE	03/30/20	03/15/20	04/09/20		1,571.67	0.00	0.00	1,571.67 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						I1110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67
Vendor#	Vendor Name			Class	Pay Code						
W1270	WISCONSIN STATE LABORATORY ✓			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
30019930 ✓	SUPPLIES	03/29/20	02/13/20	03/31/20		350.00	0.00	0.00	350.00 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						W1270	WISCONSIN STATE LABORATORY	350.00	0.00	0.00	350.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	194,164.03	0.00	0.00	194,164.03

APPROVED ON

MAR 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 198703-198740

RECEIVED BY THE
COUNTY AUDITOR ON

RUN DATE: 03/30/23

TIME: 09:38

MAR 30 2023

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT
NUMBER COUNTY NAME

DATE PAY PAT
AMOUNT CODE TYPE DESCRIPTION

GL NUM

033023	146.72	✓	2	REFUND	
033023	50.00	✓	3	REFUND	
033023	164.06	✓	2	REFUND	
033023	20.00	✓	2	REFUND	
033023	50.00	✓	3	REFUND	
033023	10.00	✓	2	REFUND	
033023	50.00	✓	2	REFUND	
033023	70.00	✓	2	REFUND	
033023	13.80	✓	2	REFUND	
033023	26.42	✓	3	REFUND	
033023	73.20	✓	2	REFUND	
033023	30.00	✓	2	REFUND	
033023	18.80	✓	2	REFUND	
033023	116.89	✓	2	REFUND	
033023	20.08	✓	2	REFUND	
033023	344.63	✓	2	REFUND	
033023	17.27	✓	2	REFUND	
033023	81.93	✓	2	REFUND	
033023	75.00	✓	3	REFUND	
033023	175.00	✓	2	REFUND	
033023	122.85	✓	2	REFUND	
033023	53.31	✓	3	REFUND	
033023	15.00	✓	2	REFUND	
033023	300.00	✓	2	REFUND	
033023	43.58	✓	2	REFUND	
033023	100.00	✓	2	REFUND	
033023	250.00	✓	2	REFUND	
033023	25.00	✓	2	REFUND	
033023	13.66	✓	2	REFUND	
033023	242.49	✓	2	REFUND	
033023	100.00	✓	2	REFUND	
033023	98.16	✓	2	REFUND	
033023	100.00	✓	3	REFUND	
033023	50.00	✓	3	REFUND	
033023	199.59	✓	5	REFUND	
033023	76.45	✓	2	REFUND	
033023	711.27	✓	2	REFUND	
033023	159.00	✓	2	REFUND	
033023	57.96	✓	2	REFUND	
033023	97.78	✓	2	REFUND	
033023	56.89	✓	2	REFUND	
033023	125.00	✓	2	REFUND	
033023	10.40	✓	3	REFUND	
033023	125.00	✓	2	REFUND	
033023	152.39	✓	2	REFUND	
033023	331.22	✓	2	REFUND	

ARID=0001 TOTAL

5170.80

TOTAL APPROVED ON

5170.80

MAR 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 198766-198811

APR 03 2023

CALHOUN COUNTY, TEXAS

04/03/2023

10:27

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11183 FRONTIER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
031923		03/30/20	03/19/20	04/12/20	04/05/20	P	70.40	0.00	0.00	70.40

PHONE - *on original list*

032323		03/31/20	03/23/20	04/15/20			39.55	0.00	0.00	39.55
--------	--	----------	----------	----------	--	--	-------	------	------	-------

PHONE

** added*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	109.95	0.00	0.00	109.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	109.95	0.00	0.00	109.95

APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck#198813

RECEIVED BY THE
COUNTY AUDITOR ON

APR 03 2023

CALHOUN COUNTY, TEXAS

04/03/2023
10:29

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

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
032123		03/31/20	03/21/20	04/05/20		54.47	0.00	0.00	54.47 ✓
	WATER								
032123C		03/31/20	03/21/20	04/05/20		245.73	0.00	0.00	245.73 ✓
	WATER								
032123A		03/31/20	03/21/20	04/05/20		17.10	0.00	0.00	17.10 ✓
	WATER								
0321423B		03/31/20	03/21/20	04/05/20		4,108.69	0.00	0.00	4,108.69 ✓
	WATER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
C1730		CITY OF PORT LAVACA	4,425.99	0.00	0.00	4,425.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,425.99	0.00	0.00	4,425.99

APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#198812

MCKESSON

STATEMENT

As of: 03/31/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 03/31/2023
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: 04/01/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 04/01/2023

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 9,749.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 04/04/2023,
Pay This Amount:

9,554.94 USD

If Paid After 04/04/2023,
Pay this Amount:

9,749.94 USD

Due If Paid On Time:
USD

9,554.94 ✓

Disc lost if paid late:

195.00

Due If Paid Late:
USD

9,749.94

Andrew De La Santas
4/3/23

APPROVED ON
APR 03 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 500393

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 03/31/2023

Page: 001

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

Company: 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

DC: 8115

Territory: 400

Customer: 256342

Date: 04/01/2023

As of: 03/31/2023
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/01/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
03/27/2023	04/04/2023	7406990320	68878568	115Invoice	31.78	1,588.90		1,557.12 ✓		7406990320	
03/27/2023	04/04/2023	7406990323	68919200	115Invoice	8.10	405.05		396.95 ✓		7406990323	
03/27/2023	04/04/2023	7407004933	69092660	115Invoice	12.23	611.32		599.09 ✓		7407004933	
03/27/2023	04/04/2023	7407004935	69092660	115Invoice	0.02	0.95		0.93 ✓		7407004935	
03/27/2023	04/04/2023	7407205709	68889671	115Invoice	2.86	142.82		139.96 ✓		7407205709	
03/27/2023	04/04/2023	7407205710	69038660	195Invoice	0.86	43.16		42.30 ✓		7407205710	
03/27/2023	04/04/2023	7407205711	68964584	195Invoice		0.15		0.15 ✓		7407205711	
03/27/2023	04/04/2023	7407205712	68884330	195Invoice	0.01	0.32		0.31 ✓		7407205712	
03/28/2023	04/04/2023	7407345779	69114426	115Invoice		0.12		0.12 ✓		7407345779	
03/28/2023	04/04/2023	7407345780	69135626	115Invoice	3.55	177.52		173.97 ✓		7407345780	
03/28/2023	04/04/2023	7407360306	69215489	115Invoice		0.02		0.02 ✓		7407360306	
03/29/2023	04/04/2023	7407635379	69293027	115Invoice	15.89	794.45		778.56 ✓		7407635379	
03/29/2023	04/04/2023	7407635380	69361862	115Invoice	3.28	163.90		160.62 ✓		7407635380	
03/29/2023	04/04/2023	7407647284	69372210	115Invoice	2.63	131.49		128.86 ✓		7407647284	
03/29/2023	04/04/2023	7407849771	69270854	195Invoice	1.33	66.40		65.07 ✓		7407849771	
03/30/2023	04/04/2023	7407927078	69429840	115Invoice	24.19	1,209.44		1,185.25 ✓		7407927078	
03/30/2023	04/04/2023	7407931186	69504197	115Invoice	21.81	1,090.70		1,068.89 ✓		7407931186	
03/31/2023	04/04/2023	7408213529	69556023	115Invoice	15.90	794.78		778.88 ✓		7408213529	
03/31/2023	04/04/2023	7408213533	69556023	115Invoice	0.54	27.24		26.70 ✓		7408213533	
03/31/2023	04/04/2023	7408230880	69628297	115Invoice	0.03	1.27		1.24 ✓		7408230880	
03/31/2023	04/04/2023	7408413358	69575780	195Invoice	1.03	51.50		50.47 ✓		7408413358	

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

MCKESSON

STATEMENT

As of: 03/31/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 03/31/2023
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: 04/01/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/01/2023 ITEMS NOT PAID (✓)

PF column legend: P = Past Due Item, F = Future Due Item, National Account 632536 blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,301.50 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 16,582.38
03/27/2023

If Paid By 04/04/2023,
Pay This Amount:

7,155.46 USD

If Paid After 04/04/2023,
Pay this Amount:

7,301.50 USD

Due If Paid On Time:

USD 7,155.46 ✓

Disc lost if paid late:

146.04

Due If Paid Late:

USD 7,301.50

Andrew De La Sota
4/3/23

APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 03/31/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 03/31/2023
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: 04/01/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 04/01/2023

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
03/29/2023	04/04/2023	7407637675	2261104	115Invoice	2.07	103.71		101.64	✓	7407637675	
03/29/2023	04/04/2023	7407637676	2261104	115Invoice	46.78	2,339.13		2,292.35	✓	7407637676	

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: 2,442.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/27/2023 16,582.38

If Paid By 04/04/2023,
Pay This Amount: 2,393.99 USD

If Paid After 04/04/2023,
Pay this Amount: 2,442.84 USD

Due If Paid On Time:
USD 2,393.99 ✓
Disc lost if paid late: 48.85
Due If Paid Late:
USD 2,442.84

Andrew DePal Santos
4/3/23

APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 03/31/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 03/31/2023
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: 04/01/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 04/01/2023 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
03/29/2023	04/04/2023	7407820105	632536 2261105	115Invoice	0.11	5.60		5.49	✓	7407820105

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: 5.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/27/2023 16,582.38

If Paid By 04/04/2023,
Pay This Amount:

5.49 USD

If Paid After 04/04/2023,
Pay this Amount:

5.60 USD

Due If Paid On Time:

USD

5.49 ✓

Disc lost if paid late:

0.11

Due If Paid Late:

USD

5.60

APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeGos Santos
4/3/23

For AR Inquiries please contact 800-867-0333

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:	2,505.71
Past Due:	0.00
Total Due:	2,505.71
Account Balance:	2,505.71

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-27-2023	04-07-2023	3127851053	170173	Invoice	3.45		0.00	3.45
03-27-2023	04-07-2023	3127952081	170174	Invoice	214.46		0.00	214.46
03-27-2023	04-07-2023	3127952082	170175	Invoice	116.82		0.00	116.82
03-27-2023	04-07-2023	3127988966	170223	Invoice	25.97		0.00	25.97
03-27-2023	04-07-2023	3127988967	170224	Invoice	116.82		0.00	116.82
03-28-2023	04-07-2023	3128118238	170230	Invoice	1,576.63		0.00	1,576.63
03-29-2023	04-07-2023	3128266561	170241	Invoice	78.05		0.00	78.05
03-30-2023	04-07-2023	3128410873	170249	Invoice	14.98		0.00	14.98
03-31-2023	04-07-2023	3128556761	170259	Invoice	64.99		0.00	64.99
03-31-2023	04-07-2023	3128556762	170260	Invoice	293.54		0.00	293.54

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,505.71	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
03-31-2023	(2,466.42)

Reminders	
Due Date	Amount
04-07-2023	2,505.71
Total Due:	
	2,505.71

APPROVED ON
APR 03 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 500394

Andrew Dolos Santos
4/3/23

Memorial Medical Center
ACH Payment Request

Amount: 10,829.20 ✓

From Account: Operating- *4357

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

Explanation:

Wage Works Employee FSA Payment March Invoices Invoices 4973720, 5933554, 4913267, 4888626, 4960266

Requested by: Caitlin Clevenger Date: 4/3/2023

Authorized by: Andrew Lopez Santos Date: 4/3/2023
4/3/23

APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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	03/27/2023
PO #	DUE DATE
	06/26/2023
Invoice #	AMOUNT DUE
INV4973720	\$2,536.60

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2023	HCFSA2023	2,536.60

Total Amount Due

Andrew Lopez Santos
4/3/23

\$2,536.60 ✓

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	03/20/2023
PO #	DUE DATE
	06/20/2023
Invoice #	AMOUNT DUE
INV4933554	\$1,176.82

Description	Plan Code	Amount
Visa Card Payments - HCFS A 2023	HCFS A2023	1,176.82

Total Amount Due

Andrew DeLos Santos
 4/3/23

\$1,176.82 ✓

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	03/13/2023
PO #	DUE DATE
	06/12/2023
Invoice #	AMOUNT DUE
INV4913267	\$868.73

Description	Plan Code	Amount
Visa Card Payments - HCFA 2023	HCFA2023	868.73

Total Amount Due

Andrew DeLaSantis
4/3/23

\$868.73 ✓

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	03/06/2023
PO #	DUE DATE
	06/05/2023
Invoice #	AMOUNT DUE
INV4888626	\$5,666.80

Description	Plan Code	Amount
PMB Payments - HCFA 2023	HCFA2023	213.19
Visa Card Payments - HCFA 2023	HCFA2023	2,841.11
PMB Payments - HCFA 2022	HCFA2022	2,612.50

Andrew De los Santos
 4/3/23

Total Amount Due

\$5,666.80 ✓

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.

Account #	Invoice Date
2052366	03/23/2023
PO#	Invoice #
	INV4960266
DUE DATE	AMOUNT DUE
04/24/2023	\$580.25

Description	Quantity	Fee	Amount
Healthcare - Benefit Period: Mar 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	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 DeLos Santos
 4/3/23

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- March 27, 2023 - April 2, 2023**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
3/27/2023	TRANSFIRST LLC VMC SETTLE 41399801332385 611	- Credit Card Processing Fee
3/27/2023	PAY PLUS ACHTRANS 452579291 101000699183747	- 3rd Party Payor Fee
3/28/2023	PAY PLUS ACHTRANS 452579291 101000690012641	- 3rd Party Payor Fee
3/28/2023	MCKESSON DRUG AUTO ACH ACH05430200 910000128	- 340B Drug Program Expense
3/29/2023	PAY PLUS ACHTRANS 452579291 101000690929698	- 3rd Party Payor Fee
3/30/2023	PAY PLUS ACHTRANS 452579291 101000692036936	- 3rd Party Payor Fee
3/31/2023	PAY PLUS ACHTRANS 452579291 101000693018838	- 3rd Party Payor Fee
3/31/2023	EXPERTPAY EXPERTPAY 746003411 91000010193589	- Child Support Payment
3/31/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
3/31/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll

<u>Amount</u>	<u>CF</u>
561.00	561.00 +
122.67	561.00 *
58.98	Pay PLUS
16,582.38	122.67 +
75.15	58.98 +
24.24	75.15 +
13.07	24.24 +
607.27	13.07 +
2,466.42	294.11 *
412,161.19	Expert Pay
<u>432,672.37</u>	607.27 +
	607.27 *

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

April 3, 2023

* Approved 03-29-23 CC

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

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

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

April 3, 2023

561.00	561.00 +
294.11	294.11 +
607.27	607.27 +
<u>1,462.38</u>	1,462.38 *
432,672.37	432,672.37 +
16,582.38	16,582.38 -
2,466.42	2,466.42 -
412,161.19	412,161.19 -
<u>1,462.38</u>	1,462.38 *
1,462.38	1,462.38 +
1,462.38	1,462.38 -
0.00	0.00 *

APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

MAR 30 2023

03/30/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

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
032123B		03/29/20	03/21/20	04/21/20		5,700.00	0.00	0.00	5,700.00 ✓

TRANSFER *Nft insurance pymt deposited into MHC operating*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	5,700.00	0.00	0.00	5,700.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,700.00	0.00	0.00	5,700.00

APPROVED ON

MAR 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#198764

RECEIVED BY THE
COUNTY AUDITOR ON

MAR 30 2023

03/30/2023
CALHOUN COUNTY, TEXAS
10:06

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032123D	<i>Transfer</i>	03/29/20	03/21/20	04/21/20		1,373.36	0.00	0.00	1,373.36 ✓
032123C	<i>SUPPLIES- NH insurance pymt deposited into mmc operating</i>	03/29/20	03/21/20	04/21/20		19,852.00	0.00	0.00	19,852.00 ✓
	TRANSFER "							"	

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	21,225.36	0.00	0.00	21,225.36

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	21,225.36	0.00	0.00	21,225.36

APPROVED ON

MAR 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#198762

RECEIVED BY THE
COUNTY AUDITOR ON

MAR 30 2023

03/30/2023

10:04

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Class Pay Code

Vendor# Vendor Name

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
032223		03/29/20	03/22/20	04/22/20		1,217.20	0.00	0.00	1,217.20 ✓
	TRANSFER								
032123B		03/30/20	03/21/20	04/22/20		18,271.06	0.00	0.00	18,271.06 ✓
	TRANSFER "							"	
Vendor Totals						Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA					19,488.26	0.00	0.00	19,488.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,488.26	0.00	0.00	19,488.26

APPROVED ON

MAR 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#198763

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03/30/2023

10:07

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AP Open Invoice List

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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
032123B		03/29/20	03/21/20	04/21/20		9,130.76	0.00	0.00	9,130.76 ✓
032323	TRANSFER	03/29/20	03/23/20	04/23/20		34,183.00	0.00	0.00	34,183.00 ✓
	TRANSFER "								
Vendor Totals:						Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE					43,313.76	0.00	0.00	43,313.76

NH insurance pymt deposited into MMC operating

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	43,313.76	0.00	0.00	43,313.76

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CALHOUN COUNTY, TEXAS

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03/30/2023

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MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
032123B		03/29/20	03/21/20	04/21/20		31.95	0.00	0.00	31.95 ✓		
	TRANSFER	<i>NH insurance pymt deposited into mme operating</i>									
032223		03/29/20	03/22/20	04/22/20		3,282.45	0.00	0.00	3,282.45 ✓		
	TRANSFER "	"									
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						12792	BETHANY SENIOR LIVING	3,314.40	0.00	0.00	3,314.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,314.40	0.00	0.00	3,314.40

APPROVED ON

MAR 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLK# 198761

8

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MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 04/05/23 THRU 04/05/23

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	198703	04/05/23	22.65	AETNA
A/P	198704	04/05/23	28.97	AMAZON CAPITAL SERVICES
A/P	198705	04/05/23	28.16	AMERISOURCEBERGEN DRUG CORP
A/P	198706	04/05/23	338.00	AUTHORITYRX
A/P	198707	04/05/23	828.06	BAYER HEALTHCARE
A/P	198708	04/05/23	6,519.55	BECKMAN COULTER INC
A/P	198709	04/05/23	429.27	BLUE CROSS BLUE SHIELD REFUND
A/P	198710	04/05/23	133.70	BOSART LOCK & KEY INC
A/P	198711	04/05/23	89.54	CALHOUN COUNTY
A/P	198712	04/05/23	634.60	CAPITAL ONE
A/P	198713	04/05/23	1,940.84	CAREFUSION SOLUTIONS, LLC
A/P	198714	04/05/23	4,984.01	CDW GOVERNMENT, INC.
A/P	198715	04/05/23	38.80	CENTRAL DRUG
A/P	198716	04/05/23	397.73	COOPER SURGICAL INC
A/P	198717	04/05/23	57.18	DEWITT POTH & SON
A/P	198718	04/05/23	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	198719	04/05/23	1,755.19	EPI-EDWARD PLUMBING
A/P	198720	04/05/23	26,792.68	EVIDENT
A/P	198721	04/05/23	.00	VOIDED
A/P	198722	04/05/23	5,720.38	FISHER HEALTHCARE
A/P	198723	04/05/23	70.40	FRONTIER
A/P	198724	04/05/23	33.85	FUSION CLOUD SERVICES, LLC
A/P	198725	04/05/23	6,197.57	GBS ADMINISTRATORS, INC
A/P	198726	04/05/23	59.75	GETINGE USA
A/P	198727	04/05/23	300.60	GRAINGER
A/P	198728	04/05/23	8,907.12	GULF COAST PAPER COMPANY
A/P	198729	04/05/23	312.26	HEATHER MUTCHLER
A/P	198730	04/05/23	87.02	HENRY SCHEIN INC.
A/P	198731	04/05/23	571.25	HOLOGIC INC
A/P	198732	04/05/23	772.01	HUMANA
A/P	198733	04/05/23	47.25	JACKSON MILES
A/P	198734	04/05/23	40.02	JACQUELINE HERRERA
A/P	198735	04/05/23	.00	VOIDED
A/P	198736	04/05/23	.00	VOIDED
A/P	198737	04/05/23	7,206.14	MEDLINE INDUSTRIES INC
A/P	198738	04/05/23	.00	VOIDED
A/P	198739	04/05/23	34,863.60	MORRIS & DICKSON CO, LLC
A/P	198740	04/05/23	120.00	NOVA BIOMEDICAL
A/P	198741	04/05/23	360.00	OZARK BIOMEDICAL, LLC
A/P	198742	04/05/23	2,025.00	PL-CPR, LLC
A/P	198743	04/05/23	359.93	QIAGEN INC
A/P	198744	04/05/23	3,500.00	RADSOURCE
A/P	198745	04/05/23	139.60	ROBERT RODRIQUEZ
A/P	198746	04/05/23	103.13	RONALD CRAIN
A/P	198747	04/05/23	744.59	SAM'S CLUB DIRECT
A/P	198748	04/05/23	2,375.92	SIEMENS MEDICAL SOLUTIONS INC
A/P	198749	04/05/23	420.00	ST DAVIDS HEALTHCARE
A/P	198750	04/05/23	202.80	STERIS CORPORATION
A/P	198751	04/05/23	11,027.97	SUN LIFE FINANCIAL
A/P	198752	04/05/23	527.44	SYSMEX AMERICA, INC.

RUN DATE:04/03/23
TIME:11:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	198753	04/05/23	8,000.00	TEXAS SELECT STAFFING
A/P	198754	04/05/23	900.00	THE UNIVERSITY OF TEXAS HEALTH
A/P	198755	04/05/23	1,447.77	TK ELEVATOR CORPORATION
A/P	198756	04/05/23	5,028.00	TRIAGE, LLC
A/P	198757	04/05/23	2,489.56	UNIFIRST HOLDINGS INC
A/P	198758	04/05/23	2,200.00	US POSTAL SERVICE
A/P	198759	04/05/23	1,571.67	WERFEN USA LLC
A/P	198760	04/05/23	350.00	WISCONSIN STATE LABORATORY
A/P	198761	04/05/23	3,314.40	BETHANY SENIOR LIVING
A/P	198762	04/05/23	21,225.36	GOLDENCREEK HEALTHCARE
A/P	198763	04/05/23	19,488.26	GULF POINTE PLAZA
A/P	198764	04/05/23	5,700.00	THE CRESCENT
A/P	198765	04/05/23	43,313.76	TUSCANY VILLAGE
A/P	198766	04/05/23	10.40	
A/P	198767	04/05/23	50.00	
A/P	198768	04/05/23	56.89	
A/P	198769	04/05/23	125.00	
A/P	198770	04/05/23	125.00	
A/P	198771	04/05/23	13.66	
A/P	198772	04/05/23	97.78	
A/P	198773	04/05/23	152.39	
A/P	198774	04/05/23	242.49	
A/P	198775	04/05/23	70.00	
A/P	198776	04/05/23	100.00	
A/P	198777	04/05/23	73.20	
A/P	198778	04/05/23	164.06	
A/P	198779	04/05/23	20.00	
A/P	198780	04/05/23	116.89	
A/P	198781	04/05/23	13.80	
A/P	198782	04/05/23	711.27	
A/P	198783	04/05/23	57.96	
A/P	198784	04/05/23	50.00	
A/P	198785	04/05/23	300.00	
A/P	198786	04/05/23	50.00	
A/P	198787	04/05/23	98.16	
A/P	198788	04/05/23	15.00	
A/P	198789	04/05/23	43.58	
A/P	198790	04/05/23	25.00	
A/P	198791	04/05/23	159.00	
A/P	198792	04/05/23	331.22	
A/P	198793	04/05/23	20.08	
A/P	198794	04/05/23	250.00	
A/P	198795	04/05/23	76.45	
A/P	198796	04/05/23	146.72	
A/P	198797	04/05/23	122.85	
A/P	198798	04/05/23	344.63	
A/P	198799	04/05/23	18.80	
A/P	198800	04/05/23	26.42	
A/P	198801	04/05/23	81.93	
A/P	198802	04/05/23	175.00	
A/P	198803	04/05/23	100.00	

RUN DATE:04/03/23
TIME:11:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	198804	04/05/23	50.00	
A/P	198805	04/05/23	53.31	
A/P	198806	04/05/23	17.27	
A/P	198807	04/05/23	10.00	
A/P	198808	04/05/23	75.00	
A/P	198809	04/05/23	199.59	
A/P	198810	04/05/23	100.00	
A/P	198811	04/05/23	30.00	
A/P	198812	04/05/23	4,425.99	CITY OF PORT LAVACA
A/P	198813	04/05/23	39.55	FRONTIER
TOTALS:			296,842.15	

Payables 194 + 164 + 03 +
Patient refunds 5 + 170 + 80 +
criticals < 39 + 55 +
4 + 425 + 99 +
NH transfers 93 + 041 + 78 +
296 + 842 + 15 +

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COUNTY AUDITOR ON

APR 05 2023

CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 4/3/2023

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		195,909.89	195,752.82	308,262.69		308,419.76	193,915.96
						Bank Balance	308,419.76
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP	97,743.42
						MOLINA QIPP	16,573.18
						January Interest	32.60
						February Interest	24.47
						March Interest	30.13
						Adjust Balance/Transfer Amt	193,915.96
Broadmoor		264,704.98	264,539.94	135,842.66		136,007.70	95,157.03
						Bank Balance	136,007.70
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP	34,532.53
						MOLINA QIPP	6,118.94
						January Interest	37.70
						February Interest	27.34
						March Interest	34.16
						Adjust Balance/Transfer Amt	95,157.03
Crescent		272,422.95	272,265.38	125,777.79		125,935.36	98,270.46
						Bank Balance	125,935.36
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP	23,233.85
						MOLINA QIPP	4,234.17
						January Interest	30.64
						February Interest	26.93
						March Interest	39.31
						Adjust Balance/Transfer Amt	98,270.46
Fort Bend		71,244.15	71,116.98	130,429.48		130,556.65	93,438.02
						Bank Balance	130,556.65
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP	31,802.32
						MOLINA QIPP	5,178.74
						January Interest	16.24
						February Interest	10.93
						March Interest	10.40
						Adjust Balance/Transfer Amt	93,438.02
Solera at W Houston		123,952.23	123,755.76	156,120.38		156,316.85	121,830.55
						Bank Balance	156,316.85
						Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP	29,284.33
						MOLINA QIPP	4,970.34
						January Interest	55.39
						February Interest	41.08
						March Interest	35.16
						Adjust Balance/Transfer Amt	121,830.55

193,915.96 +
 95,157.03 +
 98,270.46 + *end / Broadmoor*
 93,438.02 +
 121,830.55 +
 602,612.02 *

APPROVED ON
 APR 03 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 602,612.02

Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 4/3/2023

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

Soleira at West Houston	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
3/27/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,979.85						1,979.85
3/27/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	18,449.70						18,449.70
3/27/2023 NOVITAS SOLUTION HCCLAIMPMT 676310 420000127	-	12,619.02						12,619.02
3/27/2023 AMERIGROUP CORPO E-PAYMENT EES2545042 111000	-	20,685.76			6,601.84	14,083.92	10,342.88	10,342.88
3/28/2023 Amerigroup TXSC HCCLAIMPMT 3206148261 111000	-	3,093.58						3,093.58
3/28/2023 AMERIGROUP CORPO E-PAYMENT EES2546295 111000	-	10,478.09	8,372.50	2,105.59			9,425.30	1,052.80
3/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000282391	-	1,322.35						1,322.35
3/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000282391	-	8,009.54						8,009.54
3/29/2023 MOLINA HEALTHCAR MOLUNAACH 01180132 42000010	-	5,512.18	4,428.50	1,083.68			4,970.34	541.84
3/30/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	213,091.04	-						-
3/30/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,470.00						7,470.00
3/30/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,466.67						1,466.67
3/31/2023 Added to Account	-	35.16						35.16
3/31/2023 CK1261	10,664.72	-						-
3/31/2023 Deposit	-	14,268.00						14,268.00
3/31/2023 Deposit	-	15,445.19						15,445.19
3/31/2023 Deposit	-	21,590.20						21,590.20
3/31/2023 HNB - ECHO HCCLAIMPMT 746003411 440000260955	-	1,746.54						1,746.54
3/31/2023 HUMANA INS CO HCCLAIMPMT 16659881 8300005548	-	1,395.50						1,395.50
3/31/2023 AMERIGROUP CORPO E-PAYMENT EES2549284 111000	-	10,553.55	8,478.75	2,074.80			9,516.15	1,037.40
	223,755.76	156,120.38	21,279.75	5,264.07	6,601.84	14,083.92	34,254.67	121,865.72
TOTALS	1,027,430.88	856,433.00	160,424.28	35,703.33	45,389.41	105,402.24	253,671.77	602,761.23

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$10,163,133.32	\$10,171,734.96	\$10,163,133.32	\$10,163,133.3
*4551 CAL CO INDIGENT HEALTHCARE	\$14,007.50	\$14,007.50	\$14,007.50	\$14,007.5
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$166,519.60	\$170,019.79	\$166,519.60	\$166,519.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.33	\$537.33	\$537.33	\$537.3
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,983,094.76	\$5,932,871.04	\$5,983,094.76	\$5,983,094.7
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.58	\$432.58	\$432.58	\$432.5
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$308,419.76 ✓✓	\$315,601.53	\$308,419.76	\$308,419.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$136,007.70 ✓✓	\$140,258.50	\$136,007.70	\$136,007.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$125,935.36 ✓✓	\$125,935.36	\$125,935.36	\$125,935.3
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$130,556.65 ✓✓	\$130,556.65	\$130,556.65	\$130,556.6
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$156,316.85 ✓✓	\$169,097.87	\$156,316.85	\$156,316.8
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*2998 MMC -MONEY MARKET FUND	\$2,055,592.31	\$2,055,592.31	\$2,055,592.31	\$2,055,592.3
*5506 MMC -NH BETHANY SENIOR LIVING	\$522,429.88	\$523,505.34	\$522,429.88	\$522,429.8
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$59,145.81	\$81,122.97	\$59,145.81	\$59,145.8
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$48,567.01	\$48,590.53	\$48,567.01	\$48,567.0
*3407 MMC -NH TUSCANY VILLAGE	\$455,470.22	\$463,505.66	\$455,470.22	\$455,470.2

* indicate:
Page generated on 04/03/2023

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 4/3/2023

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		191,759.50	191,623.77	166,383.87		166,519.60	111,637.60
						Bank Balance	166,519.60
						Variance	
						Leave in Balance	100.00
						Superior QJPP	54,723.94
						January Interest	19.43
						February Interest	16.30
						March Interest	22.33
							58.06
						Adjust Balance/Transfer Amt	111,637.60

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 4/3/2023

APPROVED ON
 APR 03 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	
3/27/2023 TSYS/TRANSFIRST CR CD DEP 54368455876917 91	-	270.00	-	-	-	-	270.00
3/27/2023 TSYS/TRANSFIRST CR CD DEP 54368455876917 91	-	421.20	-	-	-	-	421.20
3/27/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000127	-	9,839.06	-	-	-	-	9,839.06
3/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000247664	-	10,412.73	-	-	-	-	10,412.73
3/29/2023 TSYS/TRANSFIRST CR CD DEP 54368455876917 91	-	3,314.55	-	-	-	-	3,314.55
3/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000282013	-	441.04	-	-	-	-	441.04
3/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000282003	-	120.32	-	-	-	-	120.32
3/29/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000175	-	5,136.44	-	-	-	-	5,136.44
3/29/2023 Centene Managem ACH 008765433514 1110000259	-	30,940.93	24,862.00	6,078.93	-	27,901.47	3,039.47
3/30/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	159,861.36	-	-	-	-	-	-
3/30/2023 TSYS/TRANSFIRST CR CD DEP 54368455876917 91	-	1,556.83	-	-	-	-	1,556.83
3/31/2023 Added to Account	-	22.33	-	-	-	-	22.33
3/31/2023 CK178	31,762.41	-	-	-	-	-	-
3/31/2023 Deposit	-	68,991.50	-	-	-	-	68,991.50
3/31/2023 TSYS/TRANSFIRST CR CD DEP 54368455876917 91	-	5,204.00	-	-	-	-	5,204.00
3/31/2023 Centene Managem ACH 008765433514 1110000240	-	29,712.94	23,932.00	5,780.94	-	26,822.47	2,890.47
	191,623.77	166,383.87	48,794.00	11,859.87	-	54,723.94	111,659.94

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$10,163,133.32	\$10,171,734.96	\$10,163,133.32	\$10,163,133.32
*4551 CAL CO INDIGENT HEALTHCARE	\$14,007.50	\$14,007.50	\$14,007.50	\$14,007.50
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$166,519.60	\$170,019.79	\$166,519.60	\$166,519.60
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.33	\$537.33	\$537.33	\$537.33
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,983,094.76	\$5,932,871.04	\$5,983,094.76	\$5,983,094.76
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.58	\$432.58	\$432.58	\$432.58
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$308,419.76	\$315,601.53	\$308,419.76	\$308,419.76
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$136,007.70	\$140,258.50	\$136,007.70	\$136,007.70
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$125,935.36	\$125,935.36	\$125,935.36	\$125,935.36
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$130,556.65	\$130,556.65	\$130,556.65	\$130,556.65
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$156,316.85	\$169,097.87	\$156,316.85	\$156,316.85
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,055,592.31	\$2,055,592.31	\$2,055,592.31	\$2,055,592.31
*5506 MMC -NH BETHANY SENIOR LIVING	\$522,429.88	\$523,505.34	\$522,429.88	\$522,429.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$59,145.81	\$81,122.97	\$59,145.81	\$59,145.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$48,567.01	\$48,590.53	\$48,567.01	\$48,567.01
*3407 MMC -NH TUSCANY VILLAGE	\$455,470.22	\$463,505.66	\$455,470.22	\$455,470.22

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Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 4/3/2023

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		79,453.38	79,344.96	48,458.59			48,567.01	6,948.89
						Bank Balance	48,567.01	
						Variance	-	
						Leave in Balance	100.00	
						SUPERIOR QIPP	41,502.34	

January Interest 4.59
 February Interest 3.83
 March Interest 7.36
 Adjust Balance/Transfer Amt 6,948.89

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		65,802.95	65,668.15	59,011.01			59,145.81	58,996.13
						Bank Balance	59,145.81	
						Variance	-	
						Leave in Balance	100.00	

January Interest 17.36
 February Interest 17.44
 March Interest 14.88
 Adjust Balance/Transfer Amt 58,996.13

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 65,945.02

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 4/3/2023

APPROVED ON
 APR 03 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp		QIPP/Comp4		QIPP TI	
			QIPP/Comp1	2	QIPP/Comp3	&Lapse		
3/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000200459	-	443.14	-	-	-	-	443.14	
3/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000200456	-	1,266.20	-	-	-	-	1,266.20	
3/27/2023 AETNA AS01 HCCLAIMPMT 1922092790 51000017253	-	124.36	-	-	-	-	124.36	
3/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000247664	-	179.96	-	-	-	-	179.96	
3/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000282003	-	269.90	-	-	-	-	269.90	
3/29/2023 Centene Manage ACH 008765433514 1110000259	-	23,474.31	18,855.02	4,619.29	-	21,164.67	2,309.65	
3/30/2023 WIRE OUT HMG Rockport SNF, LP - Commerical	52,393.23	-	-	-	-	-	-	
3/30/2023 HNB - ECHO HCCLAIMPMT 746003411 440000223217	-	76.84	-	-	-	-	76.84	
3/31/2023 Added to Account	-	7.36	-	-	-	-	7.36	
3/31/2023 CK1099	26,951.73	-	-	-	-	-	-	
3/31/2023 HNB - ECHO HCCLAIMPMT 746003411 440000260797	-	90.90	-	-	-	-	90.90	
3/31/2023 Centene Manage ACH 008765433514 1110000240	-	22,525.62	18,149.72	4,375.90	-	20,337.67	2,187.95	
TOTAL	79,344.96	48,458.59	37,004.74	8,995.19	-	41,502.34	6,956.26	

Gulf Pointe Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp		QIPP/Comp4		QIPP TI	
			QIPP/Comp1	2	QIPP/Comp3	&Lapse		
3/27/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	2,223.83	-	-	-	-	2,223.83	
3/27/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	2,400.00	-	-	-	-	2,400.00	
3/28/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001369773	-	772.79	-	-	-	-	772.79	
3/30/2023 WIRE OUT HMG Rockport SNF, LP - Commerical	65,668.15	-	-	-	-	-	-	
3/30/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,460.78	-	-	-	-	1,460.78	
3/30/2023 HNB - ECHO HCCLAIMPMT 746003411 440000223217	-	337.73	-	-	-	-	337.73	
3/30/2023 HNB - ECHO HCCLAIMPMT 746003411 440000223217	-	7,560.75	-	-	-	-	7,560.75	
3/31/2023 Added to Account	-	14.88	-	-	-	-	14.88	
3/31/2023 Deposit	-	41,272.78	-	-	-	-	41,272.78	
3/31/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	2,967.47	-	-	-	-	2,967.47	
TOTAL	65,668.15	59,011.01	-	-	-	-	59,011.01	
TOTAL	145,013.11	107,469.60	37,004.74	8,995.19	-	41,502.34	65,967.27	

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$10,163,133.32	\$10,171,734.96	\$10,163,133.32	\$10,163,133.32
*4551 CAL CO INDIGENT HEALTHCARE	\$14,007.50	\$14,007.50	\$14,007.50	\$14,007.50
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$166,519.60	\$170,019.79	\$166,519.60	\$166,519.60
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.33	\$537.33	\$537.33	\$537.33
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,983,094.76	\$5,932,871.04	\$5,983,094.76	\$5,983,094.76
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.58	\$432.58	\$432.58	\$432.58
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$308,419.76	\$315,601.53	\$308,419.76	\$308,419.76
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$136,007.70	\$140,258.50	\$136,007.70	\$136,007.70
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$125,935.36	\$125,935.36	\$125,935.36	\$125,935.36
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$130,556.65	\$130,556.65	\$130,556.65	\$130,556.65
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$156,316.85	\$169,097.87	\$156,316.85	\$156,316.85
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,055,592.31	\$2,055,592.31	\$2,055,592.31	\$2,055,592.31
*5506 MMC -NH BETHANY SENIOR LIVING	\$522,429.88	\$523,505.34	\$522,429.88	\$522,429.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$59,145.81 ✓	\$81,122.97	\$59,145.81	\$59,145.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$48,567.01 ✓	\$48,590.53	\$48,567.01	\$48,567.01
*3407 MMC -NH TUSCANY VILLAGE	\$455,470.22	\$463,505.66	\$455,470.22	\$455,470.22

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Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 4/3/2023

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	7	201,703.06	201,603.06	455,370.22			455,470.22	388,933.78
						Bank Balance	455,470.22	
						Variance		
						Leave in Balance	100.00	
						AMERIGROUP QJPP	56,626.01	
						MOLINA QJPP	9,810.43	

Adjust Balance/Transfer Amt 388,933.78
 Approved: Andrew De Los Santos 4/3/2023
 ANDREW DE LOS SANTOS

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

APPROVED ON
 APR 03 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

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

	Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION	
3/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000200453	-	5,059.90						-	5,059.90
3/27/2023 AMERIGROUP CORPO E-PAYMENT EE52545045 111000	-	38,647.84						19,323.92	19,323.92
3/28/2023 AMERIGROUP CORPO E-PAYMENT EE52546298 111000	-	20,510.01	16,528.30	3,981.71				18,519.16	1,990.86
3/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000282013	-	16,110.88						-	16,110.88
3/29/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000175	-	111,446.27						-	111,446.27
3/29/2023 MOLINA HEALTHCAR MOLINAACH 01180201 42000010	-	10,878.48	8,742.38	2,136.10				9,810.43	1,068.05
3/30/2023 WIRE OUT LINBAR ENTERPRISES, LLC	181,181.58	-						-	-
3/30/2023 HNB - ECHO HCCLAIMPMT 746003411 440000223217	-	5,082.80						-	5,082.80
3/31/2023 Added to Account	-	32.14						-	32.14
3/31/2023 CK1119	20,421.48	-						-	-
3/31/2023 Deposit	-	6,004.00						-	6,004.00
3/31/2023 Deposit	-	106,181.71						-	106,181.71
3/31/2023 HNB - ECHO HCCLAIMPMT 746003411 440000261070	-	114,588.39						-	114,588.39
3/31/2023 AMERIGROUP CORPO E-PAYMENT EE52549287 111000	-	20,827.80	16,738.05	4,089.75				18,782.93	2,044.88
	201,603.06	455,370.22	42,008.73	10,207.56	8,717.27	29,930.57	66,436.43	388,933.79	

8,834.67
10,507.48

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$10,163,133.32	\$10,171,734.96	\$10,163,133.32	\$10,163,133.3
*4551 CAL CO INDIGENT HEALTHCARE	\$14,007.50	\$14,007.50	\$14,007.50	\$14,007.5
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$166,519.60	\$170,019.79	\$166,519.60	\$166,519.6
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.33	\$537.33	\$537.33	\$537.3
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,983,094.76	\$5,932,871.04	\$5,983,094.76	\$5,983,094.7
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.58	\$432.58	\$432.58	\$432.5
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$308,419.76	\$315,601.53	\$308,419.76	\$308,419.7
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$136,007.70	\$140,258.50	\$136,007.70	\$136,007.7
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$125,935.36	\$125,935.36	\$125,935.36	\$125,935.3
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$130,556.65	\$130,556.65	\$130,556.65	\$130,556.6
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$156,316.85	\$169,097.87	\$156,316.85	\$156,316.8
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*2998 MMC -MONEY MARKET FUND	\$2,055,592.31	\$2,055,592.31	\$2,055,592.31	\$2,055,592.3
*5506 MMC -NH BETHANY SENIOR LIVING	\$522,429.88	\$523,505.34	\$522,429.88	\$522,429.8
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$59,145.81	\$81,122.97	\$59,145.81	\$59,145.8
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$48,567.01	\$48,590.53	\$48,567.01	\$48,567.0
*3407 MMC -NH TUSCANY VILLAGE	\$455,470.22	\$463,505.66	\$455,470.22	\$455,470.2

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Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 4/3/2023

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		232,950.46	232,748.51	522,227.93			522,429.88	477,363.26
						Bank Balance	522,429.88	
						Variance		
						Leave in Balance	100.00	
						SUPERIOR QJPP	44,823.48	
						January Interest	85.81	
						February Interest	56.14	
						March Interest	41.19	
						Adjust Balance/Transfer Amt	477,363.26	

Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 4/3/2023

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

APPROVED ON
 APR 03 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living	Transfer-Out	Transfer-In	MMC PORTION				QIPP TI	NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse		
3/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000200456	-	15,276.39	-	-	-	-	15,276.39	
3/27/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000127	-	216,278.03	-	-	-	-	216,278.03	
3/27/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	510.86	-	-	-	-	510.86	
3/28/2023 Deposit	-	5,323.31	-	-	-	-	5,323.31	
3/28/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000151	-	53,561.87	-	-	-	-	53,561.87	
3/29/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000175	-	28,341.55	-	-	-	-	28,341.55	
3/29/2023 Centene Manageme ACH 008765433514 1110000259	-	25,327.16	20,362.78	4,964.38	-	22,844.97	2,482.19	
3/30/2023 WIRE OUT PORT LAVACA NH, LLC	206,726.15	-	-	-	-	-	-	
3/30/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000168	-	19,319.15	-	-	-	-	19,319.15	
3/31/2023 Added to Account	-	41.19	-	-	-	-	41.19	
3/31/2023 CK1017	26,022.36	-	-	-	-	-	-	
3/31/2023 Deposit	-	74,148.73	-	-	-	-	74,148.73	
3/31/2023 Deposit	-	30,637.34	-	-	-	-	30,637.34	
3/31/2023 Deposit	-	6,265.45	-	-	-	-	6,265.45	
3/31/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000107	-	17,440.97	-	-	-	-	17,440.97	
3/31/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	5,400.00	-	-	-	-	5,400.00	
3/31/2023 Centene Manageme ACH 008765433514 1110000240	-	24,355.93	19,603.08	4,754.85	-	21,978.51	2,377.43	
	232,748.51	522,227.93	39,963.86	9,719.23	-	44,823.48	477,404.46	

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$10,163,133.32	\$10,171,734.96	\$10,163,133.32	\$10,163,133.32
*4551 CAL CO INDIGENT HEALTHCARE	\$14,007.50	\$14,007.50	\$14,007.50	\$14,007.50
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$166,519.60	\$170,019.79	\$166,519.60	\$166,519.60
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$537.33	\$537.33	\$537.33	\$537.33
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,983,094.76	\$5,932,871.04	\$5,983,094.76	\$5,983,094.76
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.58	\$432.58	\$432.58	\$432.58
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$308,419.76	\$315,601.53	\$308,419.76	\$308,419.76
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$136,007.70	\$140,258.50	\$136,007.70	\$136,007.70
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$125,935.36	\$125,935.36	\$125,935.36	\$125,935.36
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$130,556.65	\$130,556.65	\$130,556.65	\$130,556.65
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$156,316.85	\$169,097.87	\$156,316.85	\$156,316.85
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00 ✓	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,055,592.31	\$2,055,592.31	\$2,055,592.31	\$2,055,592.31
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$522,429.88 ✓✓	\$523,505.34	\$522,429.88	\$522,429.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$59,145.81	\$81,122.97	\$59,145.81	\$59,145.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$48,567.01	\$48,590.53	\$48,567.01	\$48,567.01
*3407 MMC -NH TUSCANY VILLAGE	\$455,470.22	\$463,505.66	\$455,470.22	\$455,470.22

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MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#001201

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

AMOUNT \$114,316.60 ✓

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q1, DEC, AND JAN QIPP & MOLINA JAN QIPP *Ashford*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Delos Santos*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

APPROVED ON
APR 03 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#000232

FOR ACCT. USE ONLY

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

AMOUNT \$40,651.47 ✓

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q1, DEC, AND JAN QIPP & MOLINA JAN QIPP *Broadmoor*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew DeLaCruz*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

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APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 000278

FOR ACCT. USE ONLY

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

AMOUNT \$27,468.02 ✓

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q1, DEC, AND JAN QIPP & MOLINA JAN QIPP *Crescent*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Dela Santa*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

RECEIVED BY THE
COUNTY AUDITOR ON

APR 03 2023

CALHOUN COUNTY, TEXAS
CHK# 000704

FOR ACCT. USE ONLY

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

AMOUNT \$36,981.06

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q1, DEC, AND JAN QIPP & MOLINA JAN QIPP *Fort Bend*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Delos Santos*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

APPROVED ON
APR 03 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 00262

FOR ACCT. USE ONLY

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

AMOUNT \$34,254.67 ✓

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q1, DEC, AND JAN QIPP & MOLINA JAN QIPP *Salora*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Delasanta*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

APPROVED ON
APR 03 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 000179

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

AMOUNT \$54,723.94 ✓

G/L NUMBER: 10255040

EXPLANATION: SUPERIOR DEC AND JAN QIPP *Golden Creek*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Dolor Sandoz*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

FOR ACCT. USE ONLY

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

APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Cl#1100
G/L NUMBER: 10255040

AMOUNT \$41,502.34 ✓

EXPLANATION: SUPERIOR DEC AND JAN QIPP

Gulf Pointe - PP

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Dela Senter*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

APPROVED ON
APR 03 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#1170

FOR ACCT. USE ONLY

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

AMOUNT \$66,436.44 ✓

G/L NUMBER: 10255040

EXPLANATION: AMERIGROUP Q1, DEC, AND JAN QIPP & MOLINA JAN QIPP *Jusany*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Dela Santa*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

FOR ACCT. USE ONLY

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

APPROVED ON
APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CU# 101 NUMBER: 10255040

AMOUNT \$44,823.48 ✓

EXPLANATION: SUPERIOR DEC AND JAN QIPP *Bethany*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Dela Santa*

413/23

MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001201

Date 4/5/23 88-2265/1131

PAY
TO THE
ORDER OF

Memorial medical center

\$ 114,316.60

One hundred fourteen thousand Three hundred sixteen & 60/100 DOLLARS



FOR Amerigroup Q1, Dec, Jan & Molina Jan @ipp

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000232

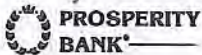
Date 4/5/23 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical center

\$ 40,651.47

Fourty thousand Six hundred fifty one & 47/100 DOLLARS



FOR Amerigroup Q1, Dec, Jan & Molina Jan @ipp

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000278

Date 4/5/23 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical center

\$ 27,468.02

Twenty seven thousand four hundred sixty eight & 02/100 DOLLARS



FOR Amerigroup Q1, Jan, Dec & Molina Jan @ipp

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000206

Date 4/5/23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 36,981.06

Thirty six thousand Nine hundred eighty one & 06/100 DOLLARS



FOR Amerigroup Q1, Dec, Jan & Molina Jan Clipp



MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001262

Date 4/5/23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 34,254.67

Thirty four thousand Two hundred fifty four & 67/100 DOLLARS



FOR Amerigroup Q1, Dec, Jan & Molina Jan Clipp



MEMORIAL MEDICAL CENTER

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

000179

Date 4/5/23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 54,723.94

Fifty four thousand Seven hundred twenty three & 94/100 DOLLARS



FOR Superior Dec & Jan Clipp



MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

361-553-4610
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1100

88-2265/1131-87

DATE 4/5/23



PAY TO THE ORDER OF Memorial Medical Center \$ 41,502.34

Forty one thousand Five hundred two & 34/100

DOLLARS



PROSPERITY BANK®

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

FOR Superior Dec & Jan Qpp

MP

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1120

88-2265/1131-87

DATE 4/5/23



PAY TO THE ORDER OF Memorial Medical Center \$ 66,436.44

Sixty Six thousand Four hundred thirty six & 44/100

DOLLARS



PROSPERITY BANK®

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

FOR Prnengroup 01, Jan, Dec & Molina Jan Qpp

MP

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1018

88-2265/1131-87

DATE 4/5/23



PAY TO THE ORDER OF Memorial Medical Center \$ 44,823.48

Forty four thousand Eight hundred twenty three & 48/100

DOLLARS



PROSPERITY BANK®

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

FOR Superior Jan & Dec Qpp

MP

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

4/5/2023

NH Name	From Bank Acct #	Ck #	Payee	GL #	AMERIGROUP Q1 QIPP	AMERIGROUP DEC QIPP	MOJUNA JAN QIPP	AMERIGROUP JAN QIPP	SUPERIOR DEC QIPP	SUPERIOR JAN QIPP	TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	34,677.40	31,334.01	16,573.18	31,732.01			114,316.60	4/5/2023
Broadmoor ✓	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	11,216.03	11,597.33	6,118.94	11,719.17			40,651.47	4/5/2023
Crescent ✓	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,063.26	8,062.71	4,234.17	8,107.88			27,468.02	4/5/2023
Fort Bend ✓	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	12,093.27	9,790.90	5,178.79	9,915.15			36,978.11	4/5/2023
Solera ✓	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	10,342.88	9,425.30	4,970.34	9,516.15			34,254.67	4/5/2023
Golden Creek ✓	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040					27,901.47	26,822.47	54,723.94	4/5/2023
Gulf Pointe-PP ✓	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040					21,164.67	20,337.67	41,502.34	4/5/2023
Gulf Pointe-MM ✓	10000025 - Prosperity		MMC -Prosperity Operating #10000001	10255040							-	4/5/2023
Bethany ✓			MMC -Prosperity Operating #10000001	10255040					22,844.97	21,978.51	44,823.48	4/5/2023
Tuscany ✓			MMC -Prosperity Operating #10000001	10255040	19323.92	18,519.16	9,810.43	18,782.93			66,436.44	4/5/2023
			Total:		94,716.76	88,729.41	46,885.85	89,773.29	71,911.11	26,822.47	461,155.07	✓

Note:

69,138.65

Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 4/3/2023

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

APPROVED ON
APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CC # 001202

G/L NUMBER: _____

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$87.20 ✓

EXPLANATION: JANUARY – MARCH 2023 INTEREST EARNED *Ashford*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew De la Santa*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#000243

AMOUNT \$99.20 ✓

G/L NUMBER:

EXPLANATION: JANUARY – MARCH 2023 INTEREST EARNED *Broadmoor*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew De la Santa*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

FOR ACCT. USE ONLY

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

APPROVED ON
APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#000279
G/L NUMBER:

AMOUNT \$96.88 ✓

EXPLANATION: JANUARY – MARCH 2023 INTEREST EARNED *Crescent*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Dato Santos*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

APPROVED ON
APR 03 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000207
G/L NUMBER: _____

FOR ACCT. USE ONLY

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

AMOUNT \$37.57 ✓

EXPLANATION: JANUARY – MARCH 2023 INTEREST EARNED Fort Bend

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: Andrew Esteban Santos

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#001243

FOR ACCT. USE ONLY

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

AMOUNT \$131.63 ✓

G/L NUMBER: _____

EXPLANATION: JANUARY – MARCH 2023 INTEREST EARNED *Salera*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Dotal Santos*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

APPROVED ON
APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000180

FOR ACCT. USE ONLY

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

AMOUNT \$58.06 ✓

G/L NUMBER: _____

EXPLANATION: JANUARY - MARCH 2023 INTEREST EARNED *Golden Creek*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Santos*

413/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

FOR ACCT. USE ONLY

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

APPROVED ON
APR 03 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#1011
G/L NUMBER: _____

AMOUNT \$49.68 ✓

EXPLANATION: JANUARY – MARCH 2023 INTEREST EARNED *Gulf Pointe - MM*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew D. [Signature]*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

FOR ACCT. USE ONLY

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

APPROVED ON
APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CH#101
G/L NUMBER: _____

AMOUNT \$15.78 ✓

EXPLANATION: JANUARY – MARCH 2023 INTEREST EARNED *Gulf Pointe - PP*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew DePasquale*

4/3/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 4/3/23

APPROVED ON

APR 03 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #1019

G/L NUMBER: _____

FOR ACCT. USE ONLY

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

AMOUNT \$143.14 ✓

EXPLANATION: JANUARY - MARCH 2023 INTEREST EARNED *Bethany*

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew Lopez Senter*

4/3/23

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

001202

Date 4/5/23 88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 87.20

Eighty seven & 20/100

DOLLARS



FOR Jan-mar interest

Security features are included. Details on back.

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

000233

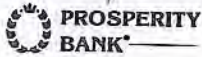
Date 4/5/23 88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 99.20

Nine ty nine & 20/100

DOLLARS



FOR Jan-mar interest

Security features are included. Details on back.

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

000279

Date 4/5/23 88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 96.88

Ninety six & 88/100

DOLLARS



FOR Jan-mar interest

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000207

Date 4/5/23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 37.57

Thirty Seven & 57/100

DOLLARS



FOR Jan-mar interest

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001263

Date 4/5/23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 131.63

One hundred thirty one & 63/100

DOLLARS



FOR Jan-mar interest

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000180

Date 4/5/23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 58.06

Fifty Eight & 06/100

DOLLARS



FOR

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA
MEDICARE/MEDICAID 361-553-4818
1816 N VIRGINIA ST
PORT LAVACA, TX 77979

1011

88-2285/1131-87

DATE 4/5/23

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Center

\$ 49.68

Forty Nine & 68/100

DOLLARS

Photo Safe Deposit Details on back



PROSPERITY BANK

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

FOR Jan-Mar Interest

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY
361-553-4818
1816 N VIRGINIA ST
PORT LAVACA, TX 77979

1101

88-2285/1131-87

DATE 4/5/23

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Center

\$ 15.78

Fifteen & 78/100

DOLLARS

Photo Safe Deposit Details on back



PROSPERITY BANK

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

FOR Jan-Mar Interest

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING
PH 361-553-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1019

88-2285/1131-87

DATE 4/5/23

CHECK ARMOR

PAY TO THE ORDER OF Memorial Medical Center

\$ 143.14

One hundred forty three & 14/100

DOLLARS

Photo Safe Deposit Details on back



PROSPERITY BANK

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

FOR Jan-Mar Interest

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford ✓	10000018 - Prosperity		MMC -Prosperity Operating #10000001	21400012	January- March 2023 Interest Earned	87.20	4/5/2023 ✓
Broadmoor ✓	10000019 - Prosperity		MMC -Prosperity Operating #10000001	21400009	January- March 2023 Interest Earned	99.20	4/5/2023 ✓
Crescent ✓	10000020 - Prosperity		MMC -Prosperity Operating #10000001	21400010	January- March 2023 Interest Earned	96.88	4/5/2023 ✓
Fort Bend ✓	10000021 - Prosperity		MMC -Prosperity Operating #10000001	21400008	January- March 2023 Interest Earned	37.57	4/5/2023 ✓
Solera ✓	10000022 - Prosperity		MMC -Prosperity Operating #10000001	21400011	January- March 2023 Interest Earned	131.63	4/5/2023 ✓
Golden Creek ✓	10000023 - Prosperity		MMC -Prosperity Operating #10000001	21400013	January- March 2023 Interest Earned	58.06	4/5/2023 ✓
Gulf Pointe-PP ✓	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21400014	January- March 2023 Interest Earned	15.78	4/5/2023 ✓
Gulf Pointe-MM ✓	10000025 - Prosperity		MMC -Prosperity Operating #10000001	21400014	January- March 2023 Interest Earned	49.68	4/5/2023 ✓
Bethany ✓	10000026 - Prosperity		MMC -Prosperity Operating #10000001	21400015	January- March 2023 Interest Earned	143.14	4/5/2023 ✓
						719.14	✓

Note:

Approved: Andrew De Los Santos
 Andrew De Los Santos

4/3/2023 ✓

RUN DATE:04/05/23
TIME:12:55

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

PAGE 8
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	001201	04/05/23	114,316.60	MEMORIAL MEDICAL CENTER
NHA	001202	04/05/23	87.20	MEMORIAL MEDICAL CENTER
TOTALS:			114,403.80	

Ashfund

RECEIVED BY THE
COUNTY AUDITOR ON

APR 06 2023

CALHOUN COUNTY, TEXAS

RUN DATE:04/05/23
TIME:12:55

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

PAGE 9
GLCKREG

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

NHB 000232 04/05/23 40,651.47 MEMORIAL MEDICAL CENTER
NHB 000233 04/05/23 99.20 MEMORIAL MEDICAL CENTER *Broadmoor*
TOTALS: 40,750.67

RECEIVED BY THE
COUNTY AUDITOR ON

APR 06 2023

CALHOUN COUNTY, TEXAS

RUN DATE:04/05/23
TIME:12:55

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

PAGE 10
GLCKREG

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

NHC 000278 04/05/23 27,468.02 MEMORIAL MEDICAL CENTER
NHC 000279 04/05/23 96.88 MEMORIAL MEDICAL CENTER *Crescent*
TOTALS: 27,564.90

RECEIVED BY THE
COUNTY AUDITOR ON

APR 06 2023

CALHOUN COUNTY, TEXAS

RUN DATE:04/05/23
TIME:12:55

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

PAGE 11
GLCKREG

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

NHF 000206 04/05/23 36,981.06 MEMORIAL MEDICAL CENTER
NHF 000207 04/05/23 37.57 MEMORIAL MEDICAL CENTER *Fort Bend*
TOTALS: 37,018.63

RECEIVED BY THE
COUNTY AUDITOR ON

APR 06 2023

CALHOUN COUNTY, TEXAS

RUN DATE:04/05/23
TIME:12:55

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

PAGE 13
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHS 001262 04/05/23 34,254.67 MEMORIAL MEDICAL CENTER
NHS 001263 04/05/23 131.63 MEMORIAL MEDICAL CENTER
TOTALS: 34,386.30

Solem

RECEIVED BY THE
COUNTY AUDITOR ON

APR 06 2023

CALHOUN COUNTY, TEXAS

RUN DATE:04/05/23
TIME:12:55

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

PAGE 12
GLCKREG

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

NHG 000179 04/05/23 54,723.94 MEMORIAL MEDICAL CENTER
NHG 000180 04/05/23 58.06 MEMORIAL MEDICAL CENTER *golden creek*
TOTALS: 54,782.00

RECEIVED BY THE
COUNTY AUDITOR ON

APR 06 2023

GALHOUN COUNTY, TEXAS

RUN DATE:04/05/23
TIME:12:55

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

PAGE 6
GLCKREG

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

GPP 001100 04/05/23 41,502.34 MEMORIAL MEDICAL CENTER
GPP 001101 04/05/23 15.78 MEMORIAL MEDICAL CENTER
TOTALS: 41,518.12

Gulf Pointee PP

RECEIVED BY THE
COUNTY AUDITOR ON

APR 06 2023

CALHOUN COUNTY, TEXAS

RUN DATE:04/05/23
TIME:12:55

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

PAGE 5
GLCKREG

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

GPM 001011 04/05/23 49.68 MEMORIAL MEDICAL CENTER
TOTALS: 49.68

Guif Pointe MM

RECEIVED BY THE
COUNTY AUDITOR ON

APR 06 2023

CALHOUN COUNTY, TEXAS

RUN DATE:04/05/23
TIME:12:55

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

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GLCKREG

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

TUS 001120 04/05/23 66,436.44 MEMORIAL MEDICAL CENTER *Tuscany*
TOTALS: 66,436.44

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COUNTY AUDITOR ON

APR 06 2023

CALHOUN COUNTY, TEXAS

RUN DATE:04/05/23
TIME:12:55

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/05/23 THRU 04/05/23

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GLCKREG

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

BSL 001018 04/05/23 44,823.48 MEMORIAL MEDICAL CENTER
BSL 001019 04/05/23 143.14 MEMORIAL MEDICAL CENTER
TOTALS: 44,966.62

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APR 06 2023

CALHOUN COUNTY, TEXAS