

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---April 19, 2023**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 616,814.75	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 109,037.58	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 1,655,338.30	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED April 19, 2023	\$ 2,381,190.63	✓

**APPROVED**

**APR 19 2023**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---April 19, 2023**

**PAYABLES AND PAYROLL**

4/13/2023 Weekly Payables	556,653.26
4/13/2023 Patient Refunds	4,051.24
4/13/2023 Citibank Credit Card-see attached	6,059.35
4/13/2023 Federal Express Corp.-freight	594.69
4/18/2023 McKesson-340B Prescription Expense	19,492.53
4/18/2023 McKesson-340B Prescription Expense	15,463.11
4/18/2023 Amerisource Bergen-340B Prescription Expense	4,009.62
4/18/2023 Amerisource Bergen-340B Prescription Expense	2,355.61

**Prosperity Electronic Bank Payments**

4/10-4/16/23 Credit Card & Lease Fees	5,596.57
4/19/2023 Sales Tax for March 2023	1,827.62
4/6-4/14/23 Pay Plus-Patient Claims Processing Fee	103.88
4/14/2023 ExpertPay- child support	607.27

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** \$ 616,814.75

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

4/13/2023 MMC Operating to Fort bend-correction of NH insurance payment deposited into MMC Operating	800.00
4/13/2023 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	13,700.00
4/13/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	10,874.48
4/13/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	37,571.42
4/13/2023 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	28,877.93
4/13/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating	14,448.75

**TRANSFER OF FUNDS BETWEEN NURSING HOMES/MMC**

4/18/2023 Solera to Golden Creek-correction of Golden Creek insurance payment deposited into Solera in error	2,765.00
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**TOTAL TRANSFERS BETWEEN FUNDS** \$ 109,037.58

**NURSING HOME UPL EXPENSES**

4/18/2023 Nursing Home UPL-Cantex Transfer	740,387.72
4/18/2023 Nursing Home UPL-Nexion Transfer	210,332.38
4/18/2023 Nursing Home UPL-HMG Transfer	102,896.77
4/18/2023 Nursing Home UPL-Tuscany Transfer	208,046.37
4/18/2023 Nursing Home UPL-HSL Transfer	272,666.72

**NURSING HOME BANK FEES**

4/18/2023 Ashford-Enhanced analysis fee	97.60
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**QIPP CHECKS TO MMC**

4/18/2023 Ashford	18,594.56
4/18/2023 Broadmoor	6,967.39
4/18/2023 Crescent	4,763.50
4/18/2023 Fort Bend	5,804.96
4/18/2023 Solera	5,571.36
4/18/2023 Golden Creek	26,463.78
4/18/2023 Gulf Pointe	20,071.38
4/18/2023 Tuscany	10,996.72
4/18/2023 Bethany	21,677.09

**TOTAL NURSING HOME UPL EXPENSES** \$ 1,655,338.30

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

**GRAND TOTAL DISBURSEMENTS APPROVED April 19, 2023** \$ 2,381,190.63



APR 13 2023

CALHOUN COUNTY TEXAS

04/13/2023  
12:05

MEMORIAL MEDICAL CENTER  
AP Open Invoice List  
Due Dates Through: 05/04/2023

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Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10950	ACUTE CARE INC ✓			INV1220 ✓	RFID FEE	04/13/20	04/01/20	04/20/20		1,400.00	0.00	0.00	1,400.00 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				10950	ACUTE CARE INC					1,400.00	0.00	0.00	1,400.00
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M		9136552649 ✓	BULK RENTAL	03/31/20	03/31/20	04/25/20		2,481.16	0.00	0.00	2,481.16 ✓
				9996129138 ✓	OXYGEN	03/31/20	03/31/20	04/25/20		963.09	0.00	0.00	963.09 ✓
				9996129139 ✓	OXYGEN	03/31/20	03/31/20	04/25/20		311.15	0.00	0.00	311.15 ✓
				9996126817 ✓	OXYGEN	04/13/20	03/31/20	04/25/20		561.27	0.00	0.00	561.27 ✓
				9996343785 ✓	OXYGEN	04/13/20	04/01/20	04/26/20		170.49	0.00	0.00	170.49 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				A1680	AIRGAS USA, LLC - CENTRAL DIV					4,487.16	0.00	0.00	4,487.16
14416	ALLOMETRICS, INC. ✓			00132519 ✓	SUPPLIES	03/31/20	03/31/20	04/10/20		541.00	0.00	0.00	541.00 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				14416	ALLOMETRICS, INC.					541.00	0.00	0.00	541.00
14028	AMAZON CAPITAL SERVICES ✓			111D-6PL7-KMG6 ✓	SUPPLIES	03/21/20	03/19/20	04/18/20		179.15	0.00	0.00	179.15 ✓
				1QPY-F3DD-3RKK ✓	SUPPLIES	03/21/20	03/22/20	04/21/20		25.98	0.00	0.00	25.98 ✓
				1CK9-TL9D-34Q1 ✓	SUPPLIES	03/31/20	02/16/20	03/18/20		217.92	0.00	0.00	217.92 ✓
				1MRT-WV4H-PRKP ✓	SUPPLIES	03/31/20	02/26/20	03/28/20		54.95	0.00	0.00	54.95 ✓
				11RR-D9NJ-L1PP ✓	CREDIT	03/31/20	03/26/20	04/25/20		-196.10	0.00	0.00	-196.10 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				14028	AMAZON CAPITAL SERVICES					281.90	0.00	0.00	281.90
14848	AMERICAN HOSPITAL ASSOCIATION ✓			1900109901 ✓		04/13/20	12/15/20	01/15/20		10,919.00	0.00	0.00	10,919.00 ✓

AHA MEMBERSHIP 2023

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		14848	AMERICAN HOSPITAL ASSOCIATION				10,919.00	0.00	0.00	10,919.00
Vendor#	Vendor Name			Class	Pay Code					
12800	AUTHORITYRX ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1728 ✓		04/13/20	04/03/20	04/04/20			23,398.00	0.00	0.00	23,398.00 ✓
	340B									
1749 ✓		04/13/20	04/04/20	04/05/20			1,129.00	0.00	0.00	1,129.00 ✓
	CLAIMS									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		12800	AUTHORITYRX				24,527.00	0.00	0.00	24,527.00
Vendor#	Vendor Name			Class	Pay Code					
B1150	BAXTER HEALTHCARE ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
78434298 ✓		03/31/20	03/14/20	04/08/20			839.40	0.00	0.00	839.40 ✓
	SUPPLIES									
78554188 ✓		03/31/20	03/27/20	04/21/20			665.59	0.00	0.00	665.59 ✓
	SUPPLIES									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				1,504.99	0.00	0.00	1,504.99
Vendor#	Vendor Name			Class	Pay Code					
B1220	BECKMAN COULTER INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5471304 ✓		03/29/20	03/21/20	04/15/20			1,935.15	0.00	0.00	1,935.15 ✓
	SUPPLIES									
110534312 ✓		04/12/20	03/31/20	04/25/20			77.74	0.00	0.00	77.74 ✓
	SUPPLIES									
7337093 ✓		04/12/20	04/03/20	04/28/20			8,184.78	0.00	0.00	8,184.78 ✓
	SUPPLIES									
110535749 ✓		04/12/20	04/03/20	04/28/20			1,646.55	0.00	0.00	1,646.55 ✓
	SUPPLIES									
110539336 ✓		04/12/20	04/04/20	04/29/20			7,449.30	0.00	0.00	7,449.30 ✓
	CONTRACT									
110538769 ✓		04/12/20	04/04/20	04/29/20			5,704.24	0.00	0.00	5,704.24 ✓
	SUPPLIES									
110539309 ✓		04/12/20	04/04/20	04/29/20			1,896.89	0.00	0.00	1,896.89 ✓
	SUPPLIES									
110541114 ✓		04/12/20	04/04/20	04/29/20			1,393.67	0.00	0.00	1,393.67 ✓
	SUPPLIES									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				28,288.32	0.00	0.00	28,288.32
Vendor#	Vendor Name			Class	Pay Code					
14753	BIOMERIEUX, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1212981703 ✓		03/31/20	03/02/20	04/01/20			9,610.94	0.00	0.00	9,610.94 ✓
	SUPPLIES									
1212981702 ✓		03/31/20	03/02/20	04/02/20			7,960.33	0.00	0.00	7,960.33 ✓
	SUPPLIES									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		14753	BIOMERIEUX, INC				17,571.27	0.00	0.00	17,571.27



Vendor#	Vendor Name	Class	Pay Code							
13892	BLUE CROSS BLUE SHIELD REFUND ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
223246 ✓		03/31/20	03/31/20	04/15/20		101.96	0.00	0.00	101.96 ✓	
	REFUND									
222814 ✓		03/31/20	03/31/20	04/15/20		153.27	0.00	0.00	153.27 ✓	
	REFUND									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
	13892	BLUE CROSS BLUE SHIELD REFUND				255.23	0.00	0.00	255.23	
11804										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
235660		03/31/20	03/31/20	04/15/20		106.00	0.00	0.00	106.00 ✓	
	REFUND									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
	11804					106.00	0.00	0.00	106.00	
14120	CALHOUN COUNTY EMS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2023-03		04/13/20	04/03/20	05/01/20		7,480.00	0.00	0.00	7,480.00 ✓	
	MAR TRANSFERS									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
	14120	CALHOUN COUNTY EMS				7,480.00	0.00	0.00	7,480.00	
C1325	CARDINAL HEALTH 414, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8003133647 ✓		04/13/20	03/25/20	04/19/20		154.66	0.00	0.00	154.66 ✓	
	SUPPLIES									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
	C1325	CARDINAL HEALTH 414, INC.				154.66	0.00	0.00	154.66	
C1992	CDW GOVERNMENT, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
GQ34139 ✓		03/01/20	02/07/20	03/09/20		1,848.54	0.00	0.00	1,848.54 ✓	
	SUPPLIES									
HN27962 ✓		03/29/20	03/22/20	04/21/20		4,929.12	0.00	0.00	4,929.12 ✓	
	SUPPLIES									
HR41793 ✓		04/12/20	03/29/20	04/28/20		124.56	0.00	0.00	124.56 ✓	
	SUPPLIES									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
	C1992	CDW GOVERNMENT, INC.				6,902.22	0.00	0.00	6,902.22	
C1600	CITIZENS MEDICAL CENTER ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2023-7 ✓		04/12/20	04/11/20	05/01/20		64,966.66	0.00	0.00	64,966.66 ✓	
	CRNA COVERAGE									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
	C1600	CITIZENS MEDICAL CENTER				64,966.66	0.00	0.00	64,966.66	
10723	CLIA LABORATORY PROGRAM ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

032123		04/13/20	03/21/20	04/21/20		2,448.00	0.00	0.00	2,448.00	✓
CERTIFICATION FEE										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10723 CLIA LABORATORY PROGRAM						2,448.00	0.00	0.00	2,448.00	
Vendor#	Vendor Name				Class	Pay Code				
13572	COMMUNITY INFUSION SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
202304-17 ✓		04/12/20	04/05/20	04/15/20		18,937.09	0.00	0.00	18,937.09	✓
INFUSION SERV										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
13572 COMMUNITY INFUSION SOLUTIONS						18,937.09	0.00	0.00	18,937.09	
Vendor#	Vendor Name				Class	Pay Code				
10006	CUSTOM MEDICAL SPECIALTIES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
305159 ✓		03/31/20	03/30/20	04/29/20		382.92	0.00	0.00	382.92	✓
SUPPLIES										
305355 ✓		04/12/20	04/05/20	05/01/20		382.92	0.00	0.00	382.92	✓
SUPPLIES										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10006 CUSTOM MEDICAL SPECIALTIES						765.84	0.00	0.00	765.84	
Vendor#	Vendor Name				Class	Pay Code				
10060	DETAR HOSPITAL ✓				ICP					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
033123		04/13/20	03/31/20	04/15/20		797.91	0.00	0.00	797.91	✓
LAB SERVICES										
041123		04/13/20	04/11/20	05/01/20		239.13	0.00	0.00	239.13	✓
CLAIM										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10060 DETAR HOSPITAL						1,037.04	0.00	0.00	1,037.04	
Vendor#	Vendor Name				Class	Pay Code				
10368	DEWITT POTTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
7141570 ✓		03/31/20	03/30/20	04/24/20		29.10	0.00	0.00	29.10	✓
SUPPLIES										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10368 DEWITT POTTH & SON						29.10	0.00	0.00	29.10	
Vendor#	Vendor Name				Class	Pay Code				
11011	DIAMOND HEALTHCARE CORP ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
031723		04/13/20	03/17/20	04/11/20		-300.00	0.00	0.00	-300.00	✓
CREDIT										
IN20055714 ✓		04/13/20	04/01/20	04/26/20		19,166.67	0.00	0.00	19,166.67	✓
MARCH 23 CPR										
IN20055713 ✓		04/13/20	04/01/20	04/26/20		31,144.58	0.00	0.00	31,144.58	✓
MAR 23 BEH HEALTH										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
11011 DIAMOND HEALTHCARE CORP						50,011.25	0.00	0.00	50,011.25	
Vendor#	Vendor Name				Class	Pay Code				
11139	DIANNE ATKINSON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
033123		04/12/20	03/31/20	04/15/20		290.04	0.00	0.00	290.04	✓



TRAVEL REIMB *Q1 Training (Texas Rural Hospital) 3/21/23*

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
Vendor Totals				11139	DIANNE ATKINSON					290.04	0.00	0.00	290.04
11291	DOWELL PEST CONTROL ✓			16456 ✓		04/13/20	04/04/20	04/29/20		65.00	0.00	0.00	65.00 ✓
Vendor Totals				11291	DOWELL PEST CONTROL					65.00	0.00	0.00	65.00
11284	EMERGENCY STAFFING SOLUTIONS ✓			42109		04/13/20	04/13/20	04/23/20		40,062.50	0.00	0.00	40,062.50 ✓
Vendor Totals				11284	EMERGENCY STAFFING SOLUTIONS					40,062.50	0.00	0.00	40,062.50
10042	ERBE USA INC SURGICAL SYSTEMS ✓			823914 ✓		04/12/20	04/03/20	05/01/20		169.50	0.00	0.00	169.50 ✓
Vendor Totals				10042	ERBE USA INC SURGICAL SYSTEMS					169.50	0.00	0.00	169.50
C2510	EVIDENT ✓		M	100832		03/31/20	02/27/20	03/24/20		95.00	0.00	0.00	95.00 ✓
Vendor Totals				C2510	EVIDENT					95.00	0.00	0.00	95.00
F1050	FASTENAL COMPANY ✓		M	TXPOT258859 ✓		04/12/20	03/27/20	04/26/20		3.50	0.00	0.00	3.50 ✓
Vendor Totals				F1050	FASTENAL COMPANY					3.50	0.00	0.00	3.50
14336	FIRETRON, INC ✓			223418 ✓		03/31/20	03/31/20	04/30/20		1,965.00	0.00	0.00	1,965.00 ✓
				223420 ✓		03/31/20	03/31/20	04/30/20		670.00	0.00	0.00	670.00 ✓
Vendor Totals				14336	FIRETRON, INC					2,635.00	0.00	0.00	2,635.00
13016	FIRST INSURANCE FUNDING ✓			040723		04/13/20	04/07/20	05/01/20		3,384.89	0.00	0.00	3,384.89 ✓

INSTALLMENT

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		13016	FIRST INSURANCE FUNDING		3,384.89	0.00	0.00	3,384.89	
Vendor#	Vendor Name		Class	Pay Code					
F1403	FISHER & PAYKEL HEALTHCARE ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
91987732 ✓		03/31/20	03/28/20	05/01/20		640.00	0.00	0.00	640.00 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		F1403	FISHER & PAYKEL HEALTHCARE		640.00	0.00	0.00	640.00	
Vendor#	Vendor Name		Class	Pay Code					
F1400	FISHER HEALTHCARE ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1368001 ✓		03/29/20	03/16/20	04/10/20		442.45	0.00	0.00	442.45 ✓
SUPPLIES									
1724142 ✓		03/31/20	03/29/20	04/23/20		86.29	0.00	0.00	86.29 ✓
SUPPLIES									
1724473 ✓		03/31/20	03/29/20	04/23/20		354.99	0.00	0.00	354.99 ✓
SUPPLIES									
1806535 ✓		04/12/20	03/31/20	04/25/20		396.98	0.00	0.00	396.98 ✓
SUPPLIES									
1842754 ✓		04/12/20	04/03/20	04/28/20		1,248.36	0.00	0.00	1,248.36 ✓
SUPPLIES									
1842753 ✓		04/12/20	04/03/20	04/28/20		71.40	0.00	0.00	71.40 ✓
SUPPLIES									
1880463 ✓		04/12/20	04/04/20	04/29/20		1,755.02	0.00	0.00	1,755.02 ✓
SUPPLIES									
1880462 ✓		04/12/20	04/04/20	04/29/20		695.48	0.00	0.00	695.48 ✓
SUPPLIES									
1919300 ✓		04/12/20	04/05/20	04/30/20		696.65	0.00	0.00	696.65 ✓
SUPPLIES									
1766405 ✓		04/12/20	04/05/20	04/30/20		499.68	0.00	0.00	499.68 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		F1400	FISHER HEALTHCARE		6,247.30	0.00	0.00	6,247.30	
Vendor#	Vendor Name		Class	Pay Code					
10599	FORVIS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
BK01758049 ✓		04/13/20	03/29/20	04/23/20		24,150.00	0.00	0.00	24,150.00 ✓
2020 DSH/DY 9 AUDIT									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10599	FORVIS		24,150.00	0.00	0.00	24,150.00	
Vendor#	Vendor Name		Class	Pay Code					
11183	FRONTIER ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040232		04/13/20	04/02/20	04/26/20		1,160.59	0.00	0.00	1,160.59 ✓
PHONE									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11183	FRONTIER		1,160.59	0.00	0.00	1,160.59	
Vendor#	Vendor Name		Class	Pay Code					
13960	G & S MANAGEMENT GROUP LLC ✓								



Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
340387190	✓ DISPOSAL	04/12/20	04/10/20	04/20/20		268.97	0.00	0.00	268.97 ✓		
340387189	✓ DISPOSAL	04/12/20	04/10/20	04/30/20		1,410.91	0.00	0.00	1,410.91 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13960	G & S MANAGEMENT GROUP LLC	1,679.88	0.00	0.00	1,679.88
Vendor#	Vendor Name				Class	Pay Code					
10283	GE HEALTHCARE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
202875624	✓ SUPPLIES	04/12/20	04/03/20	04/28/20		47.95	0.00	0.00	47.95 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10283	GE HEALTHCARE	47.95	0.00	0.00	47.95
Vendor#	Vendor Name				Class	Pay Code					
12404	GE PRECISION HEALTHCARE, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6002378012	✓ CONTRACT	04/13/20	04/01/20	05/01/20		61.67	0.00	0.00	61.67 ✓		
6002378010	✓ CONTRACT	04/13/20	04/01/20	05/01/20		86.67	0.00	0.00	86.67 ✓		
6002378011	✓ CONTRACT	04/13/20	04/01/20	05/01/20		2,422.50	0.00	0.00	2,422.50 ✓		
6002378009	✓ CONTRACT	04/13/20	04/01/20	05/01/20		3,588.58	0.00	0.00	3,588.58 ✓		
6002378145	✓ CONTRACT	04/13/20	04/01/20	05/01/20		868.16	0.00	0.00	868.16 ✓		
6002377973	✓ CONTRACT	04/13/20	04/01/20	05/01/20		357.00	0.00	0.00	357.00 ✓		
6002378022	✓ CONTRACT	04/13/20	04/01/20	05/01/20		5,665.83	0.00	0.00	5,665.83 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12404	GE PRECISION HEALTHCARE, LLC	13,050.41	0.00	0.00	13,050.41
Vendor#	Vendor Name				Class	Pay Code					
10956	GETINGE USA SALES LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6992183263	✓ SUPPLIES	03/31/20	03/27/20	04/10/20		251.80	0.00	0.00	251.80 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10956	GETINGE USA SALES LLC	251.80	0.00	0.00	251.80
Vendor#	Vendor Name				Class	Pay Code					
13148	GRACE FLOORING AND GLASS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2032B	✓ 2ND FLOOR FLOORING	03/09/20	03/07/20	03/15/20		2,353.62	0.00	0.00	2,353.62 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13148	GRACE FLOORING AND GLASS	2,353.62	0.00	0.00	2,353.62
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		
9625991774	✓	03/29/20	03/01/20	03/26/20		294.12	0.00	0.00	294.12 ✓		

SUPPLIES											
9633472510			03/29/20	03/08/20	04/02/20		11.84	0.00	0.00	11.84	
SUPPLIES											
Vendor Totals Number Name							Gross	Discount	No-Pay	Net	
W1300 GRAINGER							305.96	0.00	0.00	305.96	
Vendor#	Vendor Name					Class	Pay Code				
12948	GREAT AMERICA FINANCIAL SVCS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
33765292		04/13/20	04/03/20	04/30/20		9,388.23	0.00	0.00	9,388.23		
COPIERS											
Vendor Totals Number Name							Gross	Discount	No-Pay	Net	
12948 GREAT AMERICA FINANCIAL SVCS							9,388.23	0.00	0.00	9,388.23	
Vendor#	Vendor Name					Class	Pay Code				
11984	GUERBET, LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
18679341		03/31/20	03/31/20	04/15/20		350.00	0.00	0.00	350.00		
SUPPLIES											
Vendor Totals Number Name							Gross	Discount	No-Pay	Net	
11984 GUERBET, LLC							350.00	0.00	0.00	350.00	
Vendor#	Vendor Name					Class	Pay Code				
11552	HEALTHCARE FINANCIAL SERVICES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
100739233		03/31/20	03/27/20	05/01/20		4,610.52	0.00	0.00	4,610.52		
LEASE											
100744347		04/13/20	04/05/20	05/01/20		1,797.44	0.00	0.00	1,797.44		
LEASE											
Vendor Totals Number Name							Gross	Discount	No-Pay	Net	
11552 HEALTHCARE FINANCIAL SERVICES							6,407.96	0.00	0.00	6,407.96	
Vendor#	Vendor Name					Class	Pay Code				
H0031	HEB CREDIT RECEIVABLES DEPT308										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3821		03/31/20	03/29/20	04/25/20		1,228.49	0.00	0.00	1,228.49		
SUPPLIES											
Vendor Totals Number Name							Gross	Discount	No-Pay	Net	
H0031 HEB CREDIT RECEIVABLES DEPT308							1,228.49	0.00	0.00	1,228.49	
Vendor#	Vendor Name					Class	Pay Code				
10922	HUNTER PHARMACY SERVICES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
5367		04/12/20	03/31/20	04/20/20		15,177.44	0.00	0.00	15,177.44		
PHARMACIST SALARY											
Vendor Totals Number Name							Gross	Discount	No-Pay	Net	
10922 HUNTER PHARMACY SERVICES							15,177.44	0.00	0.00	15,177.44	
Vendor#	Vendor Name					Class	Pay Code				
14748	INNOVATE HEALTHCARE STAFFING										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
032223		04/12/20	03/22/20	04/15/20		1,592.50	0.00	0.00	1,592.50		
ER/ANDREW JONES (3/16/23)											
032923		04/12/20	03/29/20	04/15/20		4,712.50	0.00	0.00	4,712.50		
ER /ANDREW JONES (3/17-3/19/23)											
040523		04/12/20	04/05/20	04/15/20		4,680.00	0.00	0.00	4,680.00		
ER/ANDREW JONES (3/28-3/30/23)											



Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14748	INNOVATE HEALTHCARE STAFFING		10,985.00	0.00	0.00	10,985.00	
Vendor#	Vendor Name			Class	Pay Code				
11200	IRON MOUNTAIN ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
HKWR975 ✓		03/31/20	03/31/20	04/30/20		1,836.44	0.00	0.00	1,836.44 ✓
	SHREDDING								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11200	IRON MOUNTAIN		1,836.44	0.00	0.00	1,836.44	
Vendor#	Vendor Name			Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
933502024 ✓		04/12/20	04/04/20	05/04/20		571.98	0.00	0.00	571.98 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		J0150	J & J HEALTH CARE SYSTEMS, INC		571.98	0.00	0.00	571.98	
Vendor#	Vendor Name			Class	Pay Code				
14540	JINDAL X LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2023-24-002 ✓		04/13/20	04/07/20	05/01/20		9,000.00	0.00	0.00	9,000.00 ✓
	REVENUE CYCLE MARCH								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14540	JINDAL X LLC		9,000.00	0.00	0.00	9,000.00	
Vendor#	Vendor Name			Class	Pay Code				
L0700	LABCORP OF AMERICA HOLDINGS ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
76077805 ✓		04/12/20	04/01/20	04/26/20		16.10	0.00	0.00	16.10 ✓
	LAB SERV								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		L0700	LABCORP OF AMERICA HOLDINGS		16.10	0.00	0.00	16.10	
Vendor#	Vendor Name			Class	Pay Code				
14844	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
235029		03/31/20	03/31/20	04/15/20		40.00	0.00	0.00	40.00 ✓
	REFUND								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14844			40.00	0.00	0.00	40.00	
Vendor#	Vendor Name			Class	Pay Code				
10972	M G TRUST ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
040723		04/12/20	04/07/20	04/15/20		615.86	0.00	0.00	615.86 ✓
	PAYROLL DEDUCT								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10972	M G TRUST		615.86	0.00	0.00	615.86	
Vendor#	Vendor Name			Class	Pay Code				
M1511	MARKETLAB, INC ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
IN01912799 ✓		03/31/20	03/23/20	04/30/20		134.95	0.00	0.00	134.95 ✓
	SUPPLIES								
IN01917300 ✓		03/31/20	03/29/20	04/30/20		61.00	0.00	0.00	61.00 ✓
	SUPPLIES								

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		M1511	MARKETLAB, INC		195.95	0.00	0.00	195.95	
Vendor#	Vendor Name		Class	Pay Code					
11141	MEDICAL DATA SYSTEMS, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
180128 ✓		03/31/20	03/31/20	04/25/20		279.29	0.00	0.00	279.29 ✓
	COLLECTION FEES								
180477 ✓		03/31/20	03/31/20	04/25/20		597.52	0.00	0.00	597.52 ✓
	COLLECTION FEES								
180476 ✓		03/31/20	03/31/20	04/25/20		4,237.87	0.00	0.00	4,237.87 ✓
	COLLECTION FEES								
180475 ✓		03/31/20	03/31/20	04/25/20		429.35	0.00	0.00	429.35 ✓
	COLLECTION FEES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11141	MEDICAL DATA SYSTEMS, INC.		5,544.03	0.00	0.00	5,544.03	
Vendor#	Vendor Name		Class	Pay Code					
14188	MEDICAL DEVICE DEPOT ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1664509 ✓		03/31/20	03/21/20	04/10/20		355.64	0.00	0.00	355.64 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14188	MEDICAL DEVICE DEPOT		355.64	0.00	0.00	355.64	
Vendor#	Vendor Name		Class	Pay Code					
M2470	MEDLINE INDUSTRIES INC ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2258085583 ✓		03/29/20	03/15/20	04/09/20		209.46	0.00	0.00	209.46 ✓
	SUPPLIES								
2258085584 ✓		03/29/20	03/15/20	04/09/20		1,189.67	0.00	0.00	1,189.67 ✓
	SUPPLIES								
2253838399 ✓		03/31/20	02/15/20	03/12/20		5,905.77	0.00	0.00	5,905.77 ✓
	SUPPLIES								
2259107777 ✓		03/31/20	03/22/20	04/16/20		22.18	0.00	0.00	22.18 ✓
	SUPPLIES								
2260165807 ✓		03/31/20	03/29/20	04/23/20		461.70	0.00	0.00	461.70 ✓
	SUPPLIES								
2260165816 ✓		03/31/20	03/29/20	04/23/20		4,083.92	0.00	0.00	4,083.92 ✓
	SUPPLIES								
2260165813 ✓		03/31/20	03/29/20	04/23/20		221.28	0.00	0.00	221.28 ✓
	SUPPLIES								
2260165825 ✓		03/31/20	03/29/20	04/23/20		70.46	0.00	0.00	70.46 ✓
	SUPPLIES								
2260165821 ✓		03/31/20	03/29/20	04/23/20		58.12	0.00	0.00	58.12 ✓
	SUPPLIES								
2260165817 ✓		03/31/20	03/29/20	04/23/20		46.70	0.00	0.00	46.70 ✓
	SUPPLIES								
2260165820 ✓		03/31/20	03/29/20	04/23/20		104.25	0.00	0.00	104.25 ✓
	SUPPLIES								
2260165819 ✓		03/31/20	03/29/20	04/23/20		83.28	0.00	0.00	83.28 ✓
	SUPPLIES								
2260165823 ✓		03/31/20	03/29/20	04/23/20		83.28	0.00	0.00	83.28 ✓
	SUPPLIES								



2260165826	✓	03/31/20 03/29/20 04/23/20	25.76	0.00	0.00	25.76	✓
		SUPPLIES					
2260165818	✓	03/31/20 03/29/20 04/23/20	78.17	0.00	0.00	78.17	✓
		SUPPLIES					
2260165811	✓	03/31/20 03/29/20 04/23/20	53.74	0.00	0.00	53.74	✓
		SUPPLIES					
2260165808	✓	03/31/20 03/29/20 04/23/20	192.71	0.00	0.00	192.71	✓
		SUPPLIES					
2260165822	✓	03/31/20 03/29/20 04/23/20	4.15	0.00	0.00	4.15	✓
		SUPPLIES					
2260165827	✓	03/31/20 03/29/20 04/23/20	157.08	0.00	0.00	157.08	✓
		SUPPLIES					
2260165806	✓	03/31/20 03/29/20 04/23/20	118.96	0.00	0.00	118.96	✓
		SUPPLIES					
2260165805	✓	03/31/20 03/29/20 04/23/20	2,085.20	0.00	0.00	2,085.20	✓
		SUPPLIES					
2260165814	✓	03/31/20 03/29/20 04/23/20	2,179.65	0.00	0.00	2,179.65	✓
		SUPPLIES					
2260165812	✓	03/31/20 03/29/20 04/23/20	46.49	0.00	0.00	46.49	✓
		SUPPLIES					
2260165809	✓	03/31/20 03/29/20 04/23/20	118.14	0.00	0.00	118.14	✓
		SUPPLIES					
2260165828	✓	03/31/20 03/29/20 04/23/20	180.02	0.00	0.00	180.02	✓
		SUPPLIES					
2260165815	✓	03/31/20 03/29/20 04/23/20	22.65	0.00	0.00	22.65	✓
		SUPPLIES					
2260365814	✓	03/31/20 03/30/20 04/24/20	246.19	0.00	0.00	246.19	✓
		SUPPLIES					
2260589001	✓	03/31/20 03/31/20 04/25/20	-271.26	0.00	0.00	-271.26	✓
		CREDIT					
2260589000	✓	03/31/20 03/31/20 04/25/20	-680.16	0.00	0.00	-680.16	✓
		CREDIT					
2260456355	✓	04/12/20 03/30/20 04/24/20	233.25	0.00	0.00	233.25	✓
		SUPPLIES					
2260588299	✓	04/12/20 03/31/20 04/25/20	53.73	0.00	0.00	53.73	✓
		SUPPLIES					
2260738629	✓	04/12/20 04/01/20 04/26/20	83.28	0.00	0.00	83.28	✓
		SUPPLIES					
2260738631	✓	04/12/20 04/01/20 04/26/20	56.16	0.00	0.00	56.16	✓
		SUPPLIES					
2260748025	✓	04/12/20 04/01/20 04/26/20	202.70	0.00	0.00	202.70	✓
		SUPPLIES					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	17,726.68	0.00	0.00	17,726.68

Vendor# Vendor Name Class Pay Code

10963	MEMORIAL MEDICAL CLINIC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040723		04/12/20	04/07/20	04/15/20		320.00	0.00	0.00	320.00 ✓
	PAYROLL DEDUCT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	320.00	0.00	0.00	320.00

Vendor#	Vendor Name	Class	Pay Code							
14852	MERCK & CO., INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	040523		04/13/20	04/05/20	04/20/20		36,229.19	0.00	0.00	36,229.19 ✓
		340B								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		14852	MERCK & CO., INC.				36,229.19	0.00	0.00	36,229.19
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
	9402246 ✓		03/31/20	03/29/20	04/08/20		7.68	0.00	0.00	7.68 ✓
		INVENTORY								
	9416342 ✓		04/12/20	04/02/20	04/12/20		11.86	0.00	0.00	11.86 ✓
		INVENTORY								
	9416340 ✓		04/12/20	04/02/20	04/12/20		28.78	0.00	0.00	28.78 ✓
		INVENTORY								
	9416341 ✓		04/12/20	04/02/20	04/12/20		374.80	0.00	0.00	374.80 ✓
		INVENTORY								
	9414185 ✓		04/12/20	04/02/20	04/12/20		68.32	0.00	0.00	68.32 ✓
		INVENTORY								
	9416339 ✓		04/12/20	04/02/20	04/12/20		324.99	0.00	0.00	324.99 ✓
		INVENTORY								
	9421232 ✓		04/12/20	04/03/20	04/13/20		389.19	0.00	0.00	389.19 ✓
		INVENTORY								
	9421233 ✓		04/12/20	04/03/20	04/13/20		74.31	0.00	0.00	74.31 ✓
		INVENTORY								
	9417297 ✓		04/12/20	04/03/20	04/13/20		2,104.35	0.00	0.00	2,104.35 ✓
		INVENTORY								
	9419158 ✓		04/12/20	04/03/20	04/13/20		2.25	0.00	0.00	2.25 ✓
		INVENTORY								
	9417913 ✓		04/12/20	04/03/20	04/13/20		45.45	0.00	0.00	45.45 ✓
		INVENTORY								
	9419159 ✓		04/12/20	04/03/20	04/13/20		15.45	0.00	0.00	15.45 ✓
		INVENTORY								
	9423031 ✓		04/12/20	04/04/20	04/14/20		52.11	0.00	0.00	52.11 ✓
		INVENTORY								
	9426538 ✓		04/12/20	04/04/20	04/14/20		2,044.66	0.00	0.00	2,044.66 ✓
		INVENTORY								
	9426539 ✓		04/12/20	04/04/20	04/14/20		1,105.94	0.00	0.00	1,105.94 ✓
		INVENTORY								
	9430577 ✓		04/12/20	04/05/20	04/15/20		1,804.99	0.00	0.00	1,804.99 ✓
		INVENTORY								
	9430576 ✓		04/12/20	04/05/20	04/15/20		48.14	0.00	0.00	48.14 ✓
		INVENTORY								
	9428488 ✓		04/12/20	04/05/20	04/15/20		103.34	0.00	0.00	103.34 ✓
		INVENTORY								
	9428490 ✓		04/12/20	04/05/20	04/15/20		104.63	0.00	0.00	104.63 ✓
		INVENTORY								
	9428492 ✓		04/12/20	04/05/20	04/15/20		16.66	0.00	0.00	16.66 ✓
		INVENTORY								
	9436644 ✓		04/12/20	04/06/20	04/16/20		1,873.92	0.00	0.00	1,873.92 ✓



9433958	INVENTORY	04/12/20	04/06/20	04/16/20	1,430.54	0.00	0.00	1,430.54
9436645	INVENTORY	04/12/20	04/06/20	04/16/20	650.26	0.00	0.00	650.26
9433959	INVENTORY	04/12/20	04/06/20	04/16/20	7,876.25	0.00	0.00	7,876.25
CM24995	INVENTORY	04/12/20	04/07/20	04/17/20	-366.39	0.00	0.00	-366.39
CM24996	CREDIT	04/12/20	04/07/20	04/17/20	-35.52	0.00	0.00	-35.52
9443073	CREDIT	04/12/20	04/09/20	04/19/20	3,191.35	0.00	0.00	3,191.35
9443074	INVENTORY	04/12/20	04/09/20	04/19/20	401.23	0.00	0.00	401.23
9441012	INVENTORY	04/12/20	04/09/20	04/19/20	5.65	0.00	0.00	5.65
9447397	INVENTORY	04/12/20	04/10/20	04/20/20	117.29	0.00	0.00	117.29
9447398	INVENTORY	04/12/20	04/10/20	04/20/20	120.59	0.00	0.00	120.59
6959	INVENTORY	04/12/20	04/10/20	04/20/20	-22.77	0.00	0.00	-22.77

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	23,970.30	0.00	0.00	23,970.30

Vendor#	Vendor Name	Class	Pay Code							
M2659	MXR IMAGING, INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8801012127		03/31/20	03/30/20	04/29/20			84.70	0.00	0.00	84.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	84.70	0.00	0.00	84.70

Vendor#	Vendor Name	Class	Pay Code							
13548	NACOGDOCHES TRANSCRIPTION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8012		04/12/20	04/07/20	04/17/20			323.40	0.00	0.00	323.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	323.40	0.00	0.00	323.40

Vendor#	Vendor Name	Class	Pay Code							
O1500	OLYMPUS AMERICA INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
34196359		04/12/20	03/31/20	04/25/20			114.66	0.00	0.00	114.66

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	114.66	0.00	0.00	114.66

Vendor#	Vendor Name	Class	Pay Code							
O1416	ORTHO CLINICAL DIAGNOSTICS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1852875159		03/31/20	03/27/20	04/26/20			406.02	0.00	0.00	406.02

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	406.02	0.00	0.00	406.02

1852877148		03/31/20	03/27/20	04/26/20		752.16	0.00	0.00	752.16		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						01416	ORTHO CLINICAL DIAGNOSTICS	1,158.18	0.00	0.00	1,158.18
Vendor#	Vendor Name	Class		Pay Code							
11155	PARAREV										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
897193		04/13/20	01/01/20	01/31/20		3,084.00	0.00	0.00	3,084.00		
	REVENUE INTEGRITY										
898203		04/13/20	02/01/20	03/03/20		3,084.00	0.00	0.00	3,084.00		
	REVENUE INTEGRITY										
899345		04/13/20	03/01/20	03/31/20		950.00	0.00	0.00	950.00		
	PRICE TRANSPARENCY										
899344		04/13/20	03/01/20	03/31/20		3,084.00	0.00	0.00	3,084.00		
	REVENUE INTEGRITY										
900356		04/13/20	04/01/20	05/01/20		3,084.00	0.00	0.00	3,084.00		
	REVENUE INTEGRITY										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11155	PARAREV	13,286.00	0.00	0.00	13,286.00
Vendor#	Vendor Name	Class		Pay Code							
10152	PARTSSOURCE, LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
04728821		03/31/20	03/24/20	04/23/20		23.46	0.00	0.00	23.46		
	SUPPLIES										
04731507		04/12/20	03/27/20	04/26/20		98.25	0.00	0.00	98.25		
	SUPPLIES										
04731506		04/12/20	03/27/20	04/26/20		42.80	0.00	0.00	42.80		
	SUPPLIES										
04734940		04/12/20	03/29/20	04/28/20		31.54	0.00	0.00	31.54		
	SUPPLIES										
04738243		04/12/20	03/31/20	04/30/20		88.35	0.00	0.00	88.35		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10152	PARTSSOURCE, LLC	284.40	0.00	0.00	284.40
Vendor#	Vendor Name	Class		Pay Code							
14672											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
233872		03/31/20	03/31/20	04/15/20		120.00	0.00	0.00	120.00		
	REFUND										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14672		120.00	0.00	0.00	120.00
Vendor#	Vendor Name	Class		Pay Code							
14840											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
232860		03/31/20	03/31/20	04/15/20		120.00	0.00	0.00	120.00		
	REFUND										
233671		03/31/20	03/31/20	04/15/20		40.00	0.00	0.00	40.00		
	REFUND										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14840		160.00	0.00	0.00	160.00
Vendor#	Vendor Name	Class		Pay Code							



P1800	PITNEY BOWES INC ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1022810914 ✓		03/31/20	03/27/20	04/26/20		207.00	0.00	0.00	207.00 ✓		
	POSTAGE										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	P1800 PITNEY BOWES INC					207.00	0.00	0.00	207.00		
Vendor#	Vendor Name				Class	Pay Code					
11932	PRESS GANEY ASSOCIATES, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
IN000582689 ✓		03/31/20	03/31/20	04/30/20		2,624.67	0.00	0.00	2,624.67 ✓		
	CONTRACT FEES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11932 PRESS GANEY ASSOCIATES, INC.					2,624.67	0.00	0.00	2,624.67		
Vendor#	Vendor Name				Class	Pay Code					
14544	PRINT RITE INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
23111 ✓		03/31/20	03/31/20	04/10/20		246.37	0.00	0.00	246.37 ✓		
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	14544 PRINT RITE INC.					246.37	0.00	0.00	246.37		
Vendor#	Vendor Name				Class	Pay Code					
12480	PRO ENERGY PARTNERS LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2303-0600 ✓		04/13/20	03/31/20	04/15/20		3,290.89	0.00	0.00	3,290.89 ✓		
	ENERGY										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	12480 PRO ENERGY PARTNERS LLC					3,290.89	0.00	0.00	3,290.89		
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		
998742562 ✓		04/12/20	03/31/20	04/30/20		509.93	0.00	0.00	509.93 ✓		
	SUPPLIES										
998747079 ✓		04/12/20	04/04/20	05/04/20		1,309.93	0.00	0.00	1,309.93 ✓		
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	10896 QIAGEN INC					1,819.86	0.00	0.00	1,819.86		
Vendor#	Vendor Name				Class	Pay Code					
11024	REED, CLAYMON, MEEKER & HARGET ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
28386 ✓		04/13/20	04/05/20	04/30/20		142.50	0.00	0.00	142.50 ✓		
	LEGAL SERV										
28184 ✓		04/13/20	04/05/20	04/30/20		95.00	0.00	0.00	95.00 ✓		
	LEGA SERV										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11024 REED, CLAYMON, MEEKER & HARGET					237.50	0.00	0.00	237.50		
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		
040523		04/12/20	04/05/20	04/15/20		48.47	0.00	0.00	48.47 ✓		
	TRAVEL (Lgans (LUB); HERS) 4/15/23										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		

11764	ROBERT RODRIQUEZ					48.47	0.00	0.00	48.47
Vendor#	Vendor Name				Class	Pay Code			
10927	ROSHANDA THOMAS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040523		04/12/20	04/05/20	04/15/20		235.74	0.00	0.00	235.74
	TRAVEL	Advocacy Day @ State Capital				3/9/23			207.74
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10927	ROSHANDA THOMAS				235.74	0.00	0.00	235.74
Vendor#	Vendor Name				Class	Pay Code			
10936	SIEMENS FINANCIAL SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
56382300032569		03/31/20	03/25/20	04/14/20		4,038.24	0.00	0.00	4,038.24
	CONTRACT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES				4,038.24	0.00	0.00	4,038.24
Vendor#	Vendor Name				Class	Pay Code			
14716	SINGLETON ASSOCIATES PA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
51-22		04/13/20	05/04/20	06/04/20		380.36	0.00	0.00	380.36
	RADIOLOGY								
51-23		04/13/20	05/31/20	06/30/20		163.65	0.00	0.00	163.65
	RADIOLOGY								
51-27		04/13/20	10/06/20	11/06/20		381.85	0.00	0.00	381.85
	RADIOLOGY								
51-25		04/13/20	10/06/20	11/06/20		272.75	0.00	0.00	272.75
	RADIOLOGY								
51-26		04/13/20	10/06/20	11/06/20		327.30	0.00	0.00	327.30
	RADIOLOGY								
53-8		04/13/20	12/06/20	01/06/20		9.00	0.00	0.00	9.00
	RADIOLOGY								
51-29		04/13/20	12/27/20	01/27/20		225.58	0.00	0.00	225.58
	RADIOLOGY								
51-30		04/13/20	02/27/20	03/27/20		163.65	0.00	0.00	163.65
	RADIOLOGY								
52-20		04/13/20	02/27/20	03/27/20		21.82	0.00	0.00	21.82
	RADIOLOGY								
51-31		04/13/20	02/27/20	03/27/20		392.76	0.00	0.00	392.76
	RADIOLOGY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	14716	SINGLETON ASSOCIATES PA				2,338.72	0.00	0.00	2,338.72
Vendor#	Vendor Name				Class	Pay Code			
11296	SOUTH TEXAS BLOOD & TISSUE CEN								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
107029726		03/31/20	03/31/20	04/25/20		4,702.00	0.00	0.00	4,702.00
	BLOOD								
CM9168		03/31/20	03/31/20	04/25/20		-2,607.00	0.00	0.00	-2,607.00
	CREDIT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN				2,095.00	0.00	0.00	2,095.00
Vendor#	Vendor Name				Class	Pay Code			
S2345	SOUTHEAST TEXAS HEALTH SYS				W				



Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
26772	GAINES CREDENTIAL	04/13/20	04/01/20	05/01/20		125.00	0.00	0.00	125.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2345	SOUTHEAST TEXAS HEALTH SYS	125.00	0.00	0.00	125.00
Vendor#	Vendor Name			Class	Pay Code						
14784	SOUTHEASTERN BIOMEDICAL ASSOC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
65494	SERVICE WORK	04/13/20	04/05/20	04/15/20		973.00	0.00	0.00	973.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14784	SOUTHEASTERN BIOMEDICAL ASSOC.	973.00	0.00	0.00	973.00
Vendor#	Vendor Name			Class	Pay Code						
12288	SPBS CLINICAL EQUIPMENT SRVC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV019730423	CONTRACT	04/12/20	04/01/20	04/02/20		10,238.92	0.00	0.00	10,238.92		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12288	SPBS CLINICAL EQUIPMENT SRVC	10,238.92	0.00	0.00	10,238.92
Vendor#	Vendor Name			Class	Pay Code						
10845	STAPLES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3534340123	SUPPLIES	03/31/20	03/13/20	04/30/20		47.95	0.00	0.00	47.95		
3534340122	SUPPLIES	03/31/20	03/31/20	04/30/20		8.88	0.00	0.00	8.88		
3534340125	SUPPLIES	03/31/20	03/31/20	04/30/20		14.87	0.00	0.00	14.87		
3534340124	CREDIT	03/31/20	03/31/20	04/30/20		-13.70	0.00	0.00	-13.70		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10845	STAPLES	58.00	0.00	0.00	58.00
Vendor#	Vendor Name			Class	Pay Code						
S3960	STERICYCLE, INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
4011652886	DISPOSAL	04/13/20	04/01/20	05/01/20		2,795.68	0.00	0.00	2,795.68		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S3960	STERICYCLE, INC	2,795.68	0.00	0.00	2,795.68
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		
11018122	SUPPLIES	03/31/20	03/30/20	04/24/20		237.00	0.00	0.00	237.00		
11040621	SUPPLIES	04/12/20	04/05/20	04/30/20		156.14	0.00	0.00	156.14		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S3940	STERIS CORPORATION	393.14	0.00	0.00	393.14
Vendor#	Vendor Name			Class	Pay Code						
T2539	T-SYSTEM, INC			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		

899995		03/31/20	03/31/20	04/30/20		6,130.42	0.00	0.00	6,130.42		
PHYSICIAN TRACKING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T2539	T-SYSTEM, INC	6,130.42	0.00	0.00	6,130.42
Vendor#	Vendor Name				Class	Pay Code					
14856	TEXAS A&M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
H180159		04/13/20	04/03/20	04/01/20		5,118.75	0.00	0.00	5,118.75		
INTERQUAL MGT SERV											
H180161		04/13/20	04/03/20	05/01/20		2,625.00	0.00	0.00	2,625.00		
PHYSICIAN PEER REVIEW											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14856	TEXAS A&M	7,743.75	0.00	0.00	7,743.75
Vendor#	Vendor Name				Class	Pay Code					
T1450	TEXAS ASSOCIATION OF COUNTIES				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
040523		04/12/20	04/05/20	04/15/20		3,041.48	0.00	0.00	3,041.48		
TAC UF CONTRIBUTION											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T1450	TEXAS ASSOCIATION OF COUNTIES	3,041.48	0.00	0.00	3,041.48
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		
INV1796728858		04/12/20	03/31/20	04/30/20		4,349.50	0.00	0.00	4,349.50		
STEVEN SHAW 3-19-3-25											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14372	TRIAGE, LLC	4,349.50	0.00	0.00	4,349.50
Vendor#	Vendor Name				Class	Pay Code					
11067	TRIZETTO PROVIDER SOLUTIONS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
35FK042300		04/12/20	04/01/20	04/26/20		1,176.08	0.00	0.00	1,176.08		
STATEMENTS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11067	TRIZETTO PROVIDER SOLUTIONS	1,176.08	0.00	0.00	1,176.08
Vendor#	Vendor Name				Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2921000042		03/31/20	03/27/20	04/21/20		59.45	0.00	0.00	59.45		
LAUNDRY											
2921000364		03/31/20	03/30/20	04/24/20		213.06	0.00	0.00	213.06		
LAUNDRY											
2921000360		03/31/20	03/30/20	04/24/20		180.13	0.00	0.00	180.13		
LAUNDRY											
2921000359		03/31/20	03/30/20	04/24/20		105.70	0.00	0.00	105.70		
LAUNDRY											
2921000365		03/31/20	03/30/20	04/24/20		196.35	0.00	0.00	196.35		
LAUNDRY											
2921000363		03/31/20	03/30/20	04/24/20		223.43	0.00	0.00	223.43		
LAUNDRY											
2921000362		03/31/20	03/30/20	04/24/20		33.27	0.00	0.00	33.27		
LAUNDRY											



2921000366 ✓	03/31/20 03/30/20 04/24/20	80.23	0.00	0.00	80.23 ✓
LAUNDRY					
2921000361 ✓	03/31/20 03/30/20 04/24/20	1,602.39	0.00	0.00	1,602.39 ✓
LAUNDRY					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	2,694.01	0.00	0.00	2,694.01

Vendor# Vendor Name Class Pay Code

11064	VELOCITY EHS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
279731 ✓		04/12/20	03/27/20	04/26/20		4,699.00	0.00	0.00	4,699.00 ✓
HQ SUBSCRIPTION									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11064	VELOCITY EHS	4,699.00	0.00	0.00	4,699.00

Vendor# Vendor Name Class Pay Code

11400	WEST COAST MEDICAL RESOURCES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV097823 ✓		04/12/20	04/04/20	05/01/20		348.00	0.00	0.00	348.00 ✓
SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	348.00	0.00	0.00	348.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	556,645.74	0.00	0.00	556,645.74

0.00

---

556,645.74 +

235.74 -

207.74 +

---

556,617.74 +

35.52 +

556,653.26 \*

py 16 correction

py 13 per lisa

$\begin{matrix} << 235.74 > \\ < + 207.74 \\ \hline \$ 556,617.74 \\ + 35.52 \\ \hline \$ 556,653.26 \end{matrix}$

APPROVED ON

APR 13 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#198888-198986

RECEIVED BY THE  
 COUNTY AUDITOR ON  
 RUN DATE: 04/13/23  
 APR 13 2023

MEMORIAL MEDICAL CENTER  
 EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1  
 APCDEDIT

PATIENT  
 CALHOUN COUNTY, TEXAS  
 NUMBER PAYEE NAME

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		041323	63.00	✓	3	REFUND	
		033123	43.23	✓	2	REFUND	
		033123	169.48	✓	2	REFUND	
		041323	30.00	✓	5	REFUND	
		033123	112.22	✓	2	REFUND	
		033123	12.64	✓	2	REFUND	
		033123	103.44	✓	2	REFUND	
		033123	20.56	✓	3	REFUND	
		033123	56.03	✓	2	REFUND	
		033123	255.00	✓	5	REFUND	
		041323	75.00	✓	2	REFUND	
		033123	36.35	✓	2	REFUND	
		041323	10.00	✓	2	REFUND	
		033123	123.09	✓	2	REFUND	
		033123	33.90	✓	2	REFUND	
		033123	31.38	✓	2	REFUND	
		041323	75.00	✓	3	REFUND	
		033123	222.52	✓	2	REFUND	
		041323	114.67	✓	2	REFUND	
		033123	10.00	✓	2	REFUND	
		033123	13.50	✓	2	REFUND	
		041323	105.92	✓	2	REFUND	
		033123	13.13	✓	2	REFUND	
		033123	79.39	✓	2	REFUND	
		041323	120.95	✓	2	REFUND	
		041323	20.00	✓	3	REFUND	
		041323	35.00	✓	2	REFUND	
		033123	110.04	✓	2	REFUND	
		041323	35.00	✓	2	REFUND	
		041323	500.00	✓	2	REFUND	
		033123	500.00	✓	2	REFUND	
		041323	46.74	✓	2	REFUND	
		041323	163.02	✓	2	REFUND	
		041323	711.04	✓	2	REFUND	

ARID=0001 TOTAL

4051.24

TOTAL

4051.24

APPROVED ON

APR 13 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

CL# 198993-199024



RECEIVED BY THE COUNTY AUDITOR ON

APR 13 2023

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account ROSHANDA S THOMAS



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

Account Number: XXXX-XXXX-XXXX-9457

Summary of Account Activity

Total Activity \$6,059.35

Not an invoice. For your records only.

Credit Limit \$15,000

Cash Advance Limit \$0

Statement Closing Date 04/03/2023

Days in Billing Period 31

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

Transactions

Table with columns: Post Date, Trans Date, MCC, Reference Number, Description/Location, Amount. Includes transactions for DTV-DIRECTV SERVICE and NPDB NPDB.HRSA.GOV.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

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

Not an invoice. For your records only.

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

00007905040

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager® Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to [www.citimanager.com/login](http://www.citimanager.com/login) and click on the "Self registration for Cardholders" link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send a Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 150,000 locations worldwide.
  - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
  - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

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



Account: XXXX-XXXX-XXXX-9457

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
03/09	03/08	9399	05134373068600032568276	12 NPDB NPDB.HRSA.GOV 800-767-6732 VA N92188406 22033 USA	22.50 ✓
03/09	03/08	9399	05134373068600032568359	13 NPDB NPDB.HRSA.GOV 800-767-6732 VA N92188487 22033 USA	5.00 ✓
03/09	03/08	9399	05134373068600032568433	14 NPDB NPDB.HRSA.GOV 800-767-6732 VA N92188983 22033 USA	2.50 ✓
03/09	03/08	9399	05134373068600032568508	15 NPDB NPDB.HRSA.GOV 800-767-6732 VA N92189162 22033 USA	2.50 ✓
03/09	03/08	9399	05134373068600032568680	16 NPDB NPDB.HRSA.GOV 800-767-6732 VA N92189474 22033 USA	2.50 ✓
03/13	03/10	5968	55432863069209367335484	17 B2B Prime Amzn.com/billWA D01-1219011-49794 98109 USA	179.00 CR ✓
03/15	03/14	5399	82305093073000015527119	18 SP TEMPCUBE PALO ALTO, CA 94301 USA	459.98 ✓
03/16	03/15	5074	55432863074200856815758	19 SUPPLYHOUSE.COM 888-757-4774 NY 11747 USA	1,523.86 ✓
03/17	03/08	3665	55436873075160681175915	20 HAMPTON INNS PORT LAVACA TX 77979 USA	25.00 CR ✓
				00850470 CHECK IN: 03/01/2023 00850470	
03/23	03/22	3665	55436873082160822662137	21 HAMPTON INNS PORT LAVACA TX 77979 USA	806.82 ✓
				00911385 CHECK IN: 03/16/2023 00911385	
03/24	03/22	3640	52704873082722482929734	22 HYATT REGENCY SAN ANTO 8885874589 TX 78205 USA	914.02 ✓
				44046802 CHECK IN: 03/19/2023	
03/28	03/27	7399	55432863086204294293723	23 IN *HIGHWAY 35 BAY WAS 361-5520770 TX 77979 USA	285.00 ✓
				MQ0159092689	
03/28	03/27	8011	55432863086204294179880	24 IN *AMERICAN ASSOCIATI 800-2345315 TX 77043 USA	225.00 ✓
				MU0150016941	
***** TOTAL AMOUNT OF MEMO ITEM(S):					\$6,059.35 ✓

APPROVED ON

APR 13 2023

BY COUNTY AUDITOR  
GALHOUN COUNTY, TEXAS

Account: XXXX-XXXX-XXXX-9457

---



1

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 4/6/2023

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		DTV - Direct TV Service -			1,024.88
2			Jan + Feb Pmt			
3	-		NPDB - 1 enrollment (new)	2.50		22.50
4			x 9 - credentialing			
5	-		Hampton Inns - Hotel for			966.20
6			Dr Hobson - OB/Gyn - per contract			
7	-		NPDB - 9 renewals	2.50		22.50
8	-		NPDB - 2 renewals	2.50		5.00
9	-		NPDB - 1 enrollment (new)	2.50		7.50
10			x 3 - credentialing			179.00

Est. Freight Amazon Prime refunded Est. Total Cost \_\_\_\_\_ TOTAL COST 2,048.6

NOTES:

Charges made to Roshanda's MC (Business)

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

Dept. Director \_\_\_\_\_  
 Dir. Nursing \_\_\_\_\_  
 Dir. Clinical Services \_\_\_\_\_  
 CFO \_\_\_\_\_  
 Administrator Roshanda Thomas 4/6/23



2

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citi bank

Date: 4/6/2023

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Form # 9401

Date Required	Expense #	Department	Deliver To	Form # 9401		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		SP Tempcube - Sensor			459.98
2			(wifi) IT			
3	-		Supply House - Cast Iron			1,523.86
4			Circulator - OR			
5	-	National Association of Rural Health Clinics Int.	Hampton Inn - Hotel for			806.80
6			Dr Hobson, OB Gyn			
7	-	3/14-3/22/23	Hyatt Regency - San Antonio			914.00
8			Hotel for Heather Mutchler			
9			+ Mimi <sup>Nguyen</sup> <del>Nguyen</del> - RHC Conf			
10	-		IN Highway 35 Bay Wash Mar & Apr Rent prot. + Deposit		Bay Storage	285.00

Est. Freight Hampton Inn refund Est. Total Cost \_\_\_\_\_ TOTAL COST 225.00

NOTES:

charges made to Roshanda's MC (Ponbusiness)

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas</u> 4/6/23



3

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 4/6/2023

Vendor Address: \_\_\_\_\_

P.O. # \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Fax #: \_\_\_\_\_

Initiated By: \_\_\_\_\_

Form # 9401

Date Received	Expense #	Department	Deliver To																																																																									
				<table border="1"> <thead> <tr> <th>Description</th> <th>Unit Cost</th> <th>Unit Meas.</th> <th>Extended Cost</th> </tr> </thead> <tr> <td>IN American Association</td> <td></td> <td></td> <td>225.00</td> </tr> <tr> <td>Lab Supplies</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1,024.88 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>22.50 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>966.29 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>22.50 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.00 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7.50 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>179.00 -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>459.98 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1,523.86 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>806.82 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>914.02 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>285.00 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>25.00 -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>225.00 +</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6,059.35 *</td> <td></td> <td></td> <td></td> </tr> </table>	Description	Unit Cost	Unit Meas.	Extended Cost	IN American Association			225.00	Lab Supplies				1,024.88 +				22.50 +				966.29 +				22.50 +				5.00 +				7.50 +				179.00 -				459.98 +				1,523.86 +				806.82 +				914.02 +				285.00 +				25.00 -				225.00 +				6,059.35 *			
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6,059.35 *																																																																												

\$1,054.30  
**225.00**

Est. Total Cost \_\_\_\_\_ TOTAL COST **225.00**

NOTES:

Charges made to Roshanda's (MC) Business

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

Dept. Director \_\_\_\_\_  
 Dir. Nursing \_\_\_\_\_  
 Dir. Clinical Services \_\_\_\_\_  
 CFO \_\_\_\_\_  
 Administrator Roshanda Thomas 4/6/23

**CITIBANK CORPORATE CARD**

**Account Statement**



Commercial Card Account  
C0001 CALHOUN COUNTY MMC

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

Account Number: XXXX-XXXX-XXXX-2799  
Invoice # 3653004057

<b>Summary of Account Activity</b>	
Previous Balance	\$4,619.92
Payments	\$0.00
Credits	\$204.00
Purchases & Other Charges	\$6,263.35
Cash Transactions	\$0.00
Cash Transaction Fees	\$0.00
Interest Charges	\$0.00

<b>Payment Information</b>	
New Balance	\$10,679.27
Past Due Amount	\$4,415.92
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$10,679.27
<b>Payment Due Date</b>	<b>04/28/2023</b>
<b>Statement Closing Date</b>	<b>04/03/2023</b>
Days in Billing Period	31

Credit Limit	\$30,000
Available Credit Limit	\$19,320
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

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

**Company Transactions**

Account: XXXX-XXXX-XXXX-2799      C0001 CALHOUN COUNTY MMC      Total Activity: \$0.00

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
No activity this statement.					

**Cardholder Transactions**

Account: XXXX-XXXX-XXXX-9457      ROSHANDA S THOMAS      Total Activity: \$6,059.35

Credit Limit: \$15,000      Cash Limit: \$0

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
03/06	03/03	4899	55432863062207321392150	1 DTV*DIRECTV SERVICE 800-347-3288 CA 88862205	90245 USA 1,024.88
03/06	03/03	9399	05134373063600033999657	2 NPDB NPDB.HRSA.GOV 800-767-6732 VA N91923637	22033 USA 2.50
03/06	03/03	9399	05134373063600033999731	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA N91923850	22033 USA 2.50

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

Please detach and return lower portion with your payment to ensure proper credit. Retain upper portion for your records.

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

CITIBANK, N.A.  
PO BOX 78025  
PHOENIX AZ 85062-8025

Account Number      XXXX-XXXX-XXXX-2799  
Payment Due Date      April 28, 2023  
New Balance      \$10,679.27  
Past Due Amount\*      \$4,415.92  
Minimum Payment Due      \$10,679.27  
Amount Enclosed  
\$

Mail  
Checks  
To

\*Past Due Amount is included in the Minimum Payment Due.

C0001 CALHOUN COUNTY MMC  
RHONDA KOKENA  
STE A  
202 S ANN ST  
PORT LAVACA TX 77979-4204

28000 1067927 1067927 0000000 05567090005272799 0303



## Information About Your Citi<sup>®</sup> Corporate Card Account

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

## Account Inquiries

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

Account: XXXX-XXXX-XXXX-2799

Cardholder Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
03/06	03/03	9399	05134373063600033999814	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA N91924065	22033 USA 2.50
03/06	03/03	9399	05134373063600033999996	5 NPDB NPDB.HRSA.GOV 800-767-6732 VA N91924450	22033 USA 2.50
03/06	03/03	9399	05134373063600034000034	6 NPDB NPDB.HRSA.GOV 800-767-6732 VA N91924752	22033 USA 2.50
03/06	03/03	9399	05134373063600034000117	7 NPDB NPDB.HRSA.GOV 800-767-6732 VA N91925122	22033 USA 2.50
03/06	03/03	9399	05134373063600034000299	8 NPDB NPDB.HRSA.GOV 800-767-6732 VA N91925419	22033 USA 2.50
03/06	03/03	9399	05134373063600034000372	9 NPDB NPDB.HRSA.GOV 800-767-6732 VA N91925711	22033 USA 2.50
03/06	03/03	9399	05134373063600034000455	10 NPDB NPDB.HRSA.GOV 800-767-6732 VA N91925811	22033 USA 2.50
03/07	03/06	3665	55436873066160660125536	11 HAMPTON INNS PORT LAVACA TX 00850470 CHECK IN: 03/01/2023 00850470	77979 USA 966.29
03/09	03/08	9399	05134373068600032568276	12 NPDB NPDB.HRSA.GOV 800-767-6732 VA N92188406	22033 USA 22.50
03/09	03/08	9399	05134373068600032568359	13 NPDB NPDB.HRSA.GOV 800-767-6732 VA N92188487	22033 USA 5.00
03/09	03/08	9399	05134373068600032568433	14 NPDB NPDB.HRSA.GOV 800-767-6732 VA N92188983	22033 USA 2.50
03/09	03/08	9399	05134373068600032568508	15 NPDB NPDB.HRSA.GOV 800-767-6732 VA N92189162	22033 USA 2.50
03/09	03/08	9399	05134373068600032568680	16 NPDB NPDB.HRSA.GOV 800-767-6732 VA N92189474	22033 USA 2.50
03/13	03/10	5968	55432863069209367335484	17 B2B Prime Amzn.com/billWA D01-1219011-49794	98109 USA 179.00 CR
03/15	03/14	5399	82305093073000015527119	18 SP TEMPCUBE PALO ALTO, CA	94301 USA 459.98
03/16	03/15	5074	55432863074200856815758	19 SUPPLYHOUSE.COM 888-757-4774 NY 14911142	11747 USA 1,523.86
03/17	03/08	3665	55436873075160681175915	20 HAMPTON INNS PORT LAVACA TX 00850470 CHECK IN: 03/01/2023 00850470	77979 USA 25.00 CR
03/23	03/22	3665	55436873082160822662137	21 HAMPTON INNS PORT LAVACA TX 00911385 CHECK IN: 03/16/2023 00911385	77979 USA 806.82
03/24	03/22	3640	52704873082722482929734	22 HYATT REGENCY SAN ANTO 8885874589 TX 44046802 CHECK IN: 03/19/2023	78205 USA 914.02
03/28	03/27	7399	55432863086204294293723	23 IN *HIGHWAY 35 BAY WAS 361-5520770 TX MQ0159092689	77979 USA 285.00
03/28	03/27	8011	55432863086204294179880	24 IN *AMERICAN ASSOCIATI 800-2345315 TX MU0150016941	77043 USA 225.00

FINANCE CHARGE SUMMARY		Your Annual Percentage Rate (APR) is the annual interest rate on your account.	
Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges
PURCHASE AND FEES	9.75%	0.8125% (M)	\$0.00
CASH	9.75%	0.8125% (M)	\$0.00

\* (D) Daily Rate  
(M) Monthly Rate



Account: XXXX-XXXX-XXXX-2799

---

# Wire Transfer

COUNTY OF CALHOUN TEXAS (COUNT1923)



## Wire Details

**Transaction Number**  
**Recurring Frequency** One-Time Payment  
**Template Name** CITI CARD PRGM - MMC  
**Amount** USD 6,059.35  
**Debit Account** 1A (MEMORIAL MEDICAL CENTER - OPERATING)  
**Notify Initiator Options** Pending Actions: Notify via EMAIL  
Pending Release: Notify via EMAIL  
System Events: Notify via EMAIL  
Complete - Unsuccessful: Notify via EMAIL  
Complete - Successful: Notify via EMAIL  
Early Action Taken: Notify via EMAIL  
Early Action Removed: Notify via EMAIL  
Expired: Notify via EMAIL  
**Payment Date** 04/27/2023

## Originator Information

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

## Beneficiary / Payee Information

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

## Beneficiary Bank Information

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

## Additional Reference Information

**Purpose Of Payment**

**Additional Information For Beneficiary**

## Status History

Timestamp	Status	Initiator	Description
Apr 27, 2023 10:16:28 AM CDT	Created		Wire Created.



APR 13 2023

CALHOUN COUNTY, TEXAS

04/13/2023  
15:24

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0  
ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

F1100 FEDERAL EXPRESS CORP.

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
803408444	FREIGHT ✓	04/13/20	02/09/20	03/06/20		22.22	0.00	0.00	22.22 ✓
804100416	FREIGHT ✓	04/13/20	02/16/20	03/13/20		206.69	0.00	0.00	206.69 ✓
804796890	FREIGHT ✓	04/13/20	02/23/20	03/20/20		111.50	0.00	0.00	111.50 ✓
805585707	FREIGHT ✓	04/13/20	03/02/20	03/27/20		27.24	0.00	0.00	27.24 ✓
806213942	FREIGHT ✓	04/13/20	03/09/20	04/03/20		27.59	0.00	0.00	27.59 ✓
806994102	FREIGHT ✓	04/13/20	03/16/20	04/10/20		42.38	0.00	0.00	42.38 ✓
808445807	FREIGHT ✓	04/13/20	03/30/20	04/24/20		57.50	0.00	0.00	57.50 ✓
809223687	FREIGHT ✓	04/13/20	04/06/20	05/01/20		99.57	0.00	0.00	99.57 ✓

Vendor Total	Number	Name	Gross	Discount	No-Pay	Net
F1100		FEDERAL EXPRESS CORP.	594.69	0.00	0.00	594.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	594.69	0.00	0.00	594.69

APPROVED ON

APR 13 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#198915

# MCKESSON

# STATEMENT

As of: 04/07/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 04/07/2023  
Mail to:

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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: 04/08/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 04/08/2023 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 19,890.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
08/07/2017

If Paid By 04/11/2023,  
Pay This Amount:

19,492.53 USD

If Paid After 04/11/2023,  
Pay this Amount:

19,890.36 USD

Due If Paid On Time:

USD 19,492.53 ✓

Disc lost if paid late:

397.83

Due If Paid Late:

USD 19,890.36

*Andrew De Los Santos*  
4/17/23

16,943.75 +  
2,510.33 +  
38.47 +  
19,492.55

APPROVED ON

APR 18 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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



# MCKESSON

# STATEMENT

As of: 04/07/2023

Page: 001

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

Company: 8000

DC: 8115

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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: 04/08/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 04/08/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS										
14/03/2023	04/11/2023	7408533036	69692168	115Invoice	47.67	2,383.35		2,335.68 ✓		7408533036
14/03/2023	04/11/2023	7408533037	69731822	115Invoice	15.89	794.45		778.56 ✓		7408533037
14/03/2023	04/11/2023	7408533038	69745066	115Invoice	15.89	794.45		778.56 ✓		7408533038
14/03/2023	04/11/2023	7408533040	69770386	115Invoice	15.89	794.45		778.56 ✓		7408533040
14/03/2023	04/11/2023	7408547295	69902891	115Invoice	18.58	929.15		910.57 ✓		7408547295
14/03/2023	04/11/2023	7408784131	69849311	195Invoice	3.12	156.13		153.01 ✓		7408784131
14/04/2023	04/11/2023	7408887157	69944809	115Invoice	6.48	323.76		317.28 ✓		7408887157
14/04/2023	04/11/2023	7408887158	70012957	115Invoice	1.86	92.79		90.93 ✓		7408887158
14/04/2023	04/11/2023	7408897018	70027772	115Invoice		0.12		0.12 ✓		7408897018
14/04/2023	04/11/2023	7409085514	69924465	195Invoice	0.01	0.63		0.62 ✓		7409085514
14/05/2023	04/11/2023	7409170910	70101079	115Invoice	45.84	2,291.92		2,246.08 ✓		7409170910
14/05/2023	04/11/2023	7409170912	70171373	115Invoice	5.32	266.12		260.80 ✓		7409170912
14/05/2023	04/11/2023	7409170914	70171373	115Invoice	4.08	204.13		200.05 ✓		7409170914
14/05/2023	04/11/2023	7409344309	70113928	195Invoice	0.01	0.32		0.31 ✓		7409344309
14/05/2023	04/11/2023	7409344310	70114141	115Invoice	0.03	1.58		1.55 ✓		7409344310
14/06/2023	04/11/2023	7409452481	70183454	115Invoice	15.89	794.45		778.56 ✓		7409452481
14/06/2023	04/11/2023	7409452482	70238336	115Invoice	3.43	171.38		167.95 ✓		7409452482
14/06/2023	04/11/2023	7409452483	70238336	115Invoice	7.99	399.37		391.38 ✓		7409452483
14/06/2023	04/11/2023	7409462716	70311557	115Invoice	23.88	1,193.82		1,169.94 ✓		7409462716
14/07/2023	04/11/2023	7409758537	70362595	115Invoice	31.09	1,554.55		1,523.46 ✓		7409758537
14/07/2023	04/11/2023	7409758540	70362595	115Invoice	19.44	971.89		952.45 ✓		7409758540
14/07/2023	04/11/2023	7409758542	70433775	115Invoice	38.25	1,912.57		1,874.32 ✓		7409758542
14/07/2023	04/11/2023	7409934194	70369031	195Invoice	24.50	1,224.83		1,200.33 ✓		7409934194
14/07/2023	04/11/2023	7409934195	70388895	195Invoice	0.67	33.33		32.66 ✓		7409934195

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

# MCKESSON

# STATEMENT

As of: 04/07/2023

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

Company: 8000

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As of: 04/07/2023  
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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: 04/08/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342  
Date: 04/08/2023

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
			632536							

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 17,289.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,554.94  
04/03/2023

If Paid By 04/11/2023,  
Pay This Amount:

16,943.73 USD

If Paid After 04/11/2023,  
Pay this Amount:

17,289.54 USD

Due If Paid On Time:  
USD

16,943.73 ✓

Disc lost if paid late:

345.81

Due If Paid Late:  
USD

17,289.54

*Andrew DeBor Santos*  
4/17/23

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



# MCKESSON

# STATEMENT

As of: 04/07/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 04/07/2023  
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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: 04/08/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434 PLEASE CHECK ANY  
Date: 04/08/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
04/05/2023	04/11/2023	7409169657	2277738	115 Invoice	0.04	2.13		2.09	✓	7409169657	
04/05/2023	04/11/2023	7409169658	2277738	115 Invoice	51.19	2,559.43		2,508.24	✓	7409169658	

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: 2,561.56 USD

Future Due: 0.00

If Paid By 04/11/2023,  
Pay This Amount:

2,510.33 USD

Due If Paid On Time:

USD 2,510.33 ✓

Past Due: 0.00

Disc lost if paid late:

51.23

Last Payment 9,554.94  
04/03/2023

If Paid After 04/11/2023,  
Pay this Amount:

2,561.56 USD

Due If Paid Late:

USD 2,561.56

*Andreana Dato Santos*

4/17/23

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

# MCKESSON

# STATEMENT

As of: 04/07/2023

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 04/08/2023

As of: 04/07/2023  
Mail to:

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Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438 PLEASE CHECK ANY  
Date: 04/08/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
04/05/2023	04/11/2023	7409345165	2277739	115Invoice	0.79	39.26		38.47	✓	7409345165	

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

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

Subtotals: 39.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,554.94  
04/03/2023

If Paid By 04/11/2023,  
Pay This Amount: 38.47 USD

If Paid After 04/11/2023,  
Pay this Amount: 39.26 USD

Due If Paid On Time: 38.47 ✓  
USD  
Disc lost if paid late: 0.79  
Due If Paid Late: 39.26  
USD

*Andrew DeLos Santos*  
4/17/23

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



# MCKESSON

# STATEMENT

As of: 04/14/2023

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory:

Customer: 632536  
Date: 04/15/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536  
Date: 04/15/2023  
**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: 15,778.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
08/07/2017

If Paid By 04/18/2023,  
Pay This Amount: 15,463.11 USD

If Paid After 04/18/2023,  
Pay this Amount: 15,778.68 USD

Due If Paid On Time: 15,463.11 ✓  
USD  
Disc lost if paid late: 315.57  
Due If Paid Late: 15,778.68  
USD

14,461.81 +  
888.95 +  
112.35 +  
15,463.11

*Andrew DeLaSanta*  
4/17/23

APPROVED ON

APR 18 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# McKESSON

# STATEMENT

As of: 04/14/2023

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

Company: 8000

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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: 04/15/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 04/15/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
<b>Customer Number 256342 WALMART 1098/MEM MED PHS</b>											
14/10/2023	04/18/2023	7410096782	70531060	115Invoice	79.44	3,972.24		3,892.80	✓	7410096782	
14/10/2023	04/18/2023	7410096783	70538765	115Invoice	7.99	399.37		391.38	✓	7410096783	
14/10/2023	04/18/2023	7410096784	70577372	115Invoice	0.54	27.24		26.70	✓	7410096784	
14/10/2023	04/18/2023	7410096785	70614710	115Invoice	37.56	1,877.82		1,840.26	✓	7410096785	
14/10/2023	04/18/2023	7410314021	70509042	115Invoice	0.88	43.77		42.89	✓	7410314021	
14/10/2023	04/18/2023	7410314022	70661102	115Invoice	0.01	0.32		0.31	✓	7410314022	
14/11/2023	04/18/2023	7410428288	70822676	115Invoice	6.50	325.16		318.66	✓	7410428288	
14/11/2023	04/18/2023	7410428289	70829791	115Invoice	5.03	251.31		246.28	✓	7410428289	
14/11/2023	04/18/2023	7410608156	70746167	195Invoice	3.30	164.94		161.64	✓	7410608156	
14/11/2023	04/18/2023	7410608157	70586881	115Invoice	0.02	0.95		0.93	✓	7410608157	
14/12/2023	04/18/2023	7410726257	70981863	115Invoice	3.67	183.61		179.94	✓	7410726257	
14/12/2023	04/18/2023	7410934353	70924059	115Invoice	0.67	33.64		32.97	✓	7410934353	
14/13/2023	04/18/2023	7411029864	71049256	115Invoice	48.71	2,435.51		2,386.80	✓	7411029864	
14/13/2023	04/18/2023	7411040654	71122564	115Invoice	7.99	399.37		391.38	✓	7411040654	
14/13/2023	04/18/2023	7411235349	71062292	115Invoice	0.88	43.77		42.89	✓	7411235349	
14/14/2023	04/18/2023	7411312625	71172315	115Invoice	15.89	794.45		778.56	✓	7411312625	
14/14/2023	04/18/2023	7411312628	71245390	115Invoice	0.01	0.63		0.62	✓	7411312628	
14/14/2023	04/18/2023	7411324233	71260190	115Invoice	55.74	2,787.00		2,731.26	✓	7411324233	
14/14/2023	04/18/2023	7411519353	71178889	195Invoice	1.78	89.20		87.42	✓	7411519353	
14/14/2023	04/18/2023	7411577860	67859960	115Invoice	18.53	926.59		908.06	✓	7411577860	
14/14/2023	04/18/2023	7411577861	69642594	115Invoice		0.06		0.06	✓	7411577861	

For AR Inquiries please contact 800-867-0333



# MCKESSON

# STATEMENT

As of: 04/14/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 04/14/2023  
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: 04/15/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 04/15/2023 ITEMS NOT PAID (✓)

\*F column legend: P = Past Due Item, F = Future Due Item, National Account 832536 blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 14,756.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 19,492.53  
04/10/2023

If Paid By 04/18/2023,  
Pay This Amount: 14,461.81 USD

If Paid After 04/18/2023,  
Pay this Amount: 14,756.95 USD

Due If Paid On Time: 14,461.81 ✓  
USD  
Disc lost if paid late: 295.14  
Due If Paid Late: 14,756.95  
USD

*Andrew De la Sentera*  
4/17/23

# MCKESSON

# STATEMENT

As of: 04/14/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 04/14/2023  
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: 04/15/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434 PLEASE CHECK ANY  
Date: 04/15/2023 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 835434 CVS PHCY 8923/MEM MC PHS											
04/12/2023	04/18/2023	7410725121	2294322	115Invoice	0.05	2.66		2.61	✓	7410725121	
04/12/2023	04/18/2023	7410725122	2294322	115Invoice	18.09	904.43		886.34	✓	7410725122	

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

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

Subtotals: 907.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 19,492.53  
04/10/2023

If Paid By 04/18/2023,  
Pay This Amount: 888.95 USD

If Paid After 04/18/2023,  
Pay this Amount: 907.09 USD

Due If Paid On Time: 888.95 ✓  
USD  
Disc lost if paid late: 18.14  
Due If Paid Late: 907.09  
USD

*Andrew DeFol Santos*  
4/17/23



# MCKESSON

# STATEMENT

As of: 04/14/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 04/14/2023  
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: 04/15/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438  
Date: 04/15/2023

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
04/12/2023	04/18/2023	7410902595	2294323	115Invoice	2.29	114.64		112.35	✓	7410902595	

\*P 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: 114.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 19,492.53  
04/10/2023

If Paid By 04/18/2023,  
Pay This Amount: 112.35 USD

If Paid After 04/18/2023,  
Pay this Amount: 114.64 USD

Due If Paid On Time: 112.35 ✓  
USD  
Disc lost if paid late: 2.29  
Due If Paid Late: 114.64  
USD

*Andrew Lassantes*  
4/17/23

<b>Served By:</b>	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	<b>Customer:</b>	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	<b>Customer Number</b> 100135284 / 037028186
	DEA: RA0289276 866-451-9655			<b>Terms</b> Sat - Fri Due in 7 days
		<b>Remit To:</b>	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	<b>Summary</b>
				Not Yet Due: 0.00 Current: 4,009.62 Past Due: 0.00 Total Due: 4,009.62 Account Balance: 4,009.62

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-03-2023	04-14-2023	3128618046	170267	Invoice	1,280.38		0.00	1,280.38 ✓
04-03-2023	04-14-2023	3128710755	170269	Invoice	896.80		0.00	896.80 ✓
04-03-2023	04-14-2023	3128758237	170316	Invoice	1,292.01		0.00	1,292.01 ✓
04-03-2023	04-14-2023	3128758238	170317	Invoice	57.31		0.00	57.31 ✓
04-04-2023	04-14-2023	3128894952	170325	Invoice	0.30		0.00	0.30 ✓
04-05-2023	04-14-2023	3129054857	170333	Invoice	38.70		0.00	38.70 ✓
04-06-2023	04-14-2023	3129200484	170341	Invoice	432.62		0.00	432.62 ✓
04-07-2023	04-14-2023	3129340265	170350	Invoice	11.50		0.00	11.50 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
4,009.62	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
04-07-2023	(2,615.71)

Reminders	
Due Date	Amount
04-14-2023	4,009.62
<b>Total Due: 4,009.62</b>	

*Andrew DeFolter*  
4/17/23

APPROVED ON  
APR 18 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS





**STATEMENT**

Statement Number: 64986226

Date: 04-14-2023

**Served By:**

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

DEA: RA0289276  
866-451-9655

**Customer:**

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

**Remit To:**

AMERISOURCEBERGEN  
PO Box 905223  
CHARLOTTE NC 28290-5223

**Customer Number**

100135284 / 037028186

**Terms**

Sat - Fri Due in 7 days

**Summary**

Not Yet Due:	0.00
Current:	2,355.61
Past Due:	0.00
Total Due:	2,355.61
Account Balance:	2,355.61

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-10-2023	04-21-2023	3129398268	170358	Invoice	0.15		0.00	0.15 ✓
04-10-2023	04-21-2023	3129529741	170407	Invoice	1,309.23		0.00	1,309.23 ✓
04-10-2023	04-21-2023	3129529742	170408	Invoice	0.10		0.00	0.10 ✓
04-10-2023	04-21-2023	3129529743	170410	Invoice	57.31		0.00	57.31 ✓
04-10-2023	04-21-2023	3129529744	170409	Invoice	36.72		0.00	36.72 ✓
04-11-2023	04-21-2023	3129667342	170419	Invoice	20.34		0.00	20.34 ✓
04-11-2023	04-21-2023	352320284	170269	Invoice	(2.25)		0.00	(2.25) ✓
04-11-2023	04-21-2023	352320285	170269	Invoice	1.41		0.00	1.41 ✓
04-12-2023	04-21-2023	3129826423	170428	Invoice	394.85		0.00	394.85 ✓
04-12-2023	04-21-2023	352354367	170316	Invoice	(4.82)		0.00	(4.82) ✓
04-12-2023	04-21-2023	352354368	170316	Invoice	4.41		0.00	4.41 ✓
04-13-2023	04-21-2023	3129963825	170436	Invoice	123.77		0.00	123.77 ✓
04-13-2023	04-21-2023	352368622	170333	Invoice	(3.29)		0.00	(3.29) ✓
04-13-2023	04-21-2023	352368623	170333	Invoice	3.46		0.00	3.46 ✓
04-14-2023	04-21-2023	3130120759	170445	Invoice	414.22		0.00	414.22 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,355.61	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
04-14-2023	(4,009.62)

APPROVED ON  
APR 18 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
04-21-2023	2,355.61
<b>Total Due:</b>	
	2,355.61

*Andrew Santos*  
4/17/23



**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 6, 2023 - April 16, 2023**

Date	Bank Description	MMC Notes
4/6/2023	PAY PLUS ACHTRANS 452579291 101000698092667	- 3rd Party Payor Fee
4/7/2023	PAY PLUS ACHTRANS 452579291 101000699296559	- 3rd Party Payor Fee
4/7/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
4/10/2023	PAY PLUS ACHTRANS 452579291 101000690158365	- 3rd Party Payor Fee
4/10/2023	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee
4/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee
4/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee
4/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee
4/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee
4/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee
4/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee
4/10/2023	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee
4/11/2023	PAY PLUS ACHTRANS 452579291 101000691168696	- 3rd Party Payor Fee
4/11/2023	MCKESSON DRUG AUTO ACH ACH05449539 910000126	- 340B Drug Program Expense
4/12/2023	PAY PLUS ACHTRANS 452579291 101000692102494	- 3rd Party Payor Fee
4/13/2023	PAY PLUS ACHTRANS 452579291 101000692963740	- 3rd Party Payor Fee
4/14/2023	PAY PLUS ACHTRANS 452579291 101000693920680	- 3rd Party Payor Fee
4/14/2023	EXPERTPAY EXPERTPAY 746003411 9100001737793	- Child Support Payment
4/14/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
4/14/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
4/16/2023	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000021998	- Retirement Funding
4/16/2023	ACH Payment IRS USATAXPYMT 270350763743414 6103601011402	- Payroll Taxes
4/16/2023	ACH Payment FDMS FDMS PYMT 052-1743547-000 4100012162427	- Credit Card Processing Fee
4/16/2023	ACH Payment FDMS FDMS PYMT 052-1743548-000 4100012164575	- Credit Card Processing Fee
4/16/2023	ACH Payment FDMS FDMS PYMT 052-1737276-000 4100012161626	- Credit Card Processing Fee

Amount	CP:
18.14	18 + 14 = 32
0.26	0 + 26 = 26
2,615.71	3 + 59 = 62
3.59	13 + 51 = 64
581.31	57 + 89 = 146
30.97	1 + 20 = 21
2,608.07	9 + 29 = 38
203.87	103 + 88 = 191
1,132.29	581 + 31 = 612
338.98	30 + 97 = 127
331.90	2 + 608 + 07 = 610
129.00	203 + 87 = 290
13.51	1 + 132 + 29 = 261
19,492.53	338 + 98 = 436
57.89	331 + 90 = 421
1.20	129 + 00 = 129
9.29	40 + 03 = 43
607.27	80 + 06 = 86
4,009.62	120 + 09 = 129
365,465.79	5 + 596 + 57 = 1152
273,253.05	607 + 27 = 634
116,368.07	1,827.62
40.03	
80.06	
120.09	
787,512.49	

*Andrew De Los Santos*  
 ANDREW DE LOS SANTOS  
 Memorial Medical Center

April 17, 2023  
 \* Approved 04-10-23 (as an estimate)  
 \* \* Approved 04-05-23 CC  
 \* \* to be approval 04-19-23 CC

**ELECTRONIC TRANSFERS FOR OPERATING AC**

Date	Descripti	MMC Notes
4/19/2023	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax

Amount
1,827.62
1,827.62

*Andrew De Los Santos*  
 ANDREW DE LOS SANTOS  
 Memorial Medical Center

APPROVED ON  
 APR 18 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

787 + 512 + 49 = 1348  
 2 + 615 + 71 = 688  
 19 + 492 + 30 = 681  
 4 + 009 + 02 = 411  
 365 + 465 + 79 = 850  
 273 + 253 + 05 = 526  
 116 + 368 + 07 = 491  
 6 + 307 + 72 = 313  
 6 + 507 + 72 = 579  
 6 + 307 + 72 = 579  
 0 + 00 = 0

Export Pay  
 607 + 27 = 634  
 107 + 27 = 134



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APR 13 2023

04/13/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
033123		03/31/20	03/31/20	05/05/20		800.00	0.00	0.00	800.00 ✓

TRANSFER *NH insurance pymt deposited into mmc operating*

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11820		FORTBEND HEALTHCARE CENTER	800.00	0.00	0.00	800.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	800.00	0.00	0.00	800.00

APPROVED ON

APR 13 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*CK#198988*

RECEIVED BY THE  
COUNTY AUDITOR ON

APR 13 2023

04/13/2023

CALHOUN COUNTY, TEXAS

09.05

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040423A		04/12/20	04/04/20	05/05/20		1,800.00	0.00	0.00	1,800.00 ✓
040623	TRANSFER								
	<i>NH insurance pymt deposited into mmc operating</i>								
040623		04/12/20	04/06/20	05/06/20		11,100.00	0.00	0.00	11,100.00 ✓
	TRANSFER							"	
040623A		04/12/20	04/06/20	05/06/20		800.00	0.00	0.00	800.00 ✓
	TRANSFER							"	
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
11824 THE CRESCENT						13,700.00	0.00	0.00	13,700.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,700.00	0.00	0.00	13,700.00

APPROVED ON

APR 13 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#198991



RECEIVED BY THE  
COUNTY AUDITOR ON

APR 13 2023

04/13/2023

CALHOUN COUNTY, TEXAS

09:01

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11836	GOLDEN CREEK HEALTHCARE								
033123A		03/31/20	03/31/20	05/05/20		138.30	0.00	0.00	138.30 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>							
033123B		03/31/20	03/31/20	05/05/20		765.64	0.00	0.00	765.64 ✓
	TRANSFER	<i>"</i>							
040323	<i>Transfer</i>	04/12/20	04/03/20	05/05/20		2,872.61	0.00	0.00	2,872.61 ✓
	SUPPLIES	<i>"</i>							
040423B		04/12/20	04/04/20	05/05/20		1,497.93	0.00	0.00	1,497.93 ✓
	TRANSFER	<i>"</i>							
040423A		04/12/20	04/04/20	05/05/20		5,600.00	0.00	0.00	5,600.00 ✓
	TRANSFER	<i>"</i>							

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDEN CREEK HEALTHCARE	10,874.48	0.00	0.00	10,874.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,874.48	0.00	0.00	10,874.48

APPROVED ON

APR 13 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*CL# 198989*

RECEIVED BY THE  
COUNTY AUDITOR ON

APR 13 2023

04/13/2023

09:03

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

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
033123		03/31/20	03/31/20	05/04/20		4,470.89	0.00	0.00	4,470.89 ✓
	TRANSFER	<i>NH insurance pymt deposited into mme operating</i>							
033123A		03/31/20	03/31/20	05/05/20		3,405.40	0.00	0.00	3,405.40 ✓
	TRANSFER	"							
033123B		03/31/20	03/31/20	05/05/20		360.24	0.00	0.00	360.24 ✓
	TRANSFER	"							
040323		04/12/20	04/03/20	05/05/20		3,123.09	0.00	0.00	3,123.09 ✓
	TRANSFER	"							
040423A		04/12/20	04/04/20	05/05/20		25,634.57	0.00	0.00	25,634.57 ✓
	TRANSFER	"							
040523		04/12/20	04/05/20	05/05/20		177.23	0.00	0.00	177.23 ✓
	TRANSFER	"							
040623		04/12/20	04/06/20	05/06/20		400.00	0.00	0.00	400.00 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	37,571.42	0.00	0.00	37,571.42

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	37,571.42	0.00	0.00	37,571.42

APPROVED ON

APR 13 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#198990



RECEIVED BY THE  
COUNTY AUDITOR ON

APR 13 2023

04/13/2023  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
033123A		03/31/20	03/31/20	05/05/20		10,800.00	0.00	0.00	10,800.00 ✓
	TRANSFER								
033123B		03/31/20	03/31/20	05/05/20		2,000.00	0.00	0.00	2,000.00 ✓
	TRANSFER								
033123		03/31/20	03/31/20	05/05/20		5,787.00	0.00	0.00	5,787.00 ✓
	TRANSFER								
040323		04/12/20	04/03/20	05/05/20		422.91	0.00	0.00	422.91 ✓
	TRANSFER								
040423A		04/12/20	04/04/20	05/05/20		1,200.00	0.00	0.00	1,200.00 ✓
	TRANSFER								
040523A		04/12/20	04/05/20	05/05/20		3,594.57	0.00	0.00	3,594.57 ✓
	TRANSFER								
040523		04/12/20	04/05/20	05/05/20		1,400.00	0.00	0.00	1,400.00 ✓
	TRANSFER								
040623A		04/12/20	04/06/20	05/06/20		125.00	0.00	0.00	125.00 ✓
	TRANSFER								
040623		04/12/20	04/06/20	05/06/20		2,378.00	0.00	0.00	2,378.00 ✓
	TRANSFER								
040723A		04/12/20	04/07/20	05/07/20		1,167.00	0.00	0.00	1,167.00 ✓
	TRANSFER								
040723		04/12/20	04/07/20	05/07/20		3.45	0.00	0.00	3.45 ✓
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	28,877.93	0.00	0.00	28,877.93

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	28,877.93	0.00	0.00	28,877.93

APPROVED ON

APR 13 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#198992

RECEIVED BY THE  
COUNTY AUDITOR ON

APR 13 2023

04/13/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040323		04/12/20	04/03/20	05/05/20		7,538.04	0.00	0.00	7,538.04 ✓
	TRANSFER								
040523		04/12/20	04/05/20	05/05/20		6,580.04	0.00	0.00	6,580.04 ✓
	TRANSFER								
040723		04/12/20	04/07/20	05/07/20		330.66	0.00	0.00	330.66 ✓
	TRANSFER								
040423A		04/13/20	04/04/20	05/05/20		0.01	0.00	0.00	0.01 ✓
	TRANSFER								

*NH insurance pymt deposited into mmc operating*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	14,448.75	0.00	0.00	14,448.75

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,448.75	0.00	0.00	14,448.75

APPROVED ON

APR 13 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*CK#198987*



☒

RUN DATE:04/18/23  
 TIME:11:38

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	198888	04/19/23	1,400.00	ACUTE CARE INC
A/P	198889	04/19/23	4,487.16	AIRGAS USA, LLC - CENTRAL DIV
A/P	198890	04/19/23	541.00	ALLOMETRICS, INC.
A/P	198891	04/19/23	281.90	AMAZON CAPITAL SERVICES
A/P	198892	04/19/23	10,919.00	AMERICAN HOSPITAL ASSOCIATION
A/P	198893	04/19/23	24,527.00	AUTHORITYRX
A/P	198894	04/19/23	1,504.99	BAXTER HEALTHCARE
A/P	198895	04/19/23	28,288.32	BECKMAN COULTER INC
A/P	198896	04/19/23	17,571.27	BIOMERIEUX, INC
A/P	198897	04/19/23	255.23	BLUE CROSS BLUE SHIELD REFUND
A/P	198898	04/19/23	106.00	BRENDA HARLAN
A/P	198899	04/19/23	7,480.00	CALHOUN COUNTY EMS
A/P	198900	04/19/23	154.66	CARDINAL HEALTH 414, INC.
A/P	198901	04/19/23	6,902.22	CDW GOVERNMENT, INC.
A/P	198902	04/19/23	64,966.66	CITIZENS MEDICAL CENTER
A/P	198903	04/19/23	2,448.00	CLIA LABORATORY PROGRAM
A/P	198904	04/19/23	18,937.09	COMMUNITY INFUSION SOLUTIONS
A/P	198905	04/19/23	765.84	CUSTOM MEDICAL SPECIALTIES
A/P	198906	04/19/23	1,037.04	DETAR HOSPITAL
A/P	198907	04/19/23	29.10	DEWITT POTH & SON
A/P	198908	04/19/23	50,011.25	DIAMOND HEALTHCARE CORP
A/P	198909	04/19/23	290.04	DIANNE ATKINSON
A/P	198910	04/19/23	65.00	DOWELL PEST CONTROL
A/P	198911	04/19/23	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	198912	04/19/23	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	198913	04/19/23	95.00	EVIDENT
A/P	198914	04/19/23	3.50	FASTENAL COMPANY
A/P	198915	04/19/23	594.69	FEDERAL EXPRESS CORP.
A/P	198916	04/19/23	2,635.00	FIRETRON, INC
A/P	198917	04/19/23	3,384.89	FIRST INSURANCE FUNDING
A/P	198918	04/19/23	640.00	FISHER & PAYKEL HEALTHCARE
A/P	198919	04/19/23	.00	VOIDED
A/P	198920	04/19/23	6,247.30	FISHER HEALTHCARE
A/P	198921	04/19/23	24,150.00	FORVIS
A/P	198922	04/19/23	1,160.59	FRONTIER
A/P	198923	04/19/23	1,679.88	G & S MANAGEMENT GROUP LLC
A/P	198924	04/19/23	47.95	GE HEALTHCARE
A/P	198925	04/19/23	13,050.41	GE PRECISION HEALTHCARE, LLC
A/P	198926	04/19/23	251.80	GETINGE USA SALES LLC
A/P	198927	04/19/23	2,353.62	GRACE FLOORING AND GLASS
A/P	198928	04/19/23	305.96	GRAINGER
A/P	198929	04/19/23	9,388.23	GREAT AMERICA FINANCIAL SVCS
A/P	198930	04/19/23	350.00	GUERBET, LLC
A/P	198931	04/19/23	6,407.96	HEALTHCARE FINANCIAL SERVICES
A/P	198932	04/19/23	1,228.49	HEB CREDIT RECEIVABLES DEPT308
A/P	198933	04/19/23	15,177.44	HUNTER PHARMACY SERVICES
A/P	198934	04/19/23	10,985.00	INNOVATE HEALTHCARE STAFFING
A/P	198935	04/19/23	1,836.44	IRON MOUNTAIN
A/P	198936	04/19/23	571.98	J & J HEALTH CARE SYSTEMS, INC
A/P	198937	04/19/23	9,000.00	JINDAL X LLC

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MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
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BANK--CHECK-----				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	198938	04/19/23	16.10	LABCORP OF AMERICA HOLDINGS
A/P	198939	04/19/23	40.00	LETA DYE
A/P	198940	04/19/23	615.86	M G TRUST
A/P	198941	04/19/23	195.95	MARKETLAB, INC
A/P	198942	04/19/23	5,544.03	MEDICAL DATA SYSTEMS, INC.
A/P	198943	04/19/23	355.64	MEDICAL DEVICE DEPOT
A/P	198944	04/19/23	.00	VOIDED
A/P	198945	04/19/23	.00	VOIDED
A/P	198946	04/19/23	.00	VOIDED
A/P	198947	04/19/23	.00	VOIDED
A/P	198948	04/19/23	17,726.68	MEDLINE INDUSTRIES INC
A/P	198949	04/19/23	320.00	MEMORIAL MEDICAL CLINIC
A/P	198950	04/19/23	36,229.19	MERCK & CO., INC.
A/P	198951	04/19/23	.00	VOIDED
A/P	198952	04/19/23	.00	VOIDED
A/P	198953	04/19/23	24,005.82	MORRIS & DICKSON CO, LLC
A/P	198954	04/19/23	84.70	MXR IMAGING, INC
A/P	198955	04/19/23	323.40	NACOGDOCHES TRANSCRIPTION
A/P	198956	04/19/23	114.66	OLYMPUS AMERICA INC
A/P	198957	04/19/23	1,158.18	ORTHO CLINICAL DIAGNOSTICS
A/P	198958	04/19/23	13,286.00	PARAREV
A/P	198959	04/19/23	284.40	PARTSSOURCE, LLC
A/P	198960	04/19/23	120.00	PATRICIA KALISEK
A/P	198961	04/19/23	160.00	PAUL MICHALIK
A/P	198962	04/19/23	207.00	PITNEY BOWES INC
A/P	198963	04/19/23	2,624.67	PRESS GANEY ASSOCIATES, INC.
A/P	198964	04/19/23	246.37	PRINT RITE INC.
A/P	198965	04/19/23	3,290.89	PRO ENERGY PARTNERS LLC
A/P	198966	04/19/23	1,819.86	QIAGEN INC
A/P	198967	04/19/23	237.50	REED, CLAYMON, MEEKER & HARGET
A/P	198968	04/19/23	48.47	ROBERT RODRIQUEZ
A/P	198969	04/19/23	207.74	ROSHANDA THOMAS
A/P	198970	04/19/23	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	198971	04/19/23	2,338.72	SINGLETON ASSOCIATES PA
A/P	198972	04/19/23	2,095.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	198973	04/19/23	125.00	SOUTHEAST TEXAS HEALTH SYS
A/P	198974	04/19/23	973.00	SOUTHEASTERN BIOMEDICAL ASSOC.
A/P	198975	04/19/23	10,238.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	198976	04/19/23	58.00	STAPLES
A/P	198977	04/19/23	2,795.68	STERICYCLE, INC
A/P	198978	04/19/23	393.14	STERIS CORPORATION
A/P	198979	04/19/23	6,130.42	T-SYSTEM, INC
A/P	198980	04/19/23	7,743.75	TEXAS A&M
A/P	198981	04/19/23	3,041.48	TEXAS ASSOCIATION OF COUNTIES
A/P	198982	04/19/23	4,349.50	TRIAGE, LLC
A/P	198983	04/19/23	1,176.08	TRIZETTO PROVIDER SOLUTIONS
A/P	198984	04/19/23	2,694.01	UNIFIRST HOLDINGS INC
A/P	198985	04/19/23	4,699.00	VELOCITY EHS
A/P	198986	04/19/23	348.00	WEST COAST MEDICAL RESOURCES
A/P	198987	04/19/23	14,448.75	BETHANY SENIOR LIVING
A/P	198988	04/19/23	800.00	FORTBEND HEALTHCARE CENTER



RUN DATE:04/18/23  
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MEMORIAL MEDICAL CENTER  
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	198989	04/19/23	10,874.48	GOLDENCREEK HEALTHCARE
A/P	198990	04/19/23	37,571.42	GULF POINTE PLAZA
A/P	198991	04/19/23	13,700.00	THE CRESCENT
A/P	198992	04/19/23	28,877.93	TUSCANY VILLAGE
A/P	198993	04/19/23	500.00	
A/P	198994	04/19/23	20.00	
A/P	198995	04/19/23	114.67	
A/P	198996	04/19/23	13.50	
A/P	198997	04/19/23	79.39	
A/P	198998	04/19/23	63.00	
A/P	198999	04/19/23	103.44	
A/P	199000	04/19/23	711.04	
A/P	199001	04/19/23	163.02	
A/P	199002	04/19/23	255.00	
A/P	199003	04/19/23	123.09	
A/P	199004	04/19/23	36.35	
A/P	199005	04/19/23	56.03	
A/P	199006	04/19/23	120.95	
A/P	199007	04/19/23	31.38	
A/P	199008	04/19/23	10.00	
A/P	199009	04/19/23	110.04	
A/P	199010	04/19/23	33.90	
A/P	199011	04/19/23	112.22	
A/P	199012	04/19/23	169.48	
A/P	199013	04/19/23	43.23	
A/P	199014	04/19/23	12.64	
A/P	199015	04/19/23	30.00	
A/P	199016	04/19/23	10.00	
A/P	199017	04/19/23	105.92	
A/P	199018	04/19/23	75.00	
A/P	199019	04/19/23	222.52	
A/P	199020	04/19/23	500.00	
A/P	199021	04/19/23	20.56	
A/P	199022	04/19/23	13.13	
A/P	199023	04/19/23	35.00	
A/P	199024	04/19/23	35.00	
A/P	199025	04/19/23	46.74	
A/P	199026	04/19/23	75.00	
TOTALS:			667,571.77	

Payables 556,653.26 +  
Patient refunds 4,051.24 +  
critical 594.69 +  
800.00 +  
NH 13,700.00 +  
Transfers 10,874.48 +  
37,571.42 +  
28,877.93 +  
14,448.75 +  
667,571.77 \*

Solera

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Golden Creek ✓

Date Requested: 4/17/23

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

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 ~~2,675.00~~ 2,765.00 ✓ A.D.

G/L NUMBER: \_\_\_\_\_

APPROVED ON

EXPLANATION: To Transfer pt claim payment from Solera to Golden Creek

APR 18 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLoe Santel

ck# 001245

4/17/23



## Caitlin Clevenger

---

**From:** Katrina Hodges  
**Sent:** Tuesday, April 04, 2023 2:41 PM  
**To:** Caitlin Clevenger  
**Subject:** RE: deposit 3.9.23

Caitlin,

I did a little more digging on this one. Humana paid two claims on the same date for \$2765.00 each. One was for Solera and the other for Golden Creek. At the time I most likely saw the one for Solera and turned in a check request for that. That check probably goes to Golden Creek.

Katrina

**From:** Caitlin Clevenger <clevenger@mmcportlavaca.com>  
**Sent:** Tuesday, April 4, 2023 2:24 PM  
**To:** Katrina Hodges <khodges@mmcportlavaca.com>  
**Subject:** FW: deposit 3.9.23

Hi Katrina,

Can you confirm we received the attached amount of 2765.00 for this remit in our operating account?

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message and any attachments.

## Caitlin Clevenger

Accountant  
Memorial Medical Center  
815 N Virginia. St  
Port Lavaca, TX 77979  
Ph: 361.552.0272

**From:** Tracy Simms (91Cash Mgr) <TSimms@cantexcc.com>  
**Sent:** Tuesday, April 04, 2023 10:12 AM  
**To:** Caitlin Clevenger <clevenger@mmcportlavaca.com>  
**Subject:** Fw: deposit 3.9.23

---

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

---

Solera received an EFT payment into their Prosperity account #4438 directly from Humana on 2/22/23 for this remittance. I've searched Availity for other \$2,765 Humana payments under the TIN and this is the only one that I find. Are you positive that it went into the MMC account also?

**MEMORIAL MEDICAL CENTER**

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001265

Date 4/19/23 88-2265/1131

PAY  
TO THE  
ORDER OF

Golden Creek

\$ 2765.00

Two thousand seven hundred sixty five

DOLLARS



**PROSPERITY  
BANK**

County auditor

MP

FOR Claim pymt belongs to GC.

County Treasurer  
Not for Details on back.



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 4/17/2023

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
<b>Ashford Gardens</b>		317,239.85 ✓	317,237.45 ✓	230,733.41 ✓		230,735.81 ✓	212,041.25
						Bank Balance	230,735.81 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP FEB	18,594.56 ✓
						January Interest	
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	212,041.25 ✓
<b>Broadmoor</b>		164,204.59 ✓	164,104.59 ✓	145,207.50 ✓		145,307.50 ✓	138,240.11
						Bank Balance	145,307.50 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP FEB	6,967.39 ✓
						January Interest	
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	138,240.11 ✓
<b>Crescent</b>		146,562.13 ✓	146,462.13 ✓	169,539.30 ✓		169,639.30 ✓	164,775.80
						Bank Balance	169,639.30 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP FEB	4,761.50 ✓
						January Interest	
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	164,775.80 ✓
<b>Fort Bend</b>		130,556.65 ✓	130,456.65 ✓	65,881.80 ✓		65,981.80 ✓	60,076.84
						Bank Balance	65,981.80 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP FEB	5,804.96 ✓
						January Interest	
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	60,076.84 ✓
<b>Solera at W Houston</b>		194,821.42 ✓	194,721.42 ✓	173,590.08 ✓		173,690.08 ✓	165,253.72
						Bank Balance	173,690.08 ✓
						Variance	-
						Leave in Balance	100.00
						MOLINA QIPP FEB	5,571.36 ✓
						Transfer to Golden Creek for Claim Pymt	2,765.00 ✓

212,041.25 +  
 138,240.11 + / Fort Bend / Broadmoor  
 164,775.80 +  
 60,076.84 +  
 165,253.72 +  
 740,387.72 \*

\* nursing home  
 C deposited to open account.

January Interest	
February Interest	
March Interest	
Adjust Balance/Transfer Amt	165,253.72 ✓
<b>TOTAL TRANSFERS</b>	<b>740,387.72</b>

Approved: *Andrew De Los Santos*  
 ANDREW DE LOS SANTOS 4/17/2023

APPROVED ON  
 APR 18 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Ashford Gardens**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/14/2023 Enhanced Analysis Ch	97.60							
4/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,044.38						11,044.38
4/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,411.20						5,411.20
4/13/2023 HNB - ECHO HCCLAIMPMT 746003411 440000237006		28,264.61						28,264.61
4/13/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		4,639.39						4,639.39
4/12/2023 CHECK 1201	114,316.60							
4/12/2023 CHECK 1202	87.20							
4/12/2023 Deposit		6,291.72						6,291.72
4/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		61,198.76						61,198.76
4/12/2023 MOLINA HEALTHCAR MOLINAACH 01183409 42000012		20,615.20	16,573.92	4,041.28			18,594.56	2,020.64
4/12/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		3,433.53						3,433.53
4/11/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	8,820.09							
4/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000259160		1,470.90						1,470.90
4/11/2023 Amerigroup TXSC HCCLAIMPMT 3207422334 111000		47,279.41						47,279.41
4/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,806.62						2,806.62
4/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		29,185.83						29,185.83
4/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000215842		7,035.14						7,035.14
4/10/2023 Amerigroup TXSC HCCLAIMPMT 3207262768 111000		233.52						233.52
4/7/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		926.98						926.98
4/7/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		896.22						896.22
4/6/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	193,915.96							
	317,237.45	230,733.41	16,573.92	4,041.28			18,594.56	212,138.85

**Broadmoor**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000270164		19,469.94						19,469.94
4/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000270164		4,076.15						4,076.15
4/14/2023 UnitedHealthcare HCCLAIMPMT 746003411 910000		108.36						108.36
4/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		8,237.44						8,237.44
4/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,912.07						1,912.07
4/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		22,242.64						22,242.64
4/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		25,667.93						25,667.93
4/13/2023 MANAGEANDNET1718 MNS PMNT 00000000004293 41		4,536.00						4,536.00
4/13/2023 HUMANA CHA DISB HCCLAIMPMT 17775774 42000018		3,681.37						3,681.37
4/12/2023 CHECK 232	40,651.47							
4/12/2023 CHECK 233	99.20							
4/12/2023 Deposit		2,284.22						2,284.22
4/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000200351		80.20						80.20
4/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,364.66						6,364.66
4/12/2023 MOLINA HEALTHCAR MOLINAACH 01183921 42000012		7,622.77	6,312.00	1,310.77			6,967.39	655.39
4/12/2023 AARP Supplementa HCCLAIMPMT 746003411 124384		3,200.00						3,200.00
4/11/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	28,196.89							
4/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000259160		5,478.97						5,478.97
4/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000214450		13,486.18						13,486.18
4/10/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		2,603.81						2,603.81
4/7/2023 MANAGEANDNET1718 MNS PMNT 00000000004293 41		405.00						405.00
4/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000279512		3,479.35						3,479.35
4/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000279512		2,603.15						2,603.15
4/7/2023 AARP Supplementa HCCLAIMPMT 746003411 124384		4,400.00						4,400.00
4/6/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	95,157.03							
4/6/2023 Deposit		2,800.00						2,800.00
4/5/2023 NOVITAS SOLUTION HCCLAIMPMT 676357 420000136		467.29						467.29
	164,104.59	145,207.50	6,312.00	1,310.77			6,967.39	138,240.12

**Crescent**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000269679		6,831.30						6,831.30
4/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,093.28						4,093.28
4/14/2023 DEVOTED HEALTH P HCCLAIMPMT 121140395859272		3,600.00						3,600.00
4/14/2023 DEVOTED HEALTH P HCCLAIMPMT 121140395859270		4,950.00						4,950.00
4/14/2023 DEVOTED HEALTH P HCCLAIMPMT 121140395859268		6,844.00						6,844.00
4/14/2023 DEVOTED HEALTH P HCCLAIMPMT 121140395859266		13,050.00						13,050.00
4/14/2023 DEVOTED HEALTH P HCCLAIMPMT 121140395859274		14,816.81						14,816.81
4/13/2023 HUMANA INS CO HCCLAIMPMT 17722469 8300005780		11,644.00						11,644.00
4/13/2023 HNB - ECHO HCCLAIMPMT 746003411 440000237006		11,032.67						11,032.67
4/13/2023 HUMANA CHA DISB HCCLAIMPMT 17775593 42000018		5,806.07						5,806.07
4/13/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394887540		757.30						757.30
4/12/2023 CHECK 278	27,468.02							
4/12/2023 CHECK 279	96.88							
4/12/2023 Deposit		526.85						526.85
4/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000299856		5,625.77						5,625.77
4/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		21,312.59						21,312.59
4/12/2023 MOLINA HEALTHCAR MOLINAACH 01183883 42000012		4,948.43	4,578.56	369.87			4,763.50	184.93
4/12/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394009530		184.05						184.05
4/12/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394009528		6,750.00						6,750.00
4/12/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394009526		375.29						375.29
4/11/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	20,626.77							
4/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		16,637.51						16,637.51
4/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000214450		1,077.10						1,077.10
4/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000213971		103.45						103.45
4/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000215842		1,303.50						1,303.50
4/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		555.70						555.70
4/10/2023 DEVOTED HEALTH P HCCLAIMPMT 121140391198758		176.13						176.13
4/7/2023 Deposit		5,700.00						5,700.00
4/7/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		3,085.45						3,085.45
4/7/2023 AARP Supplementa HCCLAIMPMT 746003411 124384		1,200.00						1,200.00
4/6/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	98,270.46							
4/6/2023 Deposit		15,408.00						15,408.00
4/6/2023 DEVOTED HEALTH P HCCLAIMPMT 121140390592452		944.05						944.05
4/6/2023 AARP Supplementa HCCLAIMPMT 746003411 124384		200.00						200.00
	146,462.13	169,539.30	4,578.56	369.87			4,763.50	164,775.81

**Fort Bond**

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000270164		2,133.04						2,133.04
4/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,134.80						4,134.80
4/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		29,239.79						29,239.79
4/14/2023 NOVITAS SOLUTION HCCLAIMPMT 675663 420000123		3,315.61						3,315.61
4/12/2023 CHECK 206	36,981.06							
4/12/2023 CHECK 207	37.57							



4/12/2023	Deposit	-	6,780.72	-	-	-	6,780.72
4/12/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,101.52	-	-	-	4,101.52
4/12/2023	MOLINA HEALTHCAR MOLINAACH 01183553 42000012	-	6,435.68	5,174.24	1,261.44	-	5,804.96
4/10/2023	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	1,380.64	-	-	-	1,380.64
4/6/2023	WIRE OUT CANTEX HEALTH CARE CENTERS III	93,438.02	-	-	-	-	-
4/6/2023	Deposit	-	2,600.00	-	-	-	2,600.00
4/6/2023	MANAGEANDNET1718 MNS PMNT 00000000004294 41	-	5,760.00	-	-	-	5,760.00
		130,456.65	65,881.80	5,174.24	1,261.44	-	5,804.96
							60,076.84

**Solera at West Houston**

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI
4/14/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	3,520.77	-	-	-	-	3,520.77
4/14/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,751.75	-	-	-	-	2,751.75
4/14/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,111.94	-	-	-	-	2,111.94
4/14/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	29,566.67	-	-	-	-	29,566.67
4/14/2023	NOVITAS SOLUTION HCCLAIMPMT 676310 420000123	12,435.67	-	-	-	-	12,435.67
4/13/2023	HNB - ECHO HCCLAIMPMT 746003411 440000237384	14.70	-	-	-	-	14.70
4/13/2023	HNB - ECHO HCCLAIMPMT 746003411 440000237006	497.91	-	-	-	-	497.91
4/13/2023	Amerigroup TXSC HCCLAIMPMT 3207725210 111000	10,970.55	-	-	-	-	10,970.55
4/13/2023	UnitedHealthcare HCCLAIMPMT 746003411 124384	6,037.34	-	-	-	-	6,037.34
4/12/2023	CHECK 1262	34,254.67	-	-	-	-	-
4/12/2023	CHECK 1263	131.63	-	-	-	-	-
4/12/2023	Deposit	2,907.36	-	-	-	-	2,907.36
4/12/2023	Amerigroup TXSC HCCLAIMPMT 3207606072 111000	24,292.49	-	-	-	-	24,292.49
4/12/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	21,828.86	-	-	-	-	21,828.86
4/12/2023	MOLINA HEALTHCAR MOLINAACH 01183845 42000012	6,178.72	4,964.00	1,214.72	-	-	5,571.36
4/12/2023	HUMANA CHA DISB HCCLAIMPMT 17666129 42000019	1,580.00	-	-	-	-	1,580.00
4/11/2023	WIRE OUT CANTEX HEALTH CARE CENTERS III	38,504.57	-	-	-	-	-
4/11/2023	HUMANA INS CO HCCLAIMPMT 17422742 8300005614	15,345.00	-	-	-	-	15,345.00
4/11/2023	HUMANA INS CO HCCLAIMPMT 17422741 8300005614	4,185.00	-	-	-	-	4,185.00
4/11/2023	HUMANA CHA DISB HCCLAIMPMT 17555370 42000017	6,045.00	-	-	-	-	6,045.00
4/10/2023	HNB - ECHO HCCLAIMPMT 746003411 440000213969	3,969.40	-	-	-	-	3,969.40
4/10/2023	ABCT INC ACH Paymen 746003411-5 323371070001	2,773.07	-	-	-	-	2,773.07
4/7/2023	HNB - ECHO HCCLAIMPMT 746003411 440000279512	5,736.44	-	-	-	-	5,736.44
4/7/2023	AARP Supplementa HCCLAIMPMT 746003411 124384	2,200.00	-	-	-	-	2,200.00
4/6/2023	WIRE OUT CANTEX HEALTH CARE CENTERS III	121,830.55	-	-	-	-	-
4/6/2023	Deposit	6,351.83	-	-	-	-	6,351.83
4/6/2023	Amerigroup TXSC HCCLAIMPMT 3207074969 111000	689.61	-	-	-	-	689.61
4/6/2023	AARP Supplementa HCCLAIMPMT 746003411 124384	1,600.00	-	-	-	-	1,600.00
		194,721.42	173,590.08	4,964.00	1,214.72	-	5,571.36
							168,018.72
<b>TOTALS</b>		<b>952,982.24</b>	<b>784,952.09</b>	<b>37,602.72</b>	<b>8,198.08</b>	<b>-</b>	<b>41,701.76</b>
							<b>743,250.33</b>

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Account Balances **Card View** Table View

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DDA (15)

DDA (15)

Prior Day Balance: \$9,966,322.94 | Collected Balance: \$9,782,596.08 | Available Balance: \$9,992,548.84 | Current Balance: \$9,782,596.08

Sort: | Display Name: |

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance: \$5,941,300.10 | Collected Balance: \$5,941,300.10  
Available Balance: \$6,013,507.28 | Prior Day Balance: \$6,250,655.02

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365

Current Balance: \$537.33 | Collected Balance: \$537.33  
Available Balance: | Prior Day Balance: \$537.33

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373

Current Balance: \$432.58 | Collected Balance: \$432.58  
Available Balance: \$432.58 | Prior Day Balance: \$432.58

MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381

Current Balance: \$242,795.81 | Collected Balance: \$242,795.81 ✓  
Available Balance: \$288,824.58 | Prior Day Balance: \$280,735.81 ✓

MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403

Current Balance: \$160,066.45 | Collected Balance: \$160,066.45 ✓  
Available Balance: \$182,163.97 | Prior Day Balance: \$145,907.50 ✓

MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411

Current Balance: \$178,896.47 | Collected Balance: \$178,896.47 ✓  
Available Balance: \$187,984.12 | Prior Day Balance: \$169,630.30 ✓

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON \*4438

Current Balance: \$214,781.14 | Collected Balance: \$214,781.14 ✓  
Available Balance: \$26,257.58 | Prior Day Balance: \$173,690.08 ✓

MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446

Current Balance: \$71,625.01 | Collected Balance: \$71,625.01 ✓  
Available Balance: \$94,980.41 | Prior Day Balance: \$65,981.80 ✓

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454

Current Balance: \$238,826.17 | Collected Balance: \$238,826.17 ✓  
Available Balance: \$238,826.17 | Prior Day Balance: \$236,896.16 ✓

MMC -NH GULF POINTE PLAZA - PRIVATE PAY \*5433

Current Balance: \$50,145.09 | Collected Balance: \$50,145.09 ✓  
Available Balance: \$51,895.09 | Prior Day Balance: \$38,675.09 ✓

MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID \*5441

Current Balance: \$84,493.06 | Collected Balance: \$84,493.06 ✓  
Available Balance: \$86,549.06 | Prior Day Balance: \$84,493.06 ✓

MMC -NH BETHANY SENIOR LIVING \*5444

Current Balance: \$304,258.56 | Collected Balance: \$304,258.56 ✓  
Available Balance: \$304,258.56 | Prior Day Balance: \$294,443.83 ✓

MMC -NH TUSCANY VILLAGE \*3407

Current Balance: \$238,746.00 | Collected Balance: \$238,746.00 ✓  
Available Balance: \$261,139.80 | Prior Day Balance: \$219,143.09 ✓

MMC -BETHANY SR LIVING - DACA \*3660

Current Balance: \$100.00 | Collected Balance: \$100.00 ✓  
Available Balance: \$100.00 | Prior Day Balance: \$100.00 ✓

MMC -MONEY MARKET FUND \*2998


Current Balance: \$2,055,592.31 | Collected Balance: \$2,055,592.31 ✓  
Available Balance: \$2,055,592.31 | Prior Day Balance: \$2,055,592.31 ✓



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 4/17/2023

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		190,124.62 ✓	190,024.62 ✓	236,796.16 ✓		236,896.16	210,332.38
						Bank Balance 236,896.16 ✓	
						Variance	
						Leave in Balance 100.00 ✓	
						Superior QIPP 26,463.78 ✓	
						PENDING TRANSFER	
						January Interest	
						February Interest	
						March Interest	
						Adjust Balance/Transfer Amt	210,332.38 ✓

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 4/17/2023

APPROVED ON  
 APR 18 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS





Accounts

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All Accounts By Type

All Types

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$9,966,322.94	\$9,782,596.08	\$9,992,548.84	\$9,782,596.08

Sort: Display Name

DDA (15)

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance	\$5,941,300.10	Collected Balance	\$5,941,300.10
Available Balance	\$6,013,507.28	Prior Day Balance	\$6,250,655.02

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365

Current Balance	\$537.33	Collected Balance	\$537.33
Available Balance	\$537.33	Prior Day Balance	\$537.33

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373

Current Balance	\$432.58	Collected Balance	\$432.58
Available Balance	\$432.58	Prior Day Balance	\$432.58

MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381

Current Balance	\$242,795.81	Collected Balance	\$242,795.81
Available Balance	\$288,824.58	Prior Day Balance	\$230,735.81

MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403

Current Balance	\$160,066.45	Collected Balance	\$160,066.45
Available Balance	\$182,163.07	Prior Day Balance	\$145,307.50

MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411

Current Balance	\$178,896.47	Collected Balance	\$178,896.47
Available Balance	\$187,954.12	Prior Day Balance	\$165,630.30

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON \*4438

Current Balance	\$214,781.14	Collected Balance	\$214,781.14
Available Balance	\$229,297.58	Prior Day Balance	\$173,690.08

MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446

Current Balance	\$71,625.01	Collected Balance	\$71,625.01
Available Balance	\$94,980.41	Prior Day Balance	\$65,961.80

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454

Current Balance	\$238,826.17	Collected Balance	\$238,826.17
Available Balance	\$238,826.17	Prior Day Balance	\$238,896.16

MMC -NH GULF POINTE PLAZA - PRIVATE PAY \*5433

Current Balance	\$50,145.09	Collected Balance	\$50,145.09
Available Balance	\$51,895.09	Prior Day Balance	\$38,675.09

MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID \*5441

Current Balance	\$84,493.06	Collected Balance	\$84,493.06
Available Balance	\$86,049.06	Prior Day Balance	\$84,493.06

MMC -NH BETHANY SENIOR LIVING \*5...

Current Balance	\$304,258.56	Collected Balance	\$304,258.56
Available Balance	\$304,258.56	Prior Day Balance	\$294,443.81

MMC -NH TUSCANY VILLAGE \*3407

Current Balance	\$238,746.00	Collected Balance	\$238,746.00
Available Balance	\$261,139.80	Prior Day Balance	\$219,143.09

MMC -BETHANY SR LIVING - DACA \*3660

Current Balance	\$100.00	Collected Balance	\$100.00
Available Balance	\$100.00	Prior Day Balance	\$100.00

MMC -MONEY MARKET FUND \*2998

Current Balance	\$2,055,592.31	Collected Balance	\$2,055,592.31
Available Balance	\$2,055,592.31	Prior Day Balance	\$2,055,592.31

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 4/17/2023

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Nursing Home</b>							
Gulf Pointe Plaza- Private Pay	50,667.56	48,467.01	36,474.54			38,675.09	18,503.71
					Bank Balance	38,675.09	
					Variance		
					Leave in Balance	100.00	
					SUPERIOR QIPP	20,071.38	
					PENDING TRANSFER		
					January Interest		
					February Interest		
					March Interest		
					Adjust Balance/Transfer Amt	18,503.71	
<b>Nursing Home</b>							
Gulf Pointe Plaza-Medicare/Medicaid	112,475.01	112,375.01	84,393.06			84,493.06	84,393.06
					Bank Balance	84,493.06	
					Variance		
					Leave in Balance	100.00	
					PENDING TRANSFER		
					January Interest		
					February Interest		
					March Interest		
					Adjust Balance/Transfer Amt	84,393.06	
<b>TOTAL TRANSFERS</b>						<b>102,896.77</b>	

Routing Information for Gulf Pointe Plaza:

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

Approved: *Andrew De Los Santos*  
 ANDREW DE LOS SANTOS 4/17/2023

APPROVED ON  
 APR 18 2023  
 BY COUNTY AUDITOR,  
 CALHOUN COUNTY, TEXAS



**Gulf Pointe Plaza-Private Pvy**

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	
4/12/2023 CHECK 1100	41,502.34	-	-	-	-	-	-
4/12/2023 CHECK 1101	15.78	-	-	-	-	-	-
4/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000299856	-	115.26	-	-	-	-	115.26
4/12/2023 Centene Managem ACH 008765433514 1110000261	-	22,251.64	17,891.11	4,360.53	-	20,071.38	2,180.27
4/11/2023 NDC SWEEP FAC H261 21000028741052 SWEEP FR	-	13,001.37	-	-	-	-	13,001.37
4/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000259160	-	114.65	-	-	-	-	114.65
4/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000214450	-	2.74	-	-	-	-	2.74
4/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000214450	-	163.17	-	-	-	-	163.17
4/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000279512	-	825.71	-	-	-	-	825.71
4/6/2023 WIRE OUT HMG Rockport SNF, LP -Commerical	6,948.89	-	-	-	-	-	-
	<b>48,467.01</b>	<b>36,474.54</b>	<b>17,891.11</b>	<b>4,360.53</b>	<b>-</b>	<b>20,071.38</b>	<b>16,403.17</b>

**Gulf Pointe Plaza-Medicare/Medicaid**

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	
4/14/2023 WPS-TMEP CONTRAC HCCLAIMPMT 2403682104 21000	-	1,361.50	-	-	-	-	1,361.50
4/14/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	1,607.17	-	-	-	-	1,607.17
4/13/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	976.67	-	-	-	-	976.67
4/12/2023 CHECK 1011	49.68	-	-	-	-	-	-
4/12/2023 Deposit	-	5,565.71	-	-	-	-	5,565.71
4/11/2023 WIRE OUT HMG Rockport SNF, LP - Commerical	53,329.20	-	-	-	-	-	-
4/10/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	6,546.78	-	-	-	-	6,546.78
4/10/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	757.60	-	-	-	-	757.60
4/10/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2	-	2,240.71	-	-	-	-	2,240.71
4/7/2023 Deposit	-	19,488.26	-	-	-	-	19,488.26
4/7/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,234.91	-	-	-	-	1,234.91
4/6/2023 WIRE OUT HMG Rockport SNF, LP - Commerical	58,996.13	-	-	-	-	-	-
4/6/2023 Deposit	-	44,613.75	-	-	-	-	44,613.75
	<b>112,375.01</b>	<b>84,393.06</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>84,393.06</b>
	<b>160,842.02</b>	<b>120,867.60</b>	<b>17,891.11</b>	<b>4,360.53</b>	<b>-</b>	<b>20,071.38</b>	<b>100,796.23</b>

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Select View: All Accounts By Type | Select Type: All Types | Account Number: | Account Nickname: |

DDA (15)

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$9,966,322.94	\$9,782,596.08	\$9,992,548.84	\$9,782,596.08

Sort | Display Name

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance	\$5,941,300.10	Collected Balance	\$5,941,300.10
Available Balance	\$6,013,507.28	Prior Day Balance	\$6,250,655.02

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365

Current Balance	\$537.33	Collected Balance	\$537.33
Available Balance	\$537.33	Prior Day Balance	\$537.33

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373

Current Balance	\$432.58	Collected Balance	\$432.58
Available Balance	\$432.58	Prior Day Balance	\$432.58

MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381

Current Balance	\$242,795.81	Collected Balance	\$242,795.81
Available Balance	\$288,624.58	Prior Day Balance	\$280,738.81

MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403

Current Balance	\$160,066.45	Collected Balance	\$160,066.45
Available Balance	\$182,161.97	Prior Day Balance	\$145,307.50

MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411

Current Balance	\$178,896.47	Collected Balance	\$178,896.47
Available Balance	\$187,984.12	Prior Day Balance	\$169,639.30

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON \*4438

Current Balance	\$214,781.14	Collected Balance	\$214,781.14
Available Balance	\$226,257.58	Prior Day Balance	\$173,690.08

MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446

Current Balance	\$71,625.01	Collected Balance	\$71,625.01
Available Balance	\$94,960.41	Prior Day Balance	\$55,981.80

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454

Current Balance	\$238,826.17	Collected Balance	\$238,826.17
Available Balance	\$238,826.17	Prior Day Balance	\$236,696.16

MMC -NH GULF POINTE PLAZA - PRIVATE PAY \*5433

Current Balance	\$50,145.09	Collected Balance	\$50,145.09
Available Balance	\$51,895.09	Prior Day Balance	\$36,675.09

MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID \*5441

Current Balance	\$84,493.06	Collected Balance	\$84,493.06
Available Balance	\$86,049.06	Prior Day Balance	\$84,493.06

MMC -NH BETHANY SENIOR LIVING \*5...

Current Balance	\$304,258.56	Collected Balance	\$304,258.56
Available Balance	\$304,258.56	Prior Day Balance	\$294,442.81

MMC -NH TUSCANY VILLAGE \*3407

Current Balance	\$238,746.00	Collected Balance	\$238,746.00
Available Balance	\$251,139.80	Prior Day Balance	\$218,143.09

MMC -BETHANY SR LIVING - DACA \*3660

Current Balance	\$100.00	Collected Balance	\$100.00
Available Balance	\$100.00	Prior Day Balance	\$100.00

MMC -MONEY MARKET FUND \*2998

Current Balance	\$2,055,592.31	Collected Balance	\$2,055,592.31
Available Balance	\$2,055,592.31	Prior Day Balance	\$2,055,592.31



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscan Transfer  
 Prosperity Accounts  
 4/17/2023

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		470,796.68	470,696.68	219,043.09			219,143.09	208,046.37
						Bank Balance Variance	219,143.09	
						Leave in Balance	100.00	
						MOLINA QIPP	10,996.72	

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

Adjust Balance/Transfer Amt 208,046.37  
 Approved: Andrew De Los Santos 4/17/2023  
 ANDREW DE LOS SANTOS

APPROVED ON  
 APR 18 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**MMC PORTION**

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	
Tuscany Village ✓							
4/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000269663	-	12,188.52	-	-	-	-	12,188.52
4/13/2023 HNB - ECHO HCCLAIMPMT 746003411 440000237385	-	1,290.79	-	-	-	-	1,290.79
4/12/2023 CHECK 1120	66,436.44 ✓	-	-	-	-	-	-
4/12/2023 Deposit	-	5,179.46	-	-	-	-	5,179.46
4/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000299847	-	14,198.71	-	-	-	-	14,198.71
4/12/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000197	-	301.56	-	-	-	-	301.56
4/12/2023 MOLINA HEALTHCAR MOLINAACH 01183915 42000012	-	12,193.92 ✓	9,799.52	2,394.40	-	10,996.72	1,197.20 ✓
4/11/2023 WIRE OUT LINBAR ENTERPRISES, LLC	15,326.46	-	-	-	-	-	-
4/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000213989	-	1,568.16	-	-	-	-	1,568.16
4/10/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000172	-	808.18	-	-	-	-	808.18
4/7/2023 Deposit	-	43,313.76	-	-	-	-	43,313.76
4/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000279512	-	5,163.17	-	-	-	-	5,163.17
4/7/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000162	-	11,619.93 ✓	-	-	-	-	11,619.93
4/6/2023 WIRE OUT LINBAR ENTERPRISES, LLC	388,933.78 ✓	-	-	-	-	-	-
4/6/2023 Deposit	-	109,732.98	-	-	-	-	109,732.98
4/6/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000136	-	1,483.95	-	-	-	-	1,483.95
	470,696.68 ✓	219,043.09 ✓	9,799.52 ✓	2,394.40	-	10,996.72	208,046.37 ✓



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Select View: All Accounts By Type Select Type: All Types Account Number: Account Nickname:

DDA (15)

DDA (15)

Prior Day Balance: \$9,966,322.94 Collected Balance: \$9,782,596.08 Available Balance: \$9,992,548.84 Current Balance: \$9,782,596.08

sort Display Name

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance: \$5,941,300.10 Collected Balance: \$5,941,300.10  
Available Balance: \$6,013,507.28 Prior Day Balance: \$6,250,655.02

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365

Current Balance: \$537.33 Collected Balance: \$537.33  
Available Balance: \$537.33 Prior Day Balance: \$537.33

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373

Current Balance: \$432.58 Collected Balance: \$432.58  
Available Balance: \$432.58 Prior Day Balance: \$432.58

MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381

Current Balance: \$242,795.81 Collected Balance: \$242,795.81  
Available Balance: \$288,824.55 Prior Day Balance: \$20,735.81

MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403

Current Balance: \$160,066.45 Collected Balance: \$160,066.45  
Available Balance: \$162,163.97 Prior Day Balance: \$145,307.50

MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411

Current Balance: \$178,896.47 Collected Balance: \$178,896.47  
Available Balance: \$187,984.12 Prior Day Balance: \$19,639.30

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON \*4438

Current Balance: \$214,781.14 Collected Balance: \$214,781.14  
Available Balance: \$226,251.58 Prior Day Balance: \$173,690.08

MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446

Current Balance: \$71,625.01 Collected Balance: \$71,625.01  
Available Balance: \$94,560.41 Prior Day Balance: \$56,981.80

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454

Current Balance: \$238,826.17 Collected Balance: \$238,826.17  
Available Balance: \$238,826.17 Prior Day Balance: \$236,896.16

MMC -NH GULF POINTE PLAZA - PRIVATE PAY \*5433

Current Balance: \$50,145.09 Collected Balance: \$50,145.09  
Available Balance: \$51,895.05 Prior Day Balance: \$38,675.09

MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID \*5441

Current Balance: \$84,493.06 Collected Balance: \$84,493.06  
Available Balance: \$86,049.06 Prior Day Balance: \$84,493.06

MMC -NH BETHANY SENIOR LIVING \*5442

Current Balance: \$304,258.56 Collected Balance: \$304,258.56  
Available Balance: \$304,258.56 Prior Day Balance: \$294,413.81

MMC -NH TUSCANY VILLAGE \*3407

Current Balance: \$238,746.00 Collected Balance: \$238,746.00  
Available Balance: \$261,139.80 Prior Day Balance: \$219,143.00

MMC -BETHANY SR LIVING - DACA \*3660

Current Balance: \$100.00 Collected Balance: \$100.00  
Available Balance: \$100.00 Prior Day Balance: \$100.00

MMC -MONEY MARKET FUND \*2998

Current Balance: \$2,055,592.31 Collected Balance: \$2,055,592.31  
Available Balance: \$2,055,592.31 Prior Day Balance: \$2,055,592.31

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 4/17/2023

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		523,505.34	522,329.88	293,268.35			294,443.81	272,666.72
						Bank Balance	294,443.81	
						Variance		
						Leave in Balance	100.00	
						SUPERIOR QIPP	21,677.09	
						PENDING TRANSFER		
						January Interest		
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	272,666.72	
						Approved		
						ANDREW DE LOS SANTOS		4/17/2023

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 18 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS



Bethany Senior Living

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
4/13/2023 Deposit	-	5,867.76	-	-	-	-	-	5,867.76
4/12/2023 CHECK 1018	44,823.48	-	-	-	-	-	-	-
4/12/2023 CHECK 1019	143.14	-	-	-	-	-	-	-
4/12/2023 Deposit	-	58,799.24	-	-	-	-	-	58,799.24
4/12/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	5,600.00	-	-	-	-	-	5,600.00
4/12/2023 Centene Managem ACH 008765433514 1110000261	-	24,032.38	19,321.79	4,710.59	-	-	21,677.09	2,355.30
4/11/2023 Deposit	-	39,542.58	-	-	-	-	-	39,542.58
4/11/2023 Deposit	-	1,240.34	-	-	-	-	-	1,240.34
4/11/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000198	-	6,038.60	-	-	-	-	-	6,038.60
4/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000214450	-	3,332.34	-	-	-	-	-	3,332.34
4/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000214450	-	196.02	-	-	-	-	-	196.02
4/7/2023 Deposit	-	3,314.40	-	-	-	-	-	3,314.40
4/7/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000162	-	11,604.21	-	-	-	-	-	11,604.21
4/6/2023 WIRE OUT PORT LAVACA NH, LLC	477,363.26	-	-	-	-	-	-	-
4/6/2023 Deposit	-	115,247.96	-	-	-	-	-	115,247.96
4/6/2023 Deposit	-	3,764.11	-	-	-	-	-	3,764.11
4/6/2023 Deposit	-	3,186.39	-	-	-	-	-	3,186.39
4/6/2023 Deposit	-	387.02	-	-	-	-	-	387.02
4/6/2023 Deposit	-	11,115.00	-	-	-	-	-	11,115.00
	522,329.88	293,268.35	19,321.79	4,710.59	-	-	21,677.09	271,591.27

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Select View: All Accounts By Type  Select Type: All Types  Account Number:  Account Nickname:

DDA (15)

DDA (15) Prior Day Balance: \$9,966,322.94 | Collected Balance: \$9,782,596.08 | Available Balance: \$9,992,548.84 | Current Balance: \$9,782,596.08

Sort:  Display Name:

**MEMORIAL MEDICAL CENTER - OPERATING \*4357**

Current Balance	\$5,941,300.10	Collected Balance	\$5,941,300.10
Available Balance	\$6,013,907.28	Prior Day Balance	\$6,250,658.02

**MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365**

Current Balance	\$537.33	Collected Balance	\$537.33
Available Balance	\$537.33	Prior Day Balance	\$537.33

**MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373**

Current Balance	\$432.58	Collected Balance	\$432.58
Available Balance	\$432.58	Prior Day Balance	\$432.58

**MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381**

Current Balance	\$242,795.81	Collected Balance	\$242,795.81
Available Balance	\$288,824.58	Prior Day Balance	\$230,735.81

**MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403**

Current Balance	\$160,066.45	Collected Balance	\$160,066.45
Available Balance	\$182,163.97	Prior Day Balance	\$145,907.50

**MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411**

Current Balance	\$178,896.47	Collected Balance	\$178,896.47
Available Balance	\$187,984.12	Prior Day Balance	\$169,639.30

**MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON \*4438**

Current Balance	\$214,781.14	Collected Balance	\$214,781.14
Available Balance	\$226,257.98	Prior Day Balance	\$173,693.08

**MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446**

Current Balance	\$71,625.01	Collected Balance	\$71,625.01
Available Balance	\$94,950.41	Prior Day Balance	\$65,987.80

**MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454**

Current Balance	\$238,826.17	Collected Balance	\$238,826.17
Available Balance	\$238,826.17	Prior Day Balance	\$236,886.16

**MMC -NH GULF POINTE PLAZA - PRIVATE PAY \*5433**

Current Balance	\$50,145.09	Collected Balance	\$50,145.09
Available Balance	\$51,995.09	Prior Day Balance	\$59,675.09

**MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID \*5441**

Current Balance	\$84,493.06	Collected Balance	\$84,493.06
Available Balance	\$80,049.06	Prior Day Balance	\$84,493.06

**MMC -NH BETHANY SENIOR LIVING \*5444**

Current Balance	\$304,258.56	Collected Balance	\$304,258.56
Available Balance	\$304,258.56	Prior Day Balance	\$294,443.81

**MMC -NH TUSCANY VILLAGE \*3407**

Current Balance	\$238,746.00	Collected Balance	\$238,746.00
Available Balance	\$261,139.80	Prior Day Balance	\$219,143.09

**MMC -BETHANY SR LIVING - DACA \*3660**

Current Balance	\$100.00	Collected Balance	\$100.00
Available Balance	\$100.00	Prior Day Balance	\$100.00

**MMC -MONEY MARKET FUND \*2998**

Current Balance	\$2,055,592.31	Collected Balance	\$2,055,592.31
Available Balance	\$2,055,592.31	Prior Day Balance	\$2,055,592.31



Ashford ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 4/17/23

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APPROVED ON

APR 18 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#001203

G/L NUMBER: 10255040

FOR ACCT. USE ONLY

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

AMOUNT 18,594.56 ✓

EXPLANATION: Molina February QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

*Andrew DeB...*

4/17/23

Broadmoor ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 4/17/23

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APPROVED ON

APR 18 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#000234

FOR ACCT. USE ONLY

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

AMOUNT 6,967.39 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina February QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DeLeon Santa*

4117/23



The Crescent ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER  
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Date Requested: 4/17/23

FOR ACCT. USE ONLY

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

APPROVED ON  
APR 18 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL# 000200

AMOUNT 4,763.50 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina February QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLaSantis

4/17/23

Fort Bend ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER  
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Date Requested: 4/17/23

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

APPROVED ON  
APR 18 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
ck# 00028

AMOUNT 5,804.96 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina February QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DePaul Santa*

4/17/23



Solera ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P MEMORIAL MEDICAL CENTER  
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Date Requested: 4/17/23

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

APPROVED ON

APR 18 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

C# 001264

G/L NUMBER: 10255040

AMOUNT 5,571.36 ✓

EXPLANATION: Molina February QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DeChant*

Golden Creek ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER  
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Date Requested: 4/17/23

APPROVED ON  
APR 18 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CHK#000181

FOR ACCT. USE ONLY

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

AMOUNT 26,463.78 \

G/L NUMBER: 10255040

EXPLANATION: Superior February QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: \_\_\_\_\_



Gulf Pointe - PP ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 4/17/23

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FOR ACCT. USE ONLY

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

APPROVED ON

APR 18 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 001102

AMOUNT 20,071.38 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior February QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLosSantos

4/17/23

Tuscany ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 4/17/23

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APPROVED ON  
APR 18 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
ck#001121

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 10,996.72 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina February QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. [Signature]

4/17/23



Bethany ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 4/17/23

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APPROVED ON

APR 18 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK#00102

FOR ACCT. USE ONLY

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

AMOUNT 21,677.09 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior February QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Delas Santas

4/17/23

MEMORIAL MEDICAL CENTER

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001203

Date 4/19/23 88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 18,594.56

Eighteen thousand Five hundred Ninety four & 56/100 DOLLARS



County auditor

FOR Molina-18594.56 Superior

County Treasurer  
included, Details on back

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000234

Date 4/19/23 88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 6,967.39

Six thousand Nine hundred Sixty seven & 39/100 DOLLARS



County auditor

FOR Molina Feb. Qipp

County Treasurer  
included, Details on back

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000280

Date 4/19/23 88-2265/1131

PAY

TO THE ORDER OF

Memorial Medical Center

\$ 4,763.50

Four thousand seven hundred sixty three & 50/100 DOLLARS



County auditor

FOR Molina Feb. Qipp

County Treasurer  
included, Details on back



MEMORIAL MEDICAL CENTER

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

000208

Date 4/19/23

88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Center

\$ 5,804.96

Five thousand Eight hundred four & 96/100

DOLLARS



PROSPERITY  
BANK

County Auditor

FOR Molina Feb. Wipp

County Treasurer  
included. Details on back.

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001264

Date 4/19/23

88-2265/1131

PAY

TO THE  
ORDER OF

Memorial medical center

\$ 5,571.36

Five thousand five hundred seventy one & 36/100

DOLLARS



PROSPERITY  
BANK

County Auditor

FOR Molina Feb. Wipp

County Treasurer  
included. Details on back.

MEMORIAL MEDICAL CENTER

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

000181

Date 4/19/23

88-2265/1131

PAY

TO THE  
ORDER OF

Memorial Medical Center

\$ 26,463.78

Twenty six thousand Four hundred sixty three & 78/100

DOLLARS



PROSPERITY  
BANK

County Auditor

FOR Superior Feb. Wipp

County Treasurer  
included. Details on back.



MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY  
361-553-4618  
1815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1102

88-2265/1131-87

DATE 4/19/23



PAY TO THE ORDER OF Memorial Medical Center \$ 20,071.38

Twenty thousand Seventy one & 38/100

DOLLARS



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

FOR Superior Feb. Gipp

\_\_\_\_\_  
County Auditor

\_\_\_\_\_  
County Treasurer

MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

1121

88-2265/1131-87

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

DATE 4/19/23



PAY TO THE ORDER OF Memorial Medical Center \$ 10,996.72

Ten thousand Nine hundred Ninety six & 72/100 DOLLARS



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

FOR Molina Feb. Gipp

\_\_\_\_\_  
County Auditor

\_\_\_\_\_  
County Treasurer

MEMORIAL MEDICAL CENTER 102019  
NH BETHANY SENIOR LIVING

1020

88-2265/1131-87

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

DATE 4/19/23



PAY TO THE ORDER OF Memorial Medical Center \$ 21,677.09

Twenty one thousand Six hundred Seventy seven & 09/100 DOLLARS



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

FOR Superior Feb. Gipp

\_\_\_\_\_  
County Auditor

\_\_\_\_\_  
County Treasurer



RUN DATE:04/19/23  
TIME:14:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/19/23 THRU 04/19/23

PAGE 6  
GLCKREG

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

NHA 001203 04/19/23 18,594.56 MEMORIAL MEDICAL CENTER  
TOTALS: 18,594.56

*Ashfund*

APPROVED ON

APR 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:04/19/23  
TIME:14:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/19/23 THRU 04/19/23

PAGE 7  
GLCKREG

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

NHB 000234 04/19/23 6,967.39 MEMORIAL MEDICAL CENTER *Broadmar*  
TOTALS: 6,967.39

APPROVED ON

APR 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



RUN DATE:04/19/23  
TIME:14:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/19/23 THRU 04/19/23

PAGE 8  
GLCKREG

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

NHC 000280 04/19/23 4,763.50 MEMORIAL MEDICAL CENTER  
TOTALS: 4,763.50

*Cxistent*

APPROVED ON

APR 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:04/19/23  
TIME:14:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/19/23 THRU 04/19/23

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GLCKREG

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

NHF 000208 04/19/23 5,804.96 MEMORIAL MEDICLA CENTER *Fort Bend*  
TOTALS: 5,804.96

APPROVED ON

APR 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



RUN DATE:04/19/23  
TIME:14:32

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/19/23 THRU 04/19/23

PAGE 11  
GLCKREG

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

NHS 001264 04/19/23 5,571.36 MEMORIAL MEDICAL CENTER  
NHS 001265 04/19/23 2,765.00 GOLDEN CREEK  
TOTALS: 8,336.36

*Salem*

APPROVED ON

APR 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:04/19/23  
TIME:14:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/19/23 THRU 04/19/23

PAGE 10  
GLCKREG

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

NHG 000181 04/19/23 26,463.78 MEMORIAL MEDICAL CENTER  
TOTALS: 26,463.78

*golden creek*

RUN DATE:04/19/23  
TIME:14:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/19/23 THRU 04/19/23

PAGE 5  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPP 001102 04/19/23 20,071.38 MEMORIAL MEDICAL CENTER  
TOTALS: 20,071.38

*gulf Point & PP*

**APPROVED ON**

**APR 19 2023**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**



RUN DATE:04/19/23  
TIME:14:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/19/23 THRU 04/19/23

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GLCKREG

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

TUS 001121 04/19/23 10,996.72 MEMORIAL MEDICAL CENTER *Tuscany*  
TOTALS: 10,996.72

APPROVED ON

APR 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE:04/19/23  
TIME:14:21

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/19/23 THRU 04/19/23

PAGE 4  
GLCKREG

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

BSL 001020 04/19/23 21,677.09 MEMORIAL MEDICAL CENTER  
TOTALS: 21,677.09

*Bethany*

APPROVED ON

APR 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS


QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

4/19/2023

NH Name	From Bank Acct #	Ck #	Payee	GL #	MOLINA FEB QIPP	SUPERIOR FEB QIPP		TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040	18,594.56			18,594.56 ✓	4/19/2023
Broadmoor ✓	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040	6,967.39			6,967.39 ✓	4/19/2023
Crescent ✓	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040	4,763.50			4,763.50 ✓	4/19/2023
Fort Bend ✓	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040	5,804.96			5,804.96 ✓	4/19/2023
Solera ✓	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040	5,571.36			5,571.36 ✓	4/19/2023
Golden Creek ✓	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040		26,463.78		26,463.78 ✓	4/19/2023
Gulf Pointe-PP ✓	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040		20,071.38		20,071.38 ✓	4/19/2023
Gulf Pointe-MM ✓	10000025 - Prosperity		MMC - Prosperity Operating #10000001	10255040				- ✓	4/19/2023
Bethany ✓			MMC - Prosperity Operating #10000001	10255040		21,677.09		21,677.09 ✓	4/19/2023
Tuscany ✓			MMC - Prosperity Operating #10000001	10255040	10,996.72			10,996.72 ✓	4/19/2023
			<b>Total:</b>		<b>52,698.49</b>	<b>68,212.25</b>	<b>-</b>	<b>120,910.74</b>	

Note:

Approved   
 ANDREW DE LOS SANTOS 4/17/2023