

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---May 03, 2023**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 379,845.57	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 122,298.89	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 2,840,229.02	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED May 03, 2023	\$ 3,342,373.48	✓

**APPROVED**

**MAY 03 2023**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---May 03, 2023**

**PAYABLES AND PAYROLL**

4/27/2023 Weekly Payables	115,768.58
4/27/2023 Patient Refunds	781.44
5/1/2023 Medical Air Servicesm Assoc.-medical transport insurance	1,716.00
5/1/2023 Blue Cross Blue Shield-medical/dental insurance	231,663.18
5/1/2023 Dearborn Life Insurance Company-life insurance	3,991.47
5/1/2023 Sun Life Financial-life-accidental insurance	10,765.40
5/1/2023 Legal shield-insurance	324.20
5/1/2023 Calhoun County-Voyager/fuel	214.89
5/1/2023 McKesson-340B Prescription Expense	10,119.10
5/1/2023 Amerisource Bergen-340B Prescription Expense	3,669.00

**Prosperity Electronic Bank Payments**

4/24-4/28/23 Pay Plus-Patient Claims Processing Fee	225.04
4/28/2023 ExpertPay- child support	607.27

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 379,845.57**

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

4/27/2023 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating	7,124.99
4/27/2023 MMC Operating to Broadmoor-correction of NH Insurance payment deposited into MMC Operating	9,312.80
4/27/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	19,809.53
4/27/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	14,399.29
4/27/2023 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	56,605.22
4/27/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating	15,047.06

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 122,298.89**

**NURSING HOME UPL EXPENSES**

5/1/2023 Nursing Home UPL-Cantex Transfer	1,225,403.66
5/1/2023 Nursing Home UPL-Nexion Transfer	143,576.27
5/1/2023 Nursing Home UPL-HMG Transfer	130,499.34
5/1/2023 Nursing Home UPL-Tuscany Transfer	423,500.38
5/1/2023 Nursing Home UPL-HSL Transfer	502,356.85

**QIPP CHECKS TO MMC**

5/1/2023 Ashford	34,097.16
5/1/2023 Broadmoor	50,190.93
5/1/2023 Crescent	8,007.38
5/1/2023 Fort Bend	4,214.50
5/1/2023 Solera	27,770.03
5/1/2023 Golden Creek	118,319.44
5/1/2023 Gulf Pointe	101,017.26
5/1/2023 Tuscany	6,471.47

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

5/1/2023 Golden Creek to Gulf Pointe Plaza-correction of Gulf Pointe Plaza insurance payment deposited into Golden Creek in error	217.06
5/1/2023 Crescent to Tuscany-correction of Tuscany insurance payment deposited into Crescent in error	64,587.29

**TOTAL NURSING HOME UPL EXPENSES** **\$ 2,840,229.02**

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

**GRAND TOTAL DISBURSEMENTS APPROVED May 03, 2023** **\$ 3,342,373.48**

RECEIVED BY THE  
COUNTY AUDITOR ON

APR 27 2023

04/27/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Due Dates Through: 05/18/2023

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10995	ABILITY NETWORK (SHIFTHOUND) ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	23M-0048858 ✓		04/26/20	04/07/20	05/07/20		701.84	0.00	0.00	701.84 ✓			
	SCHEDULING												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		10995	ABILITY NETWORK (SHIFTHOUND)				701.84	0.00	0.00	701.84			
R1200	ADT COMMERCIAL ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	150008741 ✓		04/25/20	04/03/20	04/28/20		53.61	0.00	0.00	53.61 ✓			
	FIRE MONITORING												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		R1200	ADT COMMERCIAL				53.61	0.00	0.00	53.61			
11960	ALAMO SCIENTIFIC, INC ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	928202 ✓		04/25/20	04/17/20	05/17/20		147.00	0.00	0.00	147.00 ✓			
	SUPPLIES												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		11960	ALAMO SCIENTIFIC, INC				147.00	0.00	0.00	147.00			
14028	AMAZON CAPITAL SERVICES ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	1LD7-X6G3-JVY9 ✓		04/18/20	04/13/20	05/13/20		10.97	0.00	0.00	10.97 ✓			
	SUPPLIES												
	19F4-TLY6-HCJT ✓		04/18/20	04/14/20	05/14/20		25.99	0.00	0.00	25.99 ✓			
	SUPPLIES												
	1MTR-WV4H-PRKP ✓		04/25/20	02/26/20	03/28/20		54.95	0.00	0.00	54.95 ✓			
	SUPPLIES												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		14028	AMAZON CAPITAL SERVICES				91.91	0.00	0.00	91.91			
A1360	AMERISOURCEBERGEN DRUG CORP ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	3131119082 ✓		04/26/20	04/24/20	04/30/20		289.20	0.00	0.00	289.20 ✓			
	INVENTORY												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		A1360	AMERISOURCEBERGEN DRUG CORP				289.20	0.00	0.00	289.20			
A2218	AQUA BEVERAGE COMPANY ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	258905 ✓		04/26/20	03/31/20	04/25/20		10.00	0.00	0.00	10.00 ✓			
	WATER LATE FEE												
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net			
		A2218	AQUA BEVERAGE COMPANY				10.00	0.00	0.00	10.00			
B1220	BECKMAN COULTER INC ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110565744	SUPPLIES	04/18/20	04/18/20	05/13/20		84.50	0.00	0.00	84.50		
5472650	SUPPLIES	04/25/20	04/21/20	05/16/20		1,935.15	0.00	0.00	1,935.15		
5472322	LEASE	04/26/20	04/13/20	05/08/20		5,016.58	0.00	0.00	5,016.58		
110562930	CONTRACT	04/26/20	04/17/20	05/12/20		1,288.45	0.00	0.00	1,288.45		
<b>Vendor Totals:</b>						<b>Number</b>	<b>Name</b>	<b>Gross</b>	<b>Discount</b>	<b>No-Pay</b>	<b>Net</b>
						B1220	BECKMAN COULTER INC	8,324.68	0.00	0.00	8,324.68
<b>Vendor#</b>	<b>Vendor Name</b>			<b>Class</b>	<b>Pay Code</b>						
13892	BLUE CROSS BLUE SHIELD REFUND										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
215936	PT REFUND	04/26/20	04/21/20	05/15/20		50.63	0.00	0.00	50.63		
<b>Vendor Totals:</b>						<b>Number</b>	<b>Name</b>	<b>Gross</b>	<b>Discount</b>	<b>No-Pay</b>	<b>Net</b>
						13892	BLUE CROSS BLUE SHIELD REFUND	50.63	0.00	0.00	50.63
<b>Vendor#</b>	<b>Vendor Name</b>			<b>Class</b>	<b>Pay Code</b>						
B1655	BOSTON SCIENTIFIC CORPORATION			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
991323060	SUPPLIES	04/25/20	04/13/20	05/13/20		401.00	0.00	0.00	401.00		
<b>Vendor Totals:</b>						<b>Number</b>	<b>Name</b>	<b>Gross</b>	<b>Discount</b>	<b>No-Pay</b>	<b>Net</b>
						B1655	BOSTON SCIENTIFIC CORPORATION	401.00	0.00	0.00	401.00
<b>Vendor#</b>	<b>Vendor Name</b>			<b>Class</b>	<b>Pay Code</b>						
14064	CAPITAL ONE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1648200998	SUPPLIES	04/26/20	04/19/20	05/14/20		1,090.54	0.00	0.00	1,090.54		
<b>Vendor Totals:</b>						<b>Number</b>	<b>Name</b>	<b>Gross</b>	<b>Discount</b>	<b>No-Pay</b>	<b>Net</b>
						14064	CAPITAL ONE	1,090.54	0.00	0.00	1,090.54
<b>Vendor#</b>	<b>Vendor Name</b>			<b>Class</b>	<b>Pay Code</b>						
C1325	CARDINAL HEALTH 414, INC.			W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8003139855	SUPPLIES	04/26/20	03/31/20	04/25/20		413.42	0.00	0.00	413.42		
<b>Vendor Totals:</b>						<b>Number</b>	<b>Name</b>	<b>Gross</b>	<b>Discount</b>	<b>No-Pay</b>	<b>Net</b>
						C1325	CARDINAL HEALTH 414, INC.	413.42	0.00	0.00	413.42
<b>Vendor#</b>	<b>Vendor Name</b>			<b>Class</b>	<b>Pay Code</b>						
C1992	CDW GOVERNMENT, INC.			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
HW67484	SUPPLIES	04/25/20	04/10/20	05/10/20		168.89	0.00	0.00	168.89		
HW54179	SUPPLIES	04/25/20	04/10/20	05/10/20		273.14	0.00	0.00	273.14		
<b>Vendor Totals:</b>						<b>Number</b>	<b>Name</b>	<b>Gross</b>	<b>Discount</b>	<b>No-Pay</b>	<b>Net</b>
						C1992	CDW GOVERNMENT, INC.	442.03	0.00	0.00	442.03
<b>Vendor#</b>	<b>Vendor Name</b>			<b>Class</b>	<b>Pay Code</b>						
11202	CFI MECHANICAL INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		

SD19552	✓	04/18/20	04/05/20	04/05/20	698.75	0.00	0.00	698.75	✓	
		LABOR/MATERIAL								
SD19553	✓	04/18/20	04/05/20	05/01/20	1,294.55	0.00	0.00	1,294.55	✓	
		SUPPLIES								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
		11202	CFI MECHANICAL INC		1,993.30	0.00	0.00	1,993.30		
Vendor#	Vendor Name	Class		Pay Code						
12768	CHEMAQUA	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8189740	✓	04/25/20	04/10/20	04/20/20			565.43	0.00	0.00	565.43
		WATER TREATMENT								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
		12768	CHEMAQUA		565.43	0.00	0.00	565.43		
Vendor#	Vendor Name	Class		Pay Code						
C1730	CITY OF PORT LAVACA	✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
041023C		04/27/20	04/10/20	05/05/20			63.62	0.00	0.00	63.62
		WATER - <i>rehab</i>								
041023A		04/27/20	04/10/20	05/05/20			2,178.68	0.00	0.00	2,178.68
		WATER - <i>Hospital</i>								
041023B		04/27/20	04/10/20	05/05/20			36.60	0.00	0.00	36.60
		WATER - <i>Hsp. tel</i>								
041023		04/27/20	04/10/20	05/05/20			81.12	0.00	0.00	81.12
		WATER - <i>clinic</i>								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA		2,360.02	0.00	0.00	2,360.02		
Vendor#	Vendor Name	Class		Pay Code						
13336	COCA COLA SOUTHWEST BEVERAGES	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
35065349008	✓	04/19/20	04/12/20	05/12/20			747.51	0.00	0.00	747.51
		BEVERAGES								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
		13336	COCA COLA SOUTHWEST BEVERAGES		747.51	0.00	0.00	747.51		
Vendor#	Vendor Name	Class		Pay Code						
C1970	CONMED CORPORATION	✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10188857	✓	04/25/20	04/18/20	05/10/20			96.25	0.00	0.00	96.25
		SUPPLIES								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION		96.25	0.00	0.00	96.25		
Vendor#	Vendor Name	Class		Pay Code						
14080	CORROHEALTH, INC.	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
900724	✓	04/24/20	03/31/20	04/30/20			2,218.40	0.00	0.00	2,218.40
		CODING SERVICES								
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
		14080	CORROHEALTH, INC.		2,218.40	0.00	0.00	2,218.40		
Vendor#	Vendor Name	Class		Pay Code						
10646	COVIDIEN	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5868739023	✓	04/18/20	04/07/20	04/17/20			344.16	0.00	0.00	344.16

SUPPLIES

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10646	COVIDIEN			344.16	0.00	0.00	344.16
Vendor#	Vendor Name			Class	Pay Code				
10509	DA&E ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
19848 ✓		04/26/20	04/17/20	05/01/20		2,190.00	0.00	0.00	2,190.00 ✓
PROF FEES/MEDICARE TEMP									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10509	DA&E			2,190.00	0.00	0.00	2,190.00
Vendor#	Vendor Name			Class	Pay Code				
10368	DEWITT POTH & SON ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
715443-0 ✓		04/18/20	04/13/20	05/08/20		172.40	0.00	0.00	172.40 ✓
SUPPLIES									
715606-0 ✓		04/18/20	04/14/20	05/09/20		457.00	0.00	0.00	457.00 ✓
SUPPLIES									
716059-0 ✓		04/18/20	04/18/20	05/13/20		732.33	0.00	0.00	732.33 ✓
SUPPLIES									
716301-0 ✓		04/18/20	04/19/20	05/14/20		67.61	0.00	0.00	67.61 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON			1,429.34	0.00	0.00	1,429.34
Vendor#	Vendor Name			Class	Pay Code				
11291	DOWELL PEST CONTROL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
16893 ✓		04/26/20	04/24/20	04/25/20		505.00	0.00	0.00	505.00 ✓
PEST CONTROL									
16897 ✓		04/26/20	04/24/20	05/15/20		260.00	0.00	0.00	260.00 ✓
PEST CONTROL									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL			765.00	0.00	0.00	765.00
Vendor#	Vendor Name			Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
827549 ✓		04/25/20	04/18/20	05/15/20		169.50	0.00	0.00	169.50 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10042	ERBE USA INC SURGICAL SYSTEMS			169.50	0.00	0.00	169.50
Vendor#	Vendor Name			Class	Pay Code				
14336	FIRETRON, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
218893 ✓		04/26/20	02/07/20	03/07/20		285.00	0.00	0.00	285.00 ✓
MISC REPAIR - replace sensor L#30908									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		14336	FIRETRON, INC			285.00	0.00	0.00	285.00
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
2106885 ✓		04/25/20	04/12/20	05/07/20		43.25	0.00	0.00	43.25 ✓
SUPPLIES									

2106886	✓		04/25/20	04/12/20	05/07/20		866.39	0.00	0.00	866.39	✓			
		SUPPLIES												
2145862	✓		04/25/20	04/13/20	05/08/20		61.58	0.00	0.00	61.58	✓			
		SUPPLIES												
2145861	✓		04/25/20	04/13/20	05/08/20		133.28	0.00	0.00	133.28	✓			
		SUPPLIES												
2182475	✓		04/25/20	04/14/20	05/09/20		129.07	0.00	0.00	129.07	✓			
		SUPPLIES												
2182476	✓		04/25/20	04/14/20	05/09/20		79.14	0.00	0.00	79.14	✓			
		SUPPLIES												
2257374	✓		04/25/20	04/18/20	05/13/20		901.16	0.00	0.00	901.16	✓			
		SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net		
							F1400	FISHER HEALTHCARE	2,213.87	0.00	0.00	2,213.87		
Vendor#	Vendor Name		Class		Pay Code									
12636	FUSION CLOUD SERVICES, LLC													
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net					
28852843	✓	04/26/20	04/16/20	05/16/20	1603.95	1,609.46	0.00	0.00	1,609.46	1603.95	✓			
		PHONE												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net		
							12636	FUSION CLOUD SERVICES, LLC	1603.95	1,609.46	0.00	0.00	1,609.46	1603.95
Vendor#	Vendor Name		Class		Pay Code									
13060	GENZYME CORPORATION													
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net					
7030456322	✓	02/21/20	02/07/20	05/18/20		2,304.50	0.00	0.00	2,304.50	✓				
		INVENTORY												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net		
							13060	GENZYME CORPORATION	2,304.50	0.00	0.00	2,304.50		
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					
9674890075	✓	04/25/20	04/15/20	05/10/20		121.98	0.00	0.00	121.98	✓				
		SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net		
							W1300	GRAINGER	121.98	0.00	0.00	121.98		
Vendor#	Vendor Name		Class		Pay Code									
G1210	GULF COAST PAPER COMPANY		M											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net					
2382280	✓	04/18/20	04/18/20	05/18/20		644.97	0.00	0.00	644.97	✓				
		SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net		
							G1210	GULF COAST PAPER COMPANY	644.97	0.00	0.00	644.97		
Vendor#	Vendor Name		Class		Pay Code									
10334	HEALTH CARE LOGISTICS INC													
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net					
308931418	✓	04/18/20	04/19/20	05/14/20		391.00	0.00	0.00	391.00	✓				
		SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net		
							10334	HEALTH CARE LOGISTICS INC	391.00	0.00	0.00	391.00		
Vendor#	Vendor Name		Class		Pay Code									
11588	HHSC													

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
042523		04/26/20	04/25/20	05/15/20		500.00	0.00	0.00	500.00 ✓		
	INSPEC FEE										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11588	HHSC	500.00	0.00	0.00	500.00
Vendor#	Vendor Name				Class	Pay Code					
12868	HOLT CAT ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
WIEZ0037645 ✓		04/26/20	04/17/20	05/02/20		559.50	0.00	0.00	559.50 ✓		
	QTR INSPECTION - generator										
WIEZ0037646 ✓		04/26/20	04/17/20	05/02/20		559.50	0.00	0.00	559.50 ✓		
	QTR INSPECTION - generator										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12868	HOLT CAT	1,119.00	0.00	0.00	1,119.00
Vendor#	Vendor Name				Class	Pay Code					
10530	HUMANA ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
235503		04/26/20	04/20/20	05/15/20		45.31	0.00	0.00	45.31 ✓		
	PT REFUND										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10530	HUMANA	45.31	0.00	0.00	45.31
Vendor#	Vendor Name				Class	Pay Code					
14432	LGC CLINICAL DIAGNOSTICS, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
90214325 ✓		04/18/20	02/09/20	03/09/20		334.00	0.00	0.00	334.00 ✓		
	SUPPLIES										
90221162 ✓		04/18/20	04/06/20	04/25/20		1,511.00	0.00	0.00	1,511.00 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14432	LGC CLINICAL DIAGNOSTICS, INC.	1,845.00	0.00	0.00	1,845.00
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		
042023		04/25/20	04/20/20	05/03/20		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					
11203	MEDI-DOSE, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
0883537 ✓		04/25/20	03/29/20	04/25/20		260.10	0.00	0.00	260.10 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11203	MEDI-DOSE, INC	260.10	0.00	0.00	260.10
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		
2262126126 ✓		04/18/20	04/11/20	05/06/20		45.97	0.00	0.00	45.97 ✓		
	SUPPLIES										
2262508443 ✓		04/18/20	04/12/20	05/07/20		239.59	0.00	0.00	239.59 ✓		
	SUPPLIES										



2262718030	✓		04/25/20	04/13/20	05/08/20		465.83	0.00	0.00	465.83	✓	
		SUPPLIES										
2263325868	✓		04/25/20	04/18/20	05/13/20		7.82	0.00	0.00	7.82	✓	
		SUPPLIES										
2263323511	✓		04/25/20	04/18/20	05/13/20		37.69	0.00	0.00	37.69	✓	
		SUPPLIES										
2263411894	✓		04/25/20	04/18/20	05/13/20		221.58	0.00	0.00	221.58	✓	
		SUPPLIES										
2263325866	✓		04/25/20	04/18/20	05/13/20		59.25	0.00	0.00	59.25	✓	
		SUPPLIES										
2263325867	✓		04/25/20	04/18/20	05/13/20		71.75	0.00	0.00	71.75	✓	
		SUPPLIES										
2263715197	✓		04/25/20	04/20/20	05/15/20		645.68	0.00	0.00	645.68	✓	
		SUPPLIES										
2263715199	✓		04/25/20	04/20/20	05/15/20		3,634.20	0.00	0.00	3,634.20	✓	
		SUPPLIES										
2263715198	✓		04/25/20	04/20/20	05/15/20		74.64	0.00	0.00	74.64	✓	
		SUPPLIES										
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	5,504.00	0.00	0.00	5,504.00
Vendor#	Vendor Name		Class		Pay Code							
M2550	MELSTAN, INC. ✓		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
052328	✓		04/26/20	04/05/20	04/15/20		116.40	0.00	0.00	116.40	✓	
	SUPPLIES											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							M2550	MELSTAN, INC.	116.40	0.00	0.00	116.40
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		
042023			04/25/20	04/20/20	05/03/20		220.00	0.00	0.00	220.00	✓	
	PAYROLL DEDUCT											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							10963	MEMORIAL MEDICAL CLINIC	220.00	0.00	0.00	220.00
Vendor#	Vendor Name		Class		Pay Code							
M2621	MMC AUXILIARY GIFT SHOP ✓		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
042023			04/25/20	04/20/20	05/03/20		202.73	0.00	0.00	202.73	✓	
	PAYROLL DEDUCT											
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							M2621	MMC AUXILIARY GIFT SHOP	202.73	0.00	0.00	202.73
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		
9469269	✓		04/25/20	04/16/20	04/26/20		10.97	0.00	0.00	10.97	✓	
	INVENTORY											
9467110	✓		04/25/20	04/16/20	04/26/20		32.76	0.00	0.00	32.76	✓	
	INVENTORY											
9469270	✓		04/25/20	04/16/20	04/26/20		311.73	0.00	0.00	311.73	✓	
	INVENTORY											
9467109	✓		04/25/20	04/16/20	04/26/20		214.23	0.00	0.00	214.23	✓	

9467108	✓	INVENTORY	04/25/20 04/16/20 04/26/20	95.19	0.00	0.00	95.19	✓
9472216	✓	INVENTORY	04/25/20 04/17/20 04/27/20	701.06	0.00	0.00	701.06	✓
9475940	✓	INVENTORY	04/25/20 04/18/20 04/28/20	602.16	0.00	0.00	602.16	✓
CM26690	✓	INVENTORY	04/25/20 04/18/20 04/28/20	-13.08	0.00	0.00	-13.08	✓
9478335	✓	CREDIT	04/25/20 04/18/20 04/28/20	1,727.21	0.00	0.00	1,727.21	✓
9478334	✓	INVENTORY	04/25/20 04/18/20 04/28/20	546.13	0.00	0.00	546.13	✓
CM26891	✓	INVENTORY	04/25/20 04/19/20 04/29/20	-11.51	0.00	0.00	-11.51	✓
9481140	✓	CREDIT	04/25/20 04/19/20 04/29/20	60.42	0.00	0.00	60.42	✓
9483883	✓	INVENTORY	04/25/20 04/19/20 04/29/20	6.63	0.00	0.00	6.63	✓
9481141	✓	INVENTORY	04/25/20 04/19/20 04/29/20	93.45	0.00	0.00	93.45	✓
CM27299	✓	INVENTORY	04/25/20 04/20/20 04/30/20	-14.48	0.00	0.00	-14.48	✓
9489834	✓	CREDIT	04/25/20 04/20/20 04/30/20	246.49	0.00	0.00	246.49	✓
9489833	✓	INVENTORY	04/25/20 04/20/20 04/30/20	68.85	0.00	0.00	68.85	✓
9495790	✓	INVENTORY	04/25/20 04/23/20 05/03/20	6,760.80	0.00	0.00	6,760.80	✓
9494049	✓	INVENTORY	04/25/20 04/23/20 05/03/20	2,456.57	0.00	0.00	2,456.57	✓
9494050	✓	INVENTORY	04/25/20 04/23/20 05/03/20	15.13	0.00	0.00	15.13	✓
9494048	✓	INVENTORY	04/25/20 04/23/20 05/03/20	10.48	0.00	0.00	10.48	✓
9495789	✓	INVENTORY	04/25/20 04/23/20 05/03/20	72.22	0.00	0.00	72.22	✓
9497361	✓	INVENTORY	04/26/20 04/24/20 05/04/20	3.49	0.00	0.00	3.49	✓
9497364	✓	INVENTORY	04/26/20 04/24/20 05/04/20	21.95	0.00	0.00	21.95	✓
9497362	✓	INVENTORY	04/26/20 04/24/20 05/04/20	5.97	0.00	0.00	5.97	✓
9497365	✓	INVENTORY	04/26/20 04/24/20 05/04/20	2,489.36	0.00	0.00	2,489.36	✓
9497366	✓	INVENTORY	04/26/20 04/24/20 05/04/20	159.12	0.00	0.00	159.12	✓
9497363	✓	INVENTORY	04/26/20 04/24/20 05/04/20	1,220.60	0.00	0.00	1,220.60	✓
9502184	✓	INVENTORY	04/26/20 04/25/20 05/05/20	5,417.31	0.00	0.00	5,417.31	✓

9506163	✓		04/26/20	04/25/20	05/05/20		192.76	0.00	0.00	192.76	✓	
		INVENTORY										
CM28437	✓		04/26/20	04/25/20	05/05/20		-8.59	0.00	0.00	-8.59	✓	
		CREDIT										
9506164	✓		04/26/20	04/25/20	05/05/20		2,625.20	0.00	0.00	2,625.20	✓	
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			10536	MORRIS & DICKSON CO, LLC			26,120.58	0.00	0.00	26,120.58		
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		
8023	✓		04/25/20	04/20/20	04/30/20		243.32	0.00	0.00	243.32	✓	
		TRANSCRIPTION										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			13548	NACOGDOCHES TRANSCRIPTION			243.32	0.00	0.00	243.32		
Vendor#	Vendor Name		Class		Pay Code							
11472	OCCUPRO LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
29899	✓		04/26/20	03/07/20	04/06/20		502.11	0.00	0.00	502.11	✓	
		MONTHLY LICENSE										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			11472	OCCUPRO LLC			502.11	0.00	0.00	502.11		
Vendor#	Vendor Name		Class		Pay Code							
13468												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
233872	✓		04/24/20	03/31/20	04/15/20		120.00	0.00	0.00	120.00	✓	
		PATIENT REFUND										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			13468				120.00	0.00	0.00	120.00		
Vendor#	Vendor Name		Class		Pay Code							
14764	PL-CPR, LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
236	✓		04/26/20	04/18/20	05/15/20		385.00	0.00	0.00	385.00	✓	
		BLS CERT										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			14764	PL-CPR, LLC			385.00	0.00	0.00	385.00		
Vendor#	Vendor Name		Class		Pay Code							
11080	RADSOURCE											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
SC32090523	✓		04/26/20	04/12/20	05/07/20		1,791.67	0.00	0.00	1,791.67	✓	
		SERV AGREEMENT										
SC32690523	✓		04/26/20	04/16/20	05/11/20		1,708.33	0.00	0.00	1,708.33	✓	
		SERV AGREEMENT										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			11080	RADSOURCE			3,500.00	0.00	0.00	3,500.00		
Vendor#	Vendor Name		Class		Pay Code							
11764	ROBERT RODRIQUEZ											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
042123			04/26/20	04/21/20	05/03/20		46.11	0.00	0.00	46.11	✓	
		TRAVEL REIMB (4117-travel to Sam's)										
042323			04/26/20	04/23/20	05/03/20		46.05	0.00	0.00	46.05	✓	

TRAVEL REIMB (4/23- travel to Sam's)

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11764	ROBERT RODRIQUEZ			92.16	0.00	0.00	92.16
Vendor#	Vendor Name			Class	Pay Code				
S0900	SAM'S CLUB DIRECT ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
041023		04/26/20	04/10/20	05/08/20		975.18	0.00	0.00	975.18 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		S0900	SAM'S CLUB DIRECT			975.18	0.00	0.00	975.18
Vendor#	Vendor Name			Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
116360485 ✓		04/26/20	04/16/20	05/11/20		2,375.92	0.00	0.00	2,375.92 ✓
EVO EXCEL CONTRACT									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC			2,375.92	0.00	0.00	2,375.92
Vendor#	Vendor Name			Class	Pay Code				
10094	ST DAVIDS HEALTHCARE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
MMCP2022-11 ✓		04/25/20	12/22/20	01/22/20		470.00	0.00	0.00	470.00 ✓
NOV 22 CONNECTIVITY FEE									
MMCP2023-03 ✓		04/26/20	04/26/20	05/15/20		420.00	0.00	0.00	420.00 ✓
MARCH 23 CONNNECTIVITY F									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10094	ST DAVIDS HEALTHCARE			890.00	0.00	0.00	890.00
Vendor#	Vendor Name			Class	Pay Code				
10845	STAPLES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3534340126 ✓		04/25/20	03/31/20	04/25/20		69.82	0.00	0.00	69.82 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10845	STAPLES			69.82	0.00	0.00	69.82
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
11065644 ✓		04/18/20	04/13/20	05/08/20		337.36	0.00	0.00	337.36 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION			337.36	0.00	0.00	337.36
Vendor#	Vendor Name			Class	Pay Code				
T0420	TELEFLEX MEDICAL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9506706743 ✓		04/25/20	03/10/20	04/10/20		2,217.00	0.00	0.00	2,217.00 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		T0420	TELEFLEX MEDICAL			2,217.00	0.00	0.00	2,217.00
Vendor#	Vendor Name			Class	Pay Code				
13224	TORCH ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2228668 ✓		04/26/20	03/01/20	04/01/20		17,835.00	0.00	0.00	17,835.00 ✓

2228894 ✓ INTERIM CFO MAR 23 (311-3/31/23) 04/26/20 03/14/20 04/14/20 5,638.28 0.00 0.00 5,638.28 ✓

2229125 ✓ FEB 23 EXPENSES 04/26/20 03/28/20 04/28/20 4,011.23 0.00 0.00 4,011.23 ✓

MAR 23 EXPENSES

Vendor Totals Number Name Gross Discount No-Pay Net  
13224 TORCH 27,484.51 0.00 0.00 27,484.51

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  
INV1796738440 ✓ 04/25/20 04/14/20 05/14/20 4,615.00 0.00 0.00 4,615.00 ✓

STEVEN SHAW 4/2-4/8 ✓

Vendor Totals Number Name Gross Discount No-Pay Net  
14372 TRIAGE, LLC 4,615.00 0.00 0.00 4,615.00

Vendor# Vendor Name Class Pay Code

U1064 UNIFIRST HOLDINGS INC ✓  
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net  
2921001422 ✓ 04/26/20 04/13/20 05/08/20 80.23 0.00 0.00 80.23 ✓

LAUNDRY

2921001627 ✓ 04/26/20 04/17/20 05/12/20 59.45 0.00 0.00 59.45 ✓

LAUNDRY

2921001626 ✓ 04/26/20 04/17/20 05/12/20 2,459.16 0.00 0.00 2,459.16 ✓

LAUNDRY

Vendor Totals Number Name Gross Discount No-Pay Net  
U1064 UNIFIRST HOLDINGS INC 2,598.84 0.00 0.00 2,598.84

Vendor# Vendor Name Class Pay Code

14192 UNITED HEALTHCARE ✓  
Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net  
228291 ✓ 04/26/20 04/05/20 05/05/20 120.18 0.00 0.00 120.18 ✓

PT REFUND ANGELITA DAVILA

229253 ✓ 04/26/20 04/05/20 05/05/20 187.54 0.00 0.00 187.54 ✓

PT REFUND MARIA E SANCHE

230411 ✓ 04/27/20 04/05/20 05/05/20 45.62 0.00 0.00 45.62 ✓

PT REFUND

Vendor Totals Number Name Gross Discount No-Pay Net  
14192 UNITED HEALTHCARE 353.34 0.00 0.00 353.34

Report Summary

Gross	Discount	No-Pay	Net
115,774.09	0.00	0.00	115,774.09

115,774.09 +  
1,609.46 -  
1,603.95 +  
115,768.56

pg 5 correction { <1603.957  
{ +1609.46  
115,768.56

APPROVED ON  
APR 27 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS CK# 199109-199174

RECEIVED BY THE  
COUNTY AUDITOR ON  
RUN DATE: 04/25/23  
TIME: 09:32

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1  
APCDEDIT

APR 27 2023

PATIENT

NUMBER PAYEE NAME

DATE

PAY PAT  
AMOUNT CODE TYPE DESCRIPTION

CL NUM

042623	10.00 ✓	2	REFUND FOR
042623	25.00 ✓	2	REFUND FOR
042623	150.00 ✓	3	REFUND FOR
042623	100.00 ✓	3	REFUND FOR
042623	130.00 ✓	2	REFUND FOR
042623	75.00 ✓	2	REFUND FOR
042623	82.44 ✓	2	REFUND FOR
042623	20.00 ✓	2	REFUND FOR
042623	189.00 ✓	2	REFUND FOR

ARID=0001 TOTAL

781.44

TOTAL

781.44

APPROVED ON

APR 27 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK#199181-199189

MAY 01 2023

CALHOUN COUNTY, TEXAS

05/01/2023

10:32

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11612 MEDICAL AIR SERVICES ASSOC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1514211		04/28/20	04/27/20	05/15/20		1,716.00	0.00	0.00	1,716.00 ✓

PAYROLL DEDUCT - *medical transport insurance*

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11612		MEDICAL AIR SERVICES ASSOC.	1,716.00	0.00	0.00	1,716.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,716.00	0.00	0.00	1,716.00

APPROVED ON

APR 26 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 199149

MAY 01 2023

CALHOUN COUNTY, TEXAS

05/01/2023

MEMORIAL MEDICAL CENTER

10:34

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

12324 BLUE CROSS BLUE SHIELD

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041723		04/28/20	04/17/20	05/01/20		231,663.18	0.00	0.00	231,663.18 ✓

MAY 23 INSURANCE - *Medical / dental*

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD	231,663.18	0.00	0.00	231,663.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	231,663.18	0.00	0.00	231,663.18

APPROVED ON

APR 26 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 199117



RECEIVED BY THE  
COUNTY AUDITOR ON

MAY 01 2023

CALHOUN COUNTY, TEXAS

05/01/2023

10:33

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

14292 DEARBORN LIFE INSURANCE COMPAN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041323	life insurance	04/28/20	04/13/20	05/01/20		3,991.47	0.00	0.00	3,991.47 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	14292	DEARBORN LIFE INSURANCE COMPAN	3,991.47	0.00	0.00	3,991.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,991.47	0.00	0.00	3,991.47

APPROVED ON

APR 26 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 199131

RECEIVED BY THE  
COUNTY AUDITOR ON

MAY 01 2023

CALHOUN COUNTY, TEXAS

05/01/2023

10:32

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

12476 SUN LIFE FINANCIAL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
042523		04/28/20	04/25/20	05/01/20		10,765.40	0.00	0.00	10,765.40 ✓

LIFE INS PAYROLL DEDUCT

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL	10,765.40	0.00	0.00	10,765.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,765.40	0.00	0.00	10,765.40

APPROVED ON

APR 26 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 199109

RECEIVED BY THE  
COUNTY AUDITOR ON

MAY 01 2023

05/01/2023  
CALHOUN COUNTY, TEXAS  
10:32

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

11600 LEGAL SHIELD ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041523		04/28/20	04/15/20	05/01/20		324.20	0.00	0.00	324.20 ✓

PAYROLL DEDUCT

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11600	11600	LEGAL SHIELD	324.20	0.00	0.00	324.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	324.20	0.00	0.00	324.20

APPROVED ON

APR 26 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#199145

MAY 01 2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

05/01/2023

10:31

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

C1048 CALHOUN COUNTY

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040423		04/28/20	04/04/20	05/08/20		214.89	0.00	0.00	214.89

FUEL - Voyager

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
C1048		CALHOUN COUNTY	214.89	0.00	0.00	214.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	214.89	0.00	0.00	214.89

APPROVED ON

APR 26 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CLC# 199119

# McKESSON

# STATEMENT

As of: 04/28/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 04/28/2023  
Mail to:

Page: 002  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory:

Customer: 632536  
Date: 04/29/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536  
Date: 04/29/2023

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 10,325.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 18/07/2017 2,451.97

If Paid By 05/02/2023,  
Pay This Amount: 10,119.10 USD

If Paid After 05/02/2023,  
Pay this Amount: 10,325.61 USD

Due If Paid On Time:  
USD 10,119.10 ✓

Disc lost if paid late:  
206.51

Due If Paid Late:  
USD 10,325.61

*Andrew Dufresne Santos*  
*5/1/23*

8,865.24 ✓  
1,215.57 +  
38.29 +  
10,119.10 \*

APPROVED ON

MAY 01 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

As of: 04/28/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 04/28/2023  
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: 04/29/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342  
Date: 04/29/2023

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
<b>Customer Number 256342 WALMART 1098/MEM MED PHS</b>											
14/24/2023	05/02/2023	7413232704	72120153	115Invoice	15.89	794.45		778.56	✓	7413232704	
14/24/2023	05/02/2023	7413232705	72160131	115Invoice	0.01	0.32		0.31	✓	7413232705	
14/24/2023	05/02/2023	7413232706	72198881	115Invoice	42.42	2,121.10		2,078.68	✓	7413232706	
14/24/2023	05/02/2023	7413232707	72235752	115Invoice	1.33	66.65		65.32	✓	7413232707	
14/24/2023	05/02/2023	7413232709	72235752	115Invoice		0.16		0.16	✓	7413232709	
14/24/2023	05/02/2023	7413282163	72331654	115Invoice	16.12	805.95		789.83	✓	7413282163	
14/24/2023	05/02/2023	7413282166	72331654	115Invoice	0.67	33.33		32.66	✓	7413282166	
14/24/2023	05/02/2023	7413481165	72101261	195Invoice	0.67	33.33		32.66	✓	7413481165	
14/25/2023	05/02/2023	7413575050	72372791	115Invoice	15.89	794.45		778.56	✓	7413575050	
14/25/2023	05/02/2023	7413575052	72443123	115Invoice	15.89	794.65		778.76	✓	7413575052	
14/25/2023	05/02/2023	7413779922	72378871	195Invoice	7.17	358.49		351.32	✓	7413779922	
14/26/2023	05/02/2023	7413872726	72528385	115Invoice		0.16		0.16	✓	7413872726	
14/26/2023	05/02/2023	7413872727	72605287	115Invoice	2.63	131.49		128.86	✓	7413872727	
14/26/2023	05/02/2023	7413876156	72598305	115Invoice	31.78	1,588.90		1,557.12	✓	7413876156	
14/26/2023	05/02/2023	7413876157	72598305	115Invoice	2.63	131.49		128.86	✓	7413876157	
14/26/2023	05/02/2023	7414067783	72534043	115Invoice	8.50	425.14		416.64	✓	7414067783	
14/27/2023	05/02/2023	7414152427	72665104	115Invoice	4.05	202.72		198.67	✓	7414152427	
14/27/2023	05/02/2023	7414492406	72793772	115Invoice	0.02	0.95		0.93	✓	7414492406	
14/28/2023	05/02/2023	7414436699	72785110	115Invoice	2.31	115.41		113.10	✓	7414436699	
14/28/2023	05/02/2023	7414440602	72854535	115Invoice	12.94	647.02		634.08	✓	7414440602	

APPROVED ON  
APPROVED ON

MAY 01 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

As of: 04/28/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 04/28/2023  
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: 04/29/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342  
Date: 04/29/2023

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 9,046.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,139.05  
04/24/2023

If Paid By 05/02/2023,  
Pay This Amount:

8,865.24 USD

If Paid After 05/02/2023,  
Pay this Amount:

9,046.16 USD

Due If Paid On Time:

USD 8,865.24 ✓

Disc lost if paid late: 180.92

Due If Paid Late:

USD 9,046.16

*Andrew DeLos Santos*  
5/1/23

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 04/28/2023

Page: 001

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

Company: 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

DC: 8115

Territory: 400

Customer: 835434

Date: 04/29/2023

As of: 04/28/2023 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434 PLEASE CHECK ANY  
Date: 04/29/2023 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										
04/26/2023	05/02/2023	7413861882	2328183	115Invoice	0.23	11.36		11.13	✓	7413861882
04/26/2023	05/02/2023	7413861883	2328183	115Invoice	0.02	1.08		1.06	✓	7413861883
04/26/2023	05/02/2023	7413861884	2328183	115Invoice	24.56	1,227.94		1,203.38	✓	7413861884

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

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

Subtotals: 1,240.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 04/24/2023 7,139.05

If Paid By 05/02/2023,  
Pay This Amount: 1,215.57 USD

If Paid After 05/02/2023,  
Pay this Amount: 1,240.38 USD

Due If Paid On Time: USD 1,215.57 ✓  
Disc lost if paid late: 24.81  
Due If Paid Late: USD 1,240.38

*Andrew D. Santos*  
5/1/23

APPROVED ON

MAY 01 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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



# MCKESSON

# STATEMENT

As of: 04/28/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 04/28/2023  
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: 04/29/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438 PLEASE CHECK ANY  
Date: 04/29/2023 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									
04/26/2023	05/02/2023	7414055056	2328184	115Invoice	0.78	39.07		38.29	✓	7414055056

\*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: 39.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,139.05  
04/24/2023

If Paid By 05/02/2023,  
Pay This Amount: 38.29 USD

If Paid After 05/02/2023,  
Pay this Amount: 39.07 USD

Due If Paid On Time: USD 38.29 ✓  
Disc lost if paid late: 0.78  
Due If Paid Late: USD 39.07

APPROVED ON

MAY 01 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*Andrew DeLoe Senter*  
5/1/23

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

**Serviced By:**  
AMERISOURCEBERGEN DRUG CORP  
12727 W. AIRPORT BLVD  
SUGAR LAND TX 77478-6101  
  
DEA: RA0289276  
866-451-9655

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

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

**Customer Number**

100135284 / 037028186

**Terms**

Sat - Fri Due in 7 days

**Summary**

Not Yet Due:	0.00
Current:	3,669.00
Past Due:	0.00
Total Due:	3,669.00
Account Balance:	3,669.00

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-24-2023	05-05-2023	3131040183	170547	Invoice	813.77		0.00	813.77 ✓
04-24-2023	05-05-2023	3131040184	170548	Invoice	196.00		0.00	196.00 ✓
04-24-2023	05-05-2023	3131082495	170597	Invoice	849.17		0.00	849.17 ✓
04-25-2023	05-05-2023	3131214084	170605	Invoice	2.98		0.00	2.98 ✓
04-26-2023	05-05-2023	3131363364	170611	Invoice	9.94		0.00	9.94 ✓
04-27-2023	05-05-2023	3131509418	170621	Invoice	833.29		0.00	833.29 ✓
04-28-2023	05-05-2023	3131660398	170629	Invoice	48.44		0.00	48.44 ✓
04-28-2023	05-05-2023	3131660399	170630	Invoice	57.31		0.00	57.31 ✓
04-28-2023	05-05-2023	352739834	170532	Invoice	(1.41)		0.00	(1.41) ✓
04-28-2023	05-05-2023	352739835	170532	Invoice	859.51		0.00	859.51 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
3,669.00	0.00	0.00	0.00	0.00	0.00	0.00

**Thank You for Your Payment**

Date	Amount
04-28-2023	(2,250.68)

**Reminders**

Due Date	Amount
05-05-2023	3,669.00 ✓
<b>Total Due:</b>	
	3,669.00

APPROVED ON

MAY 01 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*Andrew De la Cruz Santos*  
5/1/23

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 24, 2023 - April 30, 2023 ✓**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
4/28/2023	PAY PLUS ACHTRANS 452579291 101000693823855	- 3rd Party Payor Fee
4/28/2023	EXPERTPAY EXPERTPAY 746003411 91000010690483	- Child Support Payment
4/28/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
4/28/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
4/27/2023	PAY PLUS ACHTRANS 452579291 101000692827704	- 3rd Party Payor Fee
4/26/2023	PAY PLUS ACHTRANS 452579291 101000691878745	- 3rd Party Payor Fee
4/25/2023	PAY PLUS ACHTRANS 452579291 101000690816369	- 3rd Party Payor Fee
4/25/2023	MCKESSON DRUG AUTO ACH ACH05465563 910000135	- 340B Drug Program Expense
4/24/2023	PAY PLUS ACHTRANS 452579291 101000699803128	- 3rd Party Payor Fee

<u>Amount</u>	<u>CI</u>
191.47	191.47
607.27	0.40
2,250.68*	27.97
394,069.05*	4.21
0.40	0.99
27.97	225.04
4.21	Expertpay
7,139.05*	607.27
0.99	607.27
<b>404,291.09</b>	
	225.04
	607.27
	832.31

Andrew De Los Santos  
ANDREW DE LOS SANTOS  
Memorial Medical Center

May 1, 2023

\* Approved 04-20-23 CC

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

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

	404,291.09
	2,250.68
<u>Amount</u>	394,069.05
	7,139.05
	832.31
	832.31
	832.31
	0.00

Andrew De Los Santos  
ANDREW DE LOS SANTOS  
Memorial Medical Center

May 1, 2023

**APPROVED ON**

**MAY 01 2023**

**BY COUNTY AUDITOR  
GALHOUN COUNTY, TEXAS**

RECEIVED BY THE  
COUNTY AUDITOR ON

APR 27 2023

04/27/2023

09:53

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11828 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041823		04/25/20	04/18/20	05/19/20		7,124.99	0.00	0.00	7,124.99 ✓

TRANSFER NH insurance pymt deposited into mme operating

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	7,124.99	0.00	0.00	7,124.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,124.99	0.00	0.00	7,124.99

APPROVED ON

APR 27 2023

COUNTY AUDITOR  
COUNTY, TEXAS

CL#199179

RECEIVED BY THE  
COUNTY AUDITOR ON

APR 27 2023

04/27/2023

09:54

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041823		04/25/20	04/18/20	05/19/20		9,312.80	0.00	0.00	9,312.80 ✓

TRANSFER *NH insurance pymt deposited into mmc operating*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	9,312.80	0.00	0.00	9,312.80

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,312.80	0.00	0.00	9,312.80

APPROVED ON

APR 27 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#199174

RECEIVED BY THE COUNTY AUDITOR ON

04/27/2023  
APR 27 2023  
09:44

MEMORIAL MEDICAL CENTER

AP Open Invoice List  
Dates Through:  
Class Pay Code

0  
ap\_open\_invoice.template

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	041823		04/25/20	04/18/20	05/19/20		7,110.00	0.00	0.00	7,110.00 ✓
		041823B	TRANSFER	04/25/20	04/18/20	05/19/20		9,213.52	0.00	0.00	9,213.52 ✓
		041823A	TRANSFER	04/25/20	04/18/20	05/19/20		835.75	0.00	0.00	835.75 ✓
		041923A	TRANSFER	04/26/20	04/19/20	05/19/20		685.57	0.00	0.00	685.57 ✓
		041923	TRANSFER	04/26/20	04/19/20	05/19/20		1,048.33	0.00	0.00	1,048.33 ✓
		042023	TRANSFER	04/26/20	04/20/20	05/20/20		916.36	0.00	0.00	916.36 ✓
Vendor Total:								Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE							19,809.53	0.00	0.00	19,809.53

*N/H insurance pymt deposited into mme opacity*

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,809.53	0.00	0.00	19,809.53

APPROVED ON

APR 27 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#199177

RECEIVED BY THE  
COUNTY AUDITOR ON

APR 27 2023

04/27/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041823		04/25/20	04/18/20	05/19/20		3,036.35	0.00	0.00	3,036.35 ✓
041923	TRANSFER	NH insurance pymt deposited into MME opent				11,009.36	0.00	0.00	11,009.36 ✓
042023	TRANSFER	04/26/20	04/19/20	05/19/20		353.58	0.00	0.00	353.58 ✓
	TRANSFER	"							
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	14,399.29	0.00	0.00	14,399.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,399.29	0.00	0.00	14,399.29

APPROVED ON

APR 27 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CLK#19978

RECEIVED BY THE  
COUNTY AUDITOR ON

APR 27 2023

04/27/2023

09:45

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041823		04/25/20	04/18/20	05/19/20		12,778.13	0.00	0.00	12,778.13 ✓
041923	TRANSFER	<i>NH insurance pymt deposited into mmc operating</i>				7,600.00	0.00	0.00	7,600.00 ✓
041923A	TRANSFER	04/26/20	04/19/20	05/19/20		32,323.30	0.00	0.00	32,323.30 ✓
042023	TRANSFER	04/26/20	04/20/20	05/20/20		3,903.79	0.00	0.00	3,903.79 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	56,605.22	0.00	0.00	56,605.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	56,605.22	0.00	0.00	56,605.22

APPROVED ON

APR 27 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 199180



RECEIVED BY THE  
COUNTY AUDITOR ON

APR 27 2023

04/27/2023

09:54

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

12792 BETHANY SENIOR LIVING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
041723A		04/25/20	04/17/20	05/19/20		15,047.06	0.00	0.00	15,047.06 ✓

TRANSFER *NH insurance pymt deposited into WMC operating*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	15,047.06	0.00	0.00	15,047.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,047.06	0.00	0.00	15,047.06

APPROVED ON

APR 27 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 199175

☒

RUN DATE:05/02/23  
 TIME:12:20

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 05/03/23 THRU 05/03/23

PAGE 1  
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	199109	05/03/23	701.84	ABILITY NETWORK (SHIFTHOUND)
A/P	199110	05/03/23	53.61	ADT COMMERCIAL
A/P	199111	05/03/23	147.00	ALAMO SCIENTIFIC, INC
A/P	199112	05/03/23	91.91	AMAZON CAPITAL SERVICES
A/P	199113	05/03/23	289.20	AMERISOURCEBERGEN DRUG CORP
A/P	199114	05/03/23	10.00	AQUA BEVERAGE COMPANY
A/P	199115	05/03/23	8,324.68	BECKMAN COULTER INC
A/P	199116	05/03/23	231,663.18	BLUE CROSS BLUE SHIELD
A/P	199117	05/03/23	50.63	BLUE CROSS BLUE SHIELD REFUND
A/P	199118	05/03/23	401.00	BOSTON SCIENTIFIC CORPORATION
A/P	199119	05/03/23	214.89	CALHOUN COUNTY
A/P	199120	05/03/23	1,090.54	CAPITAL ONE
A/P	199121	05/03/23	413.42	CARDINAL HEALTH 414, INC.
A/P	199122	05/03/23	442.03	CDW GOVERNMENT, INC.
A/P	199123	05/03/23	1,993.30	CFI MECHANICAL INC
A/P	199124	05/03/23	565.43	CHEMAQUA
A/P	199125	05/03/23	2,360.02	CITY OF PORT LAVACA
A/P	199126	05/03/23	747.51	COCA COLA SOUTHWEST BEVERAGES
A/P	199127	05/03/23	96.25	CONMED CORPORATION
A/P	199128	05/03/23	2,218.40	CORROHEALTH, INC.
A/P	199129	05/03/23	344.16	COVIDIEN
A/P	199130	05/03/23	2,190.00	D&E
A/P	199131	05/03/23	3,991.47	DEARBORN LIFE INSURANCE COMPAN
A/P	199132	05/03/23	1,429.34	DEWITT POTH & SON
A/P	199133	05/03/23	765.00	DOWELL PEST CONTROL
A/P	199134	05/03/23	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	199135	05/03/23	285.00	FIRETRON, INC
A/P	199136	05/03/23	2,213.87	FISHER HEALTHCARE
A/P	199137	05/03/23	1,603.95	FUSION CLOUD SERVICES, LLC
A/P	199138	05/03/23	2,304.50	GENZYME CORPORATION
A/P	199139	05/03/23	121.98	GRAINGER
A/P	199140	05/03/23	644.97	GULF COAST PAPER COMPANY
A/P	199141	05/03/23	391.00	HEALTH CARE LOGISTICS INC
A/P	199142	05/03/23	500.00	HHSC
A/P	199143	05/03/23	1,119.00	HOLT CAT
A/P	199144	05/03/23	45.31	HUMANA
A/P	199145	05/03/23	324.20	LEGAL SHIELD
A/P	199146	05/03/23	1,845.00	LGC CLINICAL DIAGNOSTICS, INC.
A/P	199147	05/03/23	615.86	M G TRUST
A/P	199148	05/03/23	260.10	MEDI-DOSE, INC
A/P	199149	05/03/23	1,716.00	MEDICAL AIR SERVICES ASSOC.
A/P	199150	05/03/23	.00	VOIDED
A/P	199151	05/03/23	5,504.00	MEDLINE INDUSTRIES INC
A/P	199152	05/03/23	116.40	MELSTAN, INC.
A/P	199153	05/03/23	220.00	MEMORIAL MEDICAL CLINIC
A/P	199154	05/03/23	202.73	MMC AUXILIARY GIFT SHOP
A/P	199155	05/03/23	.00	VOIDED
A/P	199156	05/03/23	.00	VOIDED
A/P	199157	05/03/23	26,120.58	MORRIS & DICKSON CO, LLC
A/P	199158	05/03/23	243.32	NACOGDOCHES TRANSCRIPTION

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	199159	05/03/23	502.11	OCCUPRO LLC
A/P	199160	05/03/23	120.00	PATRICK KALISEK
A/P	199161	05/03/23	385.00	PL-CPR, LLC
A/P	199162	05/03/23	3,500.00	RADSOURCE
A/P	199163	05/03/23	92.16	ROBERT RODRIQUEZ
A/P	199164	05/03/23	975.18	SAM'S CLUB DIRECT
A/P	199165	05/03/23	2,375.92	SIEMENS MEDICAL SOLUTIONS INC
A/P	199166	05/03/23	890.00	ST DAVIDS HEALTHCARE
A/P	199167	05/03/23	69.82	STAPLES
A/P	199168	05/03/23	337.36	STERIS CORPORATION
A/P	199169	05/03/23	10,765.40	SUN LIFE FINANCIAL
A/P	199170	05/03/23	2,217.00	TELEFLEX MEDICAL
A/P	199171	05/03/23	27,484.51	TORCH
A/P	199172	05/03/23	4,615.00	TRIAGE, LLC
A/P	199173	05/03/23	2,598.84	UNIFIRST HOLDINGS INC
A/P	199174	05/03/23	353.34	UNITED HEALTHCARE
A/P	199175	05/03/23	15,047.06	BETHANY SENIOR LIVING
A/P	199176	05/03/23	9,312.80	BROADMOOR AT CREEKSIDE PARK
A/P	199177	05/03/23	19,809.53	GOLDENCREEK HEALTHCARE
A/P	199178	05/03/23	14,399.29	GULF POINTE PLAZA
A/P	199179	05/03/23	7,124.99	SOLERA WEST HOUSTON
A/P	199180	05/03/23	56,605.22	TUSCANY VILLAGE
A/P	199181	05/03/23	189.00	
A/P	199182	05/03/23	25.00	
A/P	199183	05/03/23	10.00	
A/P	199184	05/03/23	75.00	
A/P	199185	05/03/23	100.00	
A/P	199186	05/03/23	82.44	
A/P	199187	05/03/23	150.00	
A/P	199188	05/03/23	130.00	
A/P	199189	05/03/23	20.00	
TOTALS:			487,524.05	

Payables 115,765.00  
Patient refunds 781,440.00 +  
1,716.00 +  
Criticals 231,663.18 +  
3,991.47 +  
10,765.40 +  
324.20 +  
214.89 +  
NH transfers 122,298.89 +  
487,524.05 \*

APPROVED ON

MAY 16 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 5/1/2023

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>		82,874.78 ✓	82,774.78 ✓	260,781.52 ✓		260,881.52 ✓	226,640.75
						Bank Balance Variance	
						Leave in Balance	100.00
						Amerigroup QIPP YS Comp 1 Rec	23,917.57 ✓
						QIPP YS ADJ 1 AMERIGROUP	10,179.59 ✓
						April Interest	43.61 ✓
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	226,640.75 ✓
<b>Broadmoor</b>		97,198.34 ✓	97,098.34 ✓	287,656.93 ✓		287,756.93 ✓	237,434.85
						Bank Balance Variance	
						Leave in Balance	100.00
						QIPP YS ADJ 1 AMERIGROUP	3,754.00 ✓
						Amerigroup QIPP YS Comp 1 Rec	46,436.93 ✓
						April Interest	31.15 ✓
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	237,434.85 ✓
<b>Crescent</b>		117,063.20 ✓	116,963.20 ✓	359,506.60 ✓		359,606.60 ✓	286,877.36
						Bank Balance Variance	
						Leave in Balance	100.00
						QIPP YS ADJ 1 AMERIGROUP	3,140.70 ✓
						Amerigroup QIPP YS Comp 1 Rec	4,866.68 ✓
						Claim Payment Transfer to Tuscany	64,587.29 ✓
						April Interest	34.57 ✓
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	286,877.36 ✓
<b>Fort Bend</b>		39,423.63 ✓	39,323.63 ✓	152,884.86 ✓		152,984.86 ✓	148,652.51
						Bank Balance Variance	
						Leave in Balance	100.00
						QIPP YS ADJ 1 AMERIGROUP	4,214.50 ✓
						April Interest	17.85 ✓
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	148,652.51 ✓
<b>Solera at W Houston</b>		147,183.95 ✓	136,852.30 ✓	353,608.44 ✓		363,940.09 ✓	325,798.19
						Bank Balance Variance	
						Leave in Balance	100.00
						AMERIGROUP QIPP FEB	10,231.65 ✓
						QIPP YS ADJ 1 AMERIGROUP	4,116.63 ✓
						Amerigroup QIPP YS Comp 1 Rec	23,653.40 ✓
						April Interest	40.22 ✓
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	325,798.19 ✓
<b>TOTAL TRANSFERS</b>							<b>1,225,403.66</b>

226,640.75 +  
 237,434.85 +  
 286,877.36 +  
 148,652.51 +  
 325,798.19 +  
 1,225,403.66 \*sing home  
 posted to open account.

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

Approved: *Andrew De Los Santos*  
 ANDREW DE LOS SANTOS 5/1/2023





Accounts

Quick View Transaction Search Account Groups

Account Balances Card View Table View

Search Accounts

Make my Default View Print Download Search

Select View Select Type Account Number Account Nickname

DDA (15)

DDA (15)

Prior Day Balance \$10,937,130.41 Collected Balance \$10,781,752.82 Available Balance \$10,768,307.24 Current Balance \$10,781,752.82

Sort Display Name

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance \$5,864,585.44 Collected Balance \$5,864,585.44  
Available Balance \$5,778,022.45 Prior Day Balance \$5,979,011.09

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365

Current Balance \$537.44 Collected Balance \$537.44  
Available Balance \$537.44 Prior Day Balance \$537.33

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373

Current Balance \$432.67 Collected Balance \$432.67  
Available Balance \$432.67 Prior Day Balance \$432.58

MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381 ✓

Current Balance \$260,881.52 Collected Balance \$260,881.52  
Available Balance \$260,881.52 Prior Day Balance \$302,600.87

MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403 ✓

Current Balance \$287,756.93 Collected Balance \$287,756.93  
Available Balance \$291,063.96 Prior Day Balance \$276,567.84

MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411 ✓

Current Balance \$359,606.60 Collected Balance \$359,606.60  
Available Balance \$381,702.26 Prior Day Balance \$329,699.83

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

Current Balance \$363,940.09 Collected Balance \$363,940.09  
Available Balance \$386,775.07 Prior Day Balance \$350,372.52

MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446 ✓

Current Balance \$152,984.86 Collected Balance \$152,984.86  
Available Balance \$156,494.32 Prior Day Balance \$134,609.21

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454

Current Balance \$262,250.79 Collected Balance \$262,250.79  
Available Balance \$264,023.12 Prior Day Balance \$288,676.55

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

Current Balance \$104,631.67 Collected Balance \$104,631.67  
Available Balance \$104,631.67 Prior Day Balance \$124,691.24

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

Current Balance \$130,617.55 Collected Balance \$130,617.55  
Available Balance \$130,838.45 Prior Day Balance \$121,402.92

MMC -NH BETHANY SENIOR LIVING \*5506

Current Balance \$502,525.56 Collected Balance \$502,525.56  
Available Balance \$502,731.52 Prior Day Balance \$511,673.96

MMC -NH TUSCANY VILLAGE \*3407

Current Balance \$430,071.85 Collected Balance \$430,071.85  
Available Balance \$448,642.80 Prior Day Balance \$461,161.56

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 \$2,060,829.85 Collected Balance \$2,060,829.85  
Available Balance \$2,060,829.85 Prior Day Balance \$1,055,592.31

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 5/1/2023

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		53,156.71	53,056.71	262,150.79		262,250.79	143,576.27
						Bank Balance	262,250.79
						Variance	
						Leave in Balance	100.00
						Superior QIPP Y5 ADJ 1	8,875.92
						Superior Y5 Comp 1 Rec	109,443.52
						Claim Payment Transfer to GPP	217.06
						April January Interest	38.02
						February Interest	
						March Interest	
						<u>38.02</u>	
						Adjust Balance/Transfer Amt	<u>143,576.27</u>

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

Approved: *Andrew De Los Santos*  
 ANDREW DE LOS SANTOS 5/1/2023

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



Golden Creek

4/30/2023 Added to Account  
 4/28/2023 181  
 4/27/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC  
 4/27/2023 Deposit  
 4/27/2023 Deposit  
 4/26/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91  
 4/26/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91  
 4/26/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000184  
 4/26/2023 Centene Managem ACH 008765433514 1110000288  
 4/26/2023 Centene Managem ACH 008765433514 1110000288  
 4/25/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000160  
 4/24/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	38.02						38.02
26,463.78	-						-
26,592.93	-						-
-	83,661.43						83,661.43
-	2,765.00						2,765.00
-	52.00						52.00
-	151.68						151.68
-	4,923.27						4,923.27
-	109,443.52	109,443.52				109,443.52	-
-	12,495.53	5,256.31	1,425.44	2,019.23	3,794.55	8,875.92	3,619.61
-	47,620.34						47,620.34
-	1,000.00						1,000.00
53,056.71	262,150.79	114,699.83	1,425.44	2,019.23	3,794.55	118,319.44	143,831.35

Accounts

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Account Balances [Card View](#) [Table View](#)

Search Accounts

Make my Default View  Print  Download

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

DDA (15)

DDA (15)

Prior Day Balance: \$10,937,130.41 | Collected Balance: \$10,781,752.82 | Available Balance: \$10,768,307.24 | Current Balance: \$10,781,752.82

Sort: | Display Name: |

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance: \$5,864,585.44 | Collected Balance: \$5,864,585.44  
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MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403

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Available Balance: \$281,663.96 | Prior Day Balance: \$276,567.84

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Available Balance: \$156,494.32 | Prior Day Balance: \$134,609.21

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454

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Current Balance: \$104,631.67 | Collected Balance: \$104,631.67  
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Available Balance: \$130,838.45 | Prior Day Balance: \$121,402.92

MMC -NH BETHANY SENIOR LIVING \*5506

Current Balance: \$502,525.56 | Collected Balance: \$502,525.56  
Available Balance: \$502,731.62 | Prior Day Balance: \$511,673.99

MMC -NH TUSCANY VILLAGE \*3407

Current Balance: \$430,071.85 | Collected Balance: \$430,071.85  
Available Balance: \$448,642.60 | Prior Day Balance: \$461,161.56

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: \$2,060,829.85 | Collected Balance: \$2,060,829.85  
Available Balance: \$2,060,829.85 | Prior Day Balance: \$2,055,592.31

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 5/1/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-in	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		45,307.17	45,207.17	104,531.63			104,631.67	No transfer
						Bank Balance	104,631.67	
						Variance		
						Leave in Balance	100.00	
						Superior QIPP YS ADJ 1	4,500.50	
						Superior YS Comp 1 Rec	96,516.76	
						April January Interest	11.81	
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	3,502.60	
Gulf Pointe Plaza-Medicare/Medicaid		50,132.64	50,032.64	130,517.55			130,617.55	130,499.34
						Bank Balance	130,617.55	
						Variance		
						Leave in Balance	100.00	
						PENDING TRANSFER		
						April January Interest	18.21	
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	130,499.34	
<b>TOTAL TRANSFERS</b>								<b>134,001.94</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 5/1/2023

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

**Gulf Points Plaza-Private Pay**

4/30/2023 Added to Account  
 4/28/2023  
 4/27/2023 WIRE OUT HMG Rockport SNF, LP -Commerical 1102  
 4/27/2023 NDC SWEEP FAC H261 21000021285353 SWEEP FR  
 4/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000233213  
 4/26/2023 Centene Managem ACH 008765433514 1110000288  
 4/26/2023 Centene Managem ACH 008765433514 1110000288  
 4/25/2023 HNB - ECHO HCCLAIMPMT 746003411 440000258203  
 4/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000210405

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	11.81	-	-	-	-	-	11.81
20,071.38	-	-	-	-	-	-	-
25,135.79	-	-	-	-	-	-	-
-	434.15	-	-	-	-	-	434.15
-	545.59	-	-	-	-	-	545.59
-	96,516.76	96,516.76	-	-	-	-	96,516.76
-	6,680.12	2,320.87	629.67	943.75	2,785.83	4,500.50	2,179.63
-	230.52	-	-	-	-	-	230.52
-	112.72	-	-	-	-	-	112.72
45,207.17	104,531.67	98,837.63	629.67	943.75	2,785.83	101,017.26	3,514.42

**Gulf Points Plaza-Medicare/Medicaid**

4/30/2023 Added to Account  
 4/28/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 4/28/2023 WPS-TMEP CONTRAC HCCLAIMPMT 2403967112 21000  
 4/28/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001368266  
 4/27/2023 WIRE OUT HMG Rockport SNF, LP - Commerical  
 4/27/2023 Deposit  
 4/27/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 4/27/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001045066  
 4/27/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2  
 4/26/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 4/26/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001738810  
 4/24/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 4/24/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	18.21	-	-	-	-	-	18.21
-	2,345.00	-	-	-	-	-	2,345.00
-	228.10	-	-	-	-	-	228.10
-	6,623.32	-	-	-	-	-	6,623.32
50,032.64	-	-	-	-	-	-	-
-	17,449.67	-	-	-	-	-	17,449.67
-	1,762.45	-	-	-	-	-	1,762.45
-	3,421.90	-	-	-	-	-	3,421.90
-	1,607.17	-	-	-	-	-	1,607.17
-	686.00	-	-	-	-	-	686.00
-	92,623.94	-	-	-	-	-	92,623.94
-	3,362.00	-	-	-	-	-	3,362.00
-	389.79	-	-	-	-	-	389.79
50,032.64	130,517.55	-	-	-	-	-	130,517.55
95,239.81	235,049.22	98,837.63	629.67	943.75	2,785.83	101,017.26	134,031.97

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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: \$10,937,130.41 | Collected Balance: \$10,781,752.82 | Available Balance: \$10,768,307.24 | Current Balance: \$10,781,752.82

Unit: Display Name: |

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

Current Balance: \$5,864,585.44 | Collected Balance: \$5,864,585.44  
Available Balance: \$5,778,022.49 | Prior Day Balance: \$5,979,011.69

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

Current Balance: \$537.44 | Collected Balance: \$537.44  
Available Balance: \$537.44 | Prior Day Balance: \$537.33

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

Current Balance: \$432.67 | Collected Balance: \$432.67  
Available Balance: \$432.67 | Prior Day Balance: \$432.58

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

Current Balance: \$260,881.52 | Collected Balance: \$260,881.52  
Available Balance: \$260,881.52 | Prior Day Balance: \$302,500.87

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

Current Balance: \$287,756.93 | Collected Balance: \$287,756.93  
Available Balance: \$291,663.96 | Prior Day Balance: \$276,567.84

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

Current Balance: \$359,606.60 | Collected Balance: \$359,606.60  
Available Balance: \$381,702.26 | Prior Day Balance: \$329,699.85

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

Current Balance: \$363,940.09 | Collected Balance: \$363,940.09  
Available Balance: \$386,775.07 | Prior Day Balance: \$350,372.52

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

Current Balance: \$152,984.86 | Collected Balance: \$152,984.86  
Available Balance: \$156,494.32 | Prior Day Balance: \$134,609.21

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

Current Balance: \$262,250.79 | Collected Balance: \$262,250.79  
Available Balance: \$264,023.12 | Prior Day Balance: \$288,676.58

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

Current Balance: \$104,631.67 | Collected Balance: \$104,631.67  
Available Balance: \$104,631.67 | Prior Day Balance: \$124,691.24

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

Current Balance: \$130,617.55 | Collected Balance: \$130,617.55  
Available Balance: \$130,838.45 | Prior Day Balance: \$121,402.92

**MMC -NH BETHANY SENIOR LIVING \*5506**

Current Balance: \$502,525.56 | Collected Balance: \$502,525.56  
Available Balance: \$502,731.62 | Prior Day Balance: \$511,673.96

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

Current Balance: \$430,071.85 | Collected Balance: \$430,071.85  
Available Balance: \$448,642.80 | Prior Day Balance: \$461,161.56

**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: \$2,060,829.85 | Collected Balance: \$2,060,829.85  
Available Balance: \$2,060,829.85 | Prior Day Balance: \$2,055,592.31

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 5/1/2023

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		124,648.12	124,548.12	429,971.85			430,071.85	423,500.38
						Bank Balance Variance	430,071.85	
						Leave in Balance	100.00	
						Amerigroup YS Adjustment 1	6,471.47	

Adjust Balance/Transfer Amt 423,500.38  
 Approved: Andrew De Los Santos 5/1/2023  
 ANDREW DE LOS SANTOS

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

**APPROVED ON**  
**MAY 01 2023**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

Tuscany Village ✓

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
4/30/2023 Added to Account	-	58.09						58.09
4/28/2023 1122	20,195.18	-						-
4/28/2023 1121	10,996.72	-						-
4/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000274220	-	44.10						44.10
4/27/2023 WIRE OUT LINBAR ENTERPRISES, LLC	93,356.22	-						-
4/27/2023 Deposit	-	106,114.80						106,114.80
4/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000233213	-	25,462.02						25,462.02
4/27/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000188	-	34,208.96						34,208.96
4/27/2023 AMERIGROUP CORPO E-PAYMENT EES2566971 111000	-	9,165.74	3,777.20	1,023.82	847.43	3,517.29	6,471.47	2,694.27
4/26/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000184	-	237,239.10						237,239.10
4/25/2023 HNB - ECHO HCCLAIMPMT 746003411 440000258203	-	6,023.69						6,023.69
4/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000210405	-	11,655.35						11,655.35
	124,548.12 ✓	429,971.85 ✓	3,777.20	1,023.82	847.43	3,517.29	6,471.47 ✓	423,500.38

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[DDA \(15\)](#)

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$10,937,130.41	\$10,781,752.82	\$10,768,307.24	\$10,781,752.82

Sort: Display Name

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance	\$5,864,585.44	Collected Balance	\$5,864,585.44
Available Balance	\$5,778,022.49	Prior Day Balance	\$5,979,011.09

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365

Current Balance	\$537.44	Collected Balance	\$537.44
Available Balance	\$537.44	Prior Day Balance	\$537.33

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373

Current Balance	\$432.67	Collected Balance	\$432.67
Available Balance	\$432.67	Prior Day Balance	\$432.58

MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381

Current Balance	\$260,881.52	Collected Balance	\$260,881.52
Available Balance	\$260,881.52	Prior Day Balance	\$802,609.87

MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403

Current Balance	\$287,756.93	Collected Balance	\$287,756.93
Available Balance	\$281,063.96	Prior Day Balance	\$276,587.84

MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411

Current Balance	\$359,606.60	Collected Balance	\$359,606.60
Available Balance	\$381,702.26	Prior Day Balance	\$329,669.83

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON \*4438

Current Balance	\$363,940.09	Collected Balance	\$363,940.09
Available Balance	\$386,775.07	Prior Day Balance	\$350,372.92

MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446

Current Balance	\$152,984.86	Collected Balance	\$152,984.86
Available Balance	\$166,494.92	Prior Day Balance	\$144,609.21

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454

Current Balance	\$262,250.79	Collected Balance	\$262,250.79
Available Balance	\$264,023.12	Prior Day Balance	\$288,676.58

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

Current Balance	\$104,631.67	Collected Balance	\$104,631.67
Available Balance	\$104,631.67	Prior Day Balance	\$124,691.24

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

Current Balance	\$130,617.55	Collected Balance	\$130,617.55
Available Balance	\$130,838.45	Prior Day Balance	\$121,402.92

MMC -NH BETHANY SENIOR LIVING \*5506

Current Balance	\$502,525.56	Collected Balance	\$502,525.56
Available Balance	\$502,731.62	Prior Day Balance	\$511,673.55

MMC -NH TUSCANY VILLAGE \*3407

Current Balance	\$430,071.85	Collected Balance	\$430,071.85
Available Balance	\$448,642.80	Prior Day Balance	\$461,161.56

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	\$2,060,829.85	Collected Balance	\$2,060,829.85
Available Balance	\$2,060,829.85	Prior Day Balance	\$2,058,392.31



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSLTransfer  
 Prosperity Accounts  
 5/1/2023

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		178,806.15	178,706.15	502,425.56			502,525.56	502,356.85
						Bank Balance	502,525.56	
						Variance		
						Leave in Balance	100.00	
						April Interest	68.71	
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	502,356.85	
						Approved: <i>Andrew De Los Santos</i>		
						ANDREW DE LOS SANTOS		5/1/2023

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  
 MAY 01 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

4/30/2023 Added to Account  
 4/28/2023 1020  
 4/28/2023 Deposit  
 4/28/2023 Deposit  
 4/28/2023 Deposit  
 4/28/2023 NDC SWEEP FAC K236 31316966378912 SWEEP FR  
 4/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000274176  
 4/27/2023 WIRE OUT PORT LAVACA NH, LLC  
 4/27/2023 Deposit  
 4/27/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000188  
 4/27/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2  
 4/26/2023 Deposit  
 4/26/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000184  
 4/25/2023 Deposit  
 4/25/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000160

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
		68.71						68.71
	21,677.09							
		591.02						591.02
		2,927.83						2,927.83
		5,850.00						5,850.00
		2,283.50						2,283.50
		807.63						807.63
	157,029.06							
		81,553.91						81,553.91
		37,762.68						37,762.68
		6,079.00						6,079.00
		10,274.64						10,274.64
		65,376.16						65,376.16
		21,945.65						21,945.65
		266,904.83						266,904.83
	178,706.15	502,425.56						502,425.56

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DDA (15)

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$10,937,130.41	\$10,781,752.82	\$10,768,307.24	\$10,781,752.82

Sort: Display Name

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance	\$5,864,535.44	Collected Balance	\$5,864,535.44
Available Balance	\$5,775,022.49	Prior Day Balance	\$5,979,011.09

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365

Current Balance	\$537.44	Collected Balance	\$537.44
Available Balance	\$537.44	Prior Day Balance	\$537.33

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373

Current Balance	\$432.67	Collected Balance	\$432.67
Available Balance	\$432.67	Prior Day Balance	\$432.58

MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381

Current Balance	\$260,881.52	Collected Balance	\$260,881.52
Available Balance	\$260,881.52	Prior Day Balance	\$302,600.87

MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403

Current Balance	\$287,756.93	Collected Balance	\$287,756.93
Available Balance	\$291,663.66	Prior Day Balance	\$276,567.84

MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411

Current Balance	\$359,606.60	Collected Balance	\$359,606.60
Available Balance	\$381,702.26	Prior Day Balance	\$329,600.83

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON \*4438

Current Balance	\$363,940.09	Collected Balance	\$363,940.09
Available Balance	\$386,775.07	Prior Day Balance	\$350,372.52

MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446

Current Balance	\$152,984.86	Collected Balance	\$152,984.86
Available Balance	\$156,494.32	Prior Day Balance	\$134,609.21

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454

Current Balance	\$262,250.79	Collected Balance	\$262,250.79
Available Balance	\$264,023.12	Prior Day Balance	\$286,676.55

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

Current Balance	\$104,631.67	Collected Balance	\$104,631.67
Available Balance	\$104,631.67	Prior Day Balance	\$124,691.24

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

Current Balance	\$130,617.55	Collected Balance	\$130,617.55
Available Balance	\$130,633.45	Prior Day Balance	\$121,402.02

MMC -NH BETHANY SENIOR LIVING \*5506 ✓

Current Balance	\$502,525.56 ✓	Collected Balance	\$502,525.56
Available Balance	\$502,731.62 ✓	Prior Day Balance	\$511,673.95

MMC -NH TUSCANY VILLAGE \*3407

Current Balance	\$430,071.85	Collected Balance	\$430,071.85
Available Balance	\$445,542.60	Prior Day Balance	\$461,161.56

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	\$2,060,829.85	Collected Balance	\$2,060,829.85
Available Balance	\$2,060,829.85	Prior Day Balance	\$2,055,592.31

Ashford ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 5/1/23

**APPROVED ON**  
**MAY 01 2023**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**  
**CK# 001105**

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

AMOUNT 34,097.16 ✓

G/L NUMBER: 10255040

EXPLANATION: Amerigroup Y5 Adj and Comp 1 Rec

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeFabiantes

5/1/23

Broadmoor ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 5/1/23

FOR ACCT. USE ONLY

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

**APPROVED ON**

**MAY 01 2023**

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 000134  
G/L NUMBER: 10255040

AMOUNT 50,190.93 ✓

EXPLANATION: Amerigroup Y5 Adj and Comp 1 Rec

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Foster

5/1/23

Crescent ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 5/1/23

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**  
**MAY 01 2023**

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL# 000282

AMOUNT 8,007.38 ✓

G/L NUMBER: 10255040

EXPLANATION: Amerigroup Y5 Adj and Comp 1 Rec

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLoe Santos

5/1/23

Fort Bend ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center

Date Requested: 5/1/23

A \_\_\_\_\_

V \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

MAY 01 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK # 000210

G/L NUMBER: 10255040

AMOUNT 4,214.50 ✓

EXPLANATION: Amerigroup Y5 Adj 1

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeFerdente

5/1/23

Solera ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center

Date Requested: 5/1/23

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON

MAY 01 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 001247

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT 27,770.03 ✓

G/L NUMBER: 10255040

EXPLANATION: Amerigroup Y5 Adj and Comp 1 Rec

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Solera

5/1/23



Golden Creek ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 5/1/23

FOR ACCT. USE ONLY

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

APPROVED ON

MAY 01 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 000182

AMOUNT 118,319.44 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior Y5 Adj 1 and Comp 1 rec

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew De los Santos*

5/1/23

Gulf Pointe ✓ PP

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 5/1/23

FOR ACCT. USE ONLY

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

APPROVED ON

MAY 01 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 1103

G/L NUMBER: 10255040

AMOUNT 101,017.26 ✓

EXPLANATION: Superior Y5 Adj 1 and Comp 1 rec

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Dole Santos

5/1/23

Tuscany ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Memorial Medical Center

Date Requested: 5/1/23

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON  
MAY 01 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CHK# 1123  
G/L NUMBER: 10255040

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 6,471.47 ✓

EXPLANATION: Amerigroup Y5 Adj 1

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLoe Santos

5/1/23

MEMORIAL MEDICAL CENTER

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001205

Date 5-3-23 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center Operating

\$ 34,097. <sup>16</sup>/<sub>100</sub>

Thirty-four thousand ninety-seven dollars & <sup>16</sup>/<sub>100</sub>

DOLLARS



FOR Amerigroup U5 Adj 1 & U5 Comp 1 rec

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000236

Date 5-3-23 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center Operating

\$ 50,190. <sup>93</sup>/<sub>100</sub>

Fifty thousand, one hundred ninety dollars & <sup>93</sup>/<sub>100</sub>

DOLLARS



FOR Amerigroup U5 Adj 1 & U5 Comp 1 rec

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000282

Date 5-3-23 88-2265/1131

PAY

TO THE ORDER OF MMC Operating

\$ 8007. <sup>38</sup>/<sub>100</sub>

Eight thousand seven dollars & <sup>38</sup>/<sub>100</sub>

DOLLARS



FOR U5 Adj 1 & U5 compl rec - Amerigroup

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000210

Date 5.3.23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center Operating

\$ 4,214.<sup>50</sup>/<sub>100</sub>

Four thousand, two hundred fourteen dollars <sup>50</sup>/<sub>100</sub>

DOLLARS



FOR Amerigroup US Adj 1 3 US Compl rec

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001267

Date 5.3.23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center Operating

\$ 27,770.<sup>03</sup>/<sub>100</sub>

Twenty-seven thousand, seven hundred seventy thousand <sup>03</sup>/<sub>100</sub>

DOLLARS



FOR Amerigroup US Adj 1 3 US compl rec

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000182

Date 5.3.23

88-2265/1131

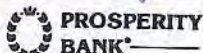
PAY

TO THE ORDER OF Memorial Medical Center Operating

\$ 118,319.<sup>44</sup>/<sub>100</sub>

One hundred eighteen thousand, three hundred nineteen dollars <sup>44</sup>/<sub>100</sub>

DOLLARS



FOR Amerigroup US Adj 1 3 Compl rec

Security features are included. Details on back.

**MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY**

361-553-4618  
1815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1103

88-2255/1131-87

DATE 5.3.23



PAY TO THE ORDER OF Memorial Medical Center Operating

\$ 101,017.26

One hundred one thousand, seventeen dollars &  $\frac{26}{100}$

DOLLARS



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

FOR Amerigroup US Adj 1 & Comp 1 rec

AP

**MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE**

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

1123

88-2255/1131-87

DATE 5.3.23



PAY TO THE ORDER OF Memorial Medical Center Operating

\$ 6,471.47

Six thousand, four hundred seventy-one dollars &  $\frac{47}{100}$

DOLLARS



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

FOR US Adj. 1 & Comp 5 rec.

AP

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

5/3/2023

NH Name	From Bank Acct #	Ck #	Payee	GL #	Amerigroup YS Adj 1	Amerigroup y5 Cmp 1 Rec	Superior YS Adj 1	Superior YS Comp 1 Rec			TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040	10,179.59	23,917.57					34,097.16	5/3/2023
Broadmoor ✓	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040	3,754.00	46,436.93					50,190.93	5/3/2023
Crescent ✓	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040	3,140.70	4,866.68					8,007.38	5/3/2023
Fort Bend ✓	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040	4,214.50						4,214.50	5/3/2023
Solera ✓	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040	4,116.63	23,653.40					27,770.03	5/3/2023
Golden Creek ✓	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040			8,875.92	109,443.52			118,319.44	5/3/2023
Gulf Pointe-PP ✓	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040			4,500.50	96,516.76			101,017.26	5/3/2023
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001	10255040							-	5/3/2023
Bethany			MMC - Prosperity Operating #10000001	10255040							-	5/3/2023
Tuscany ✓			MMC - Prosperity Operating #10000001	10255040	6,471.47						6,471.47	5/3/2023
				<b>Total:</b>	<b>31,876.89</b>	<b>98,874.58</b>	<b>13,376.42</b>	<b>205,960.28</b>			<b>350,088.17</b>	

Note:

Approved *Andrew De Los Santos*  
 ANDREW DE LOS SANTOS 5/3/2023

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *golden creek*

P Gulf Pointe Plaza ✓

Date Requested: 5/1/23

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

**APPROVED ON**

**MAY 01 2023**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL#000184**

AMOUNT 217.06 ✓

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

EXPLANATION: Claim Payment transfer from Golden Creek to GPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Delos Santos

*5/1/23*



## Mayra Martinez

---

**From:** Kim Bantau <Kim.Bantau@healthmarkgroup.com>  
**Sent:** Thursday, April 20, 2023 12:15 PM  
**To:** Mayra Martinez  
**Cc:** Krystal Balsamo; Jonna Endara; Bill Dohn  
**Subject:** Memorial Request for Transfer \$316.67 to GPP  
**Attachments:** 217.06 HUMAN RECOUP GPP TO GOLDEN CREEK proof.pdf; 98.61 HUMANA RECOUP GPP TO MMC proof.pdf; 217.06 HUMAN RECOUP GPP TO GOLDEN CREEK.pdf; 98.61 HUMANA RECOUP GPP TO MMC.pdf; Memorial Transfer Request 04.20.2023.xlsx

## [WARNING-Remote attachments, VERIFY SENDER]

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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.

---

Hi Mayra,

GPP received a Humana payment with 2 recoups for MMC and Golden Creek. Please see the attached request for transfer for a total of \$316.67 to Gulf Pointe Plaza. Since this is my first transfer request to you, please let me know if I need to correct anything or if this is not the correct form.

Thank you for any assistance 😊

Thank you!

Kim Bantau

Managed Care Billing



SERVICES, LLC

1780 Hughes Landing Blvd. Ste 500

The Woodlands TX 77380

Phone: 281-798-4167

## Request for Transfer of Funds for Memorial

Date Requested 4/20/2023  
 Payer HUMANA  
 Requested by: KIM BANTAU  
 Requestor's email kim.bantau@healthmarkgroup.com  
 Requestor's phone number 281-798-4167  
 District or County \_\_\_\_\_  
 Facility GULF POINTE PLAZA

**Please Attach:**

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

\* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out. Please email request form

and Remittance Advice to : mmartinez@mmcportlavaca.com

CC:

Please make sure you fill in the Required fields. Also please give us as much information as you have to make it easier to get an approval

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
LONNIE VICKERY	12/13/2022	4/19/2023	EFT	7,678.33	104434835230419	820223571299208	98.61	Transfer recouped money from MMC to GPP
ROSA RODRIGUEZ DE	1/26/2022 - 1/29/2022	4/19/2023	EFT	7,678.33	104434835230419	820223571299208	217.06	Transfer recouped money from Golden Creek to GPP
			TOTAL	15,356.66			315.67	

*AD CLK request*

*Transfer to GPP from GC*

**To be filled out by NewLight Healthcare:**  
 Date Received: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Date of transfer: \_\_\_\_\_  
 From Facility: \_\_\_\_\_  
 To Facility: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Requested Transfer Date #2: \_\_\_\_\_  
 Date of transfer: \_\_\_\_\_  
 From Facility: \_\_\_\_\_  
 To Facility: \_\_\_\_\_  
 Amount: \_\_\_\_\_

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Crescent*

*Tuscany*

~~Gulf Pointe Plaza~~ ✓

P  
A  
Y  
E  
E

Date Requested: 5/1/23

FOR ACCT. USE ONLY

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

**APPROVED ON**

**MAY 01 2023**

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK # *000283*

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

AMOUNT 64,587.29 ✓

EXPLANATION: Claim Payment transfer from Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrea DeFoy Santos*

*5/1/23*



### Request for Transfer of Funds

Transfer #: \_\_\_\_\_

Date Requested: 4.19.23

Payer: DEVOTED

Requested by: RACHEL ARENAZAS

Requestor's email: rrarenazas@tuscanyvillagecare.net

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

**Please Attach:**

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

\* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.

Please email request form and

Remittance Advice to : [cclevenger@mmcportlavaca.com](mailto:cclevenger@mmcportlavaca.com)

[mmartinez@mmcportlavaca.com](mailto:mmartinez@mmcportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		1.30.23	EFT	\$ 8,652.00	477864		\$ 8,652.00	Due Tuscany from Crescent
		2.24.23	EFT	\$ 9,144.00	503900		\$ 9,144.00	Due Tuscany from Crescent
		2.27.23	EFT	\$ 22,980.00	505315		\$ 22,980.00	Due Tuscany from Crescent
		3.6.23	EFT	\$ 4,500.00	512000		\$ 4,500.00	Due Tuscany from Crescent
		3.16.23	EFT	\$ 7,200.00	522349		\$ 7,200.00	Due Tuscany from Crescent
		3.16.23	EFT	\$ 11,736.00	523294		\$ 11,736.00	Due Tuscany from Crescent
		4.11.23	EFT	\$ 375.29	547010		\$ 375.29	Due Tuscany from Crescent
			<b>TOTAL</b>	<b>64,587.29</b>			<b>64,587.29</b>	

Deposited on 2/10/23

4/29  
5/1

64,587.29

Transfer to Tuscany

To be filled out by Memorial Medical Center:

Date Received: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

From Facility: \_\_\_\_\_

To Facility: \_\_\_\_\_

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

Requested Transfer Date #2: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

From Facility: \_\_\_\_\_

To Facility: \_\_\_\_\_

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

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

**MEMORIAL MEDICAL CENTER**

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000283

88-2265/1131

Date 5-3-23

**PAY**

TO THE  
ORDER OF

Tuscany Village

\$ 64,587.29

Sixty-four thousand, five hundred eighty-seven dollars &  $\frac{29}{100}$

**DOLLARS**



FOR Claim payment transfer

Security features are included. Details on back.

11

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**MEMORIAL MEDICAL CENTER**

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

000184

88-2265/1131

Date 5-3-23

**PAY**

TO THE  
ORDER OF

Gulf Pointe Plaza

\$ 217.  $\frac{04}{100}$

Two hundred seventeen dollars &  $\frac{04}{100}$

**DOLLARS**



FOR Claim payment transfer

Security features are included. Details on back.

☒

RUN DATE:05/08/23  
TIME:15:50

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
05/03/23 THRU 05/03/23

PAGE 1  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000182	05/03/23	118,319.44	MMC OPERATING
NHG *	000184	05/03/23	217.06	GULF POINTE PLAZA
NHF *	000210	05/03/23	4,214.50	MMC OPERATING
NHB *	000236	05/03/23	50,190.93	MMC OPERATING
NHC	000282	05/03/23	8,007.38	MMC OPERATING
NHC *	000283	05/03/23	64,587.29	TUSCANY VILLAGE
GPP *	001103	05/03/23	101,017.26	MMC OPERATING
TUS *	001123	05/03/23	6,471.47	MMC OPERATING
NHA *	001205	05/03/23	34,097.16	MMC OPERATING
NHS *	001267	05/03/23	27,770.03	MMC OPERATING

