

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 24, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 972,258.66	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 235,829.06	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 851,841.90	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 2,206,740.52	✓
GRAND TOTAL DISBURSEMENTS APPROVED May 24, 2023	\$ 4,266,670.14	✓

APPROVED

MAY 24 2023

**CLATSOP COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 24, 2023

PAYABLES AND PAYROLL

5/18/2023 Weekly Payables	380,991.02
5/18/2023 Patient Refunds	2,259.90
5/18/2023 Citibank Credit Card-see attached	3,006.35
5/22/2023 Sparklight-cable/internet	2,299.06
5/22/2023 Discovery Medical Network Inc.-Physican Services	74,504.22
5/22/2023 McKesson-340B Prescription Expense	11,575.80
5/22/2023 Amerisource Bergen-340B Prescription Expense	4,894.11
5/22/2023 Payroll Liabilities -Payroll Taxes	118,586.07
5/22/2023 Payroll	373,706.16

Prosperity Electronic Bank Payments

5/15/2023 Credit Card & Lease Fees	240.18
5/15-5/15/23 Pay Plus-Patient Claims Processing Fee	148.69
5/17/2023 Harland Clarke-deposit slips	47.10

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **972,258.66**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

5/18/2023 MMC Operating to Ashford-correction of NH QIPP payment deposited into MMC Operating	6,926.57
5/18/2023 MMC Operating to Solera-correction of NH QIPP payment deposited into MMC Operating	2,076.64
5/18/2023 MMC Operating to Fort bend-correction of NH QIPP payment deposited into MMC Operating	2,158.60
5/18/2023 MMC Operating to Broadmoor-correction of NH QIPP payment deposited into MMC Operating	2,558.58
5/18/2023 MMC Operating to Crescent-correction of NH insurance and QIPP payment deposited into MMC Operating in error	11,166.34
5/18/2023 MMC Operating to Golden Creek-correction of NH insurance and QIPP payment deposited into MMC Operating in error	85,473.23
5/18/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance and QIPP payment deposited into MMC Operating	24,901.77
5/18/2023 MMC Operating to Tuscany Village-correction of NH insurance and QIPP payment deposited into MMC Operating	41,643.62
5/18/2023 MMC Operating to Bethany-correction of NH insurance and QIPP payment deposited into MMC Operating	58,923.71

TOTAL TRANSFERS BETWEEN FUNDS \$ **235,829.06**

NURSING HOME UPL EXPENSES

5/22/2023 Nursing Home UPL-Cantex Transfer	502,014.87
5/22/2023 Nursing Home UPL-Nexion Transfer	61,045.23
5/22/2023 Nursing Home UPL-HMG Transfer	21,284.04
5/22/2023 Nursing Home UPL-Tuscany Transfer	93,649.88
5/22/2023 Nursing Home UPL-HSL Transfer	53,161.86

NURSING HOME BANK FEES

5/15/2023 Ashford-Enhanced analysis fee	94.62
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QIPP CHECKS TO MMC

5/22/2023 Ashford	39,883.51
5/22/2023 Broadmoor	13,888.12
5/22/2023 Crescent	10,793.84
5/22/2023 Fort Bend	12,459.43
5/22/2023 Solera	11,936.14
5/22/2023 Tuscany	19,357.36

TRANSFER OF FUNDS BETWEEN NURSING HOMES

5/22/2023 Crescent to Tuscany-correction of Tuscany insurance payment deposited into Crescent in error	12,273.00
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TOTAL NURSING HOME UPL EXPENSES \$ **851,841.90**

INTER-GOVERNMENT TRANSFERS

5/22/2023 IGT QIPP to be paid June 05, 2023	2,206,740.52
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ 2,206,740.52
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GRAND TOTAL DISBURSEMENTS APPROVED May 24, 2023	\$ 4,266,670.14
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RECEIVED BY THE
COUNTY AUDITOR ON

MAY 18 2023

05/18/2023

CALLAHAN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Due Dates Through: 06/08/2023

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10250	4IMPRINT, INC. ✓			11121346 ✓		05/16/20	05/02/20	05/16/20		1,532.00	0.00	0.00	1,532.00 ✓
	SUPPLIES												
	Vendor Totals:	Number	Name							Gross	Discount	No-Pay	Net
		10250	4IMPRINT, INC.							1,532.00	0.00	0.00	1,532.00
10995	ABILITY NETWORK (SHIFTHOUND) ✓			23M-0065821 ✓		05/17/20	05/04/20	06/03/20		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
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓		M	9137892115 ✓		05/17/20	05/10/20	06/04/20		123.14	0.00	0.00	123.14 ✓
	AIR USP E												
				9137939763 ✓		05/17/20	05/11/20	06/05/20		172.00	0.00	0.00	172.00 ✓
	AIR USP 200												
	Vendor Totals:	Number	Name							Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV							295.14	0.00	0.00	295.14
A1705	ALIMED INC. ✓		M	RPSV03957157 ✓		05/18/20	01/16/20	01/31/20		82.26	0.00	0.00	82.26 ✓
	SUPPLIES												
	Vendor Totals:	Number	Name							Gross	Discount	No-Pay	Net
		A1705	ALIMED INC.							82.26	0.00	0.00	82.26
14028	AMAZON CAPITAL SERVICES ✓			1R9M-PQW1-7KKK ✓		05/01/20	04/27/20	05/27/20		388.99	0.00	0.00	388.99 ✓
	SUPPLIES												
	Vendor Totals:	Number	Name							Gross	Discount	No-Pay	Net
		14028	AMAZON CAPITAL SERVICES							388.99	0.00	0.00	388.99
10419	AMBU INC ✓			223087000 ✓		05/16/20	05/09/20	06/01/20		174.00	0.00	0.00	174.00 ✓
	SUPPLIES												
	Vendor Totals:	Number	Name							Gross	Discount	No-Pay	Net
		10419	AMBU INC							174.00	0.00	0.00	174.00
A2218	AQUA BEVERAGE COMPANY ✓		M	259277 ✓		05/17/20	04/30/20	05/25/20		36.97	0.00	0.00	36.97 ✓

WATER										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		A2218	AQUA BEVERAGE COMPANY			36.97	0.00	0.00	36.97	
Vendor#	Vendor Name			Class	Pay Code					
A2600	AUTO PARTS & MACHINE CO. ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
007022 ✓		05/17/20	05/05/20	05/20/20		31.98	0.00	0.00	31.98 ✓	
SUPPLIES										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		A2600	AUTO PARTS & MACHINE CO.			31.98	0.00	0.00	31.98	
Vendor#	Vendor Name			Class	Pay Code					
B1150	BAXTER HEALTHCARE ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
12678477 ✓		05/17/20	04/29/20	05/24/20		122.61	0.00	0.00	122.61 ✓	
LATE FEE										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		B1150	BAXTER HEALTHCARE			122.61	0.00	0.00	122.61	
Vendor#	Vendor Name			Class	Pay Code					
B1220	BECKMAN COULTER INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
110613582 ✓		05/16/20	05/11/20	06/05/20		236.61	0.00	0.00	236.61 ✓	
58632152	7339008 SUPPLIES	05/17/20	05/01/20	05/26/20		7,991.03	0.00	0.00	7,991.03 ✓	
110592941 ✓	SUPPLIES	05/17/20	05/02/20	05/27/20		2,516.51	0.00	0.00	2,516.51 ✓	
110592506 ✓	SUPPLIES	05/17/20	05/02/20	05/27/20		2,094.80	0.00	0.00	2,094.80 ✓	
110592722 ✓	SUPPLIES	05/17/20	05/02/20	05/27/20		17,284.24	0.00	0.00	17,284.24 ✓	
110601189 ✓	SUPPLIES	05/17/20	05/05/20	05/30/20		4,470.76	0.00	0.00	4,470.76 ✓	
5473599 ✓	LEASE	05/17/20	05/13/20	06/07/20		5,016.58	0.00	0.00	5,016.58 ✓	
LEASE										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		B1220	BECKMAN COULTER INC			39,610.53	0.00	0.00	39,610.53	
Vendor#	Vendor Name			Class	Pay Code					
14888	BOEHRINGER INGELHEIM ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
051823		05/18/20	05/18/20	06/01/20		77,102.98	0.00	0.00	77,102.98 ✓	
340B REFUND PMT										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		14888	BOEHRINGER INGELHEIM			77,102.98	0.00	0.00	77,102.98	
Vendor#	Vendor Name			Class	Pay Code					
10432	C-D ELECTRIC MOTOR SALES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
CIT35912 ✓		05/16/20	05/09/20	06/01/20		1,100.00	0.00	0.00	1,100.00 ✓	
MOTOR										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		10432	C-D ELECTRIC MOTOR SALES			1,100.00	0.00	0.00	1,100.00	
Vendor#	Vendor Name			Class	Pay Code					

11224	CABLES AND SENSORS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
7863 ✓		05/17/20	03/24/20	04/24/20		-176.00	0.00	0.00	-176.00	✓	
	CREDIT										
149856 ✓		05/17/20	05/12/20	06/08/20		252.00	0.00	0.00	252.00	✓	
	SUPPLIES										
149854 ✓		05/17/20	05/12/20	06/08/20		288.00	0.00	0.00	288.00	✓	
	SUPPLIES										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11224	CABLES AND SENSORS	364.00	0.00	0.00	364.00
Vendor#	Vendor Name				Class	Pay Code					
14120	CALHOUN COUNTY EMS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2023-04 ✓		05/17/20	05/15/20	06/01/20		5,720.00	0.00	0.00	5,720.00	✓	
	APRIL 2023 CALLS										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						14120	CALHOUN COUNTY EMS	5,720.00	0.00	0.00	5,720.00
Vendor#	Vendor Name				Class	Pay Code					
C1325	CARDINAL HEALTH 414, INC. ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8003167886 ✓		05/17/20	04/30/20	05/25/20		948.88	0.00	0.00	948.88	✓	
	SUPPLIES										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						C1325	CARDINAL HEALTH 414, INC.	948.88	0.00	0.00	948.88
Vendor#	Vendor Name				Class	Pay Code					
12768	CHEMAQUA ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8229559 ✓		05/17/20	05/10/20	05/20/20		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					
10212	CLINICAL PATHOLOGY LABS ✓					ICP					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
17656-202304 ✓		05/17/20	04/30/20	05/30/20		25,230.00	0.00	0.00	25,230.00	✓	
	LAB SERV										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						10212	CLINICAL PATHOLOGY LABS	25,230.00	0.00	0.00	25,230.00
Vendor#	Vendor Name				Class	Pay Code					
13572	COMMUNITY INFUSION SOLUTIONS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
202305-25 ✓		05/17/20	05/06/20	05/16/20		12,190.18	0.00	0.00	12,190.18	✓	
	INFUSION SERV										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						13572	COMMUNITY INFUSION SOLUTIONS	12,190.18	0.00	0.00	12,190.18
Vendor#	Vendor Name				Class	Pay Code					
14400	CULINARY CONCESSIONS LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV00000573 ✓		05/17/20	04/30/20	05/30/20		36,132.30	0.00	0.00	36,132.30	✓	
	LUBY'S SERV										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net

	14400	CULINARY CONCESSIONS LLC				36,132.30	0.00	0.00	36,132.30
Vendor#	Vendor Name		Class		Pay Code				
10060	DETAR HOSPITAL ✓		ICP						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051623		05/17/20	05/16/20	06/01/20		243.80	0.00	0.00	243.80 ✓
	LAB SERV								
05162023		05/17/20	05/16/20	06/01/20		123.10	0.00	0.00	123.10 ✓
	LAB SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10060	DETAR HOSPITAL				366.90	0.00	0.00	366.90
Vendor#	Vendor Name		Class		Pay Code				
10368	DEWITT POTTH & SON ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
717548-1 ✓		05/16/20	05/08/20	06/02/20		13.81	0.00	0.00	13.81 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTTH & SON				13.81	0.00	0.00	13.81
Vendor#	Vendor Name		Class		Pay Code				
14800	DIRECTV ENTERTAINMENT HOLDINGS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
088862205X230512 ✓		05/17/20	05/12/20	05/31/20		481.00	0.00	0.00	481.00 ✓
	SATELLITE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	14800	DIRECTV ENTERTAINMENT HOLDINGS				481.00	0.00	0.00	481.00
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
17329 ✓		05/17/20	05/10/20	06/04/20		75.00	0.00	0.00	75.00 ✓
	PEST CONTROL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL				75.00	0.00	0.00	75.00
Vendor#	Vendor Name		Class		Pay Code				
10175	DSHS CENTRAL LAB MC2004 ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050123		05/17/20	05/01/20	05/26/20		151.44	0.00	0.00	151.44 ✓
	LAB SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004				151.44	0.00	0.00	151.44
Vendor#	Vendor Name		Class		Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
42204		05/17/20	05/15/20	05/25/20		40,062.50	0.00	0.00	40,062.50 ✓
	PHYSICIAN SERV (1-15th)								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS				40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name		Class		Pay Code				
11944	EQUIFAX WORKFORCE SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2054963563 ✓		05/10/20	05/08/20	06/07/20		10.99	0.00	0.00	10.99 ✓
	CREDIT REPORTING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

11944	EQUIFAX WORKFORCE SOLUTIONS						10.99	0.00	0.00	10.99
Vendor#	Vendor Name			Class	Pay Code					
C2510	EVIDENT ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1010741 ✓	SUPPLIES	05/16/20	05/02/20	05/03/20		3,615.00	0.00	0.00	3,615.00 ✓	
A2305031378 ✓	TECH SUPPORT	05/17/20	05/03/20	05/28/20		19,398.00	0.00	0.00	19,398.00 ✓	
T2305091378 ✓	MEDICAL CODING/BUS SERV	05/17/20	05/09/20	06/01/20		18,261.91	0.00	0.00	18,261.91 ✓	
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	C2510 EVIDENT					41,274.91	0.00	0.00	41,274.91	

Vendor#	Vendor Name			Class	Pay Code					
F1100	FEDERAL EXPRESS CORP. ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8-098-45844 ✓	FREIGHT	05/18/20	04/13/20	05/08/20		58.27	0.00	0.00	58.27 ✓	
8-106-60085 ✓	FREIGHT	05/18/20	04/20/20	05/15/20		31.79	0.00	0.00	31.79 ✓	
8-113-86007 ✓	FREIGHT	05/18/20	04/27/20	05/22/20		29.94	0.00	0.00	29.94 ✓	
8-120-57420 ✓	FREIGHT	05/18/20	05/04/20	05/29/20		35.68	0.00	0.00	35.68 ✓	
8-128-05814 ✓	FREIGHT	05/18/20	05/11/20	06/05/20		82.38	0.00	0.00	82.38 ✓	
8-134-63694 ✓	FREIGHT	05/18/20	05/18/20	06/08/20		36.53	0.00	0.00	36.53 ✓	
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	F1100 FEDERAL EXPRESS CORP.					274.59	0.00	0.00	274.59	

Vendor#	Vendor Name			Class	Pay Code					
13016	FIRST INSURANCE FUNDING ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
051223	INS INSTALLMENT	05/17/20	05/12/20	06/01/20		3,384.89	0.00	0.00	3,384.89 ✓	
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	13016 FIRST INSURANCE FUNDING					3,384.89	0.00	0.00	3,384.89	

Vendor#	Vendor Name			Class	Pay Code					
F1400	FISHER HEALTHCARE ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2636516 ✓	SUPPLIES	05/16/20	05/02/20	05/27/20		60.40	0.00	0.00	60.40 ✓	
2677061 ✓	SUPPLIES	05/16/20	05/03/20	05/28/20		712.80	0.00	0.00	712.80 ✓	
2717117 ✓	SUPPLIES	05/16/20	05/04/20	05/29/20		431.43	0.00	0.00	431.43 ✓	
2755397 ✓	SUPPLIES	05/16/20	05/05/20	05/30/20		198.86	0.00	0.00	198.86 ✓	
2792101 ✓	SUPPLIES	05/16/20	05/08/20	06/02/20		10.16	0.00	0.00	10.16 ✓	
2792102 ✓	SUPPLIES	05/16/20	05/08/20	06/02/20		1,477.56	0.00	0.00	1,477.56 ✓	

2831130	✓		05/16/20	05/09/20	06/03/20		612.00	0.00	0.00	612.00	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					3,503.21	0.00	0.00	3,503.21	
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			
9687038563		05/16/20	04/26/20	05/21/20		-23.21	0.00	0.00	-23.21	✓		
	CREDIT											
9687606930		05/16/20	04/26/20	05/21/20		-73.77	0.00	0.00	-73.77	✓		
	CREDIT											
9691168216		05/16/20	04/30/20	05/25/20		86.80	0.00	0.00	86.80	✓		
	SUPPLIES											
9695379488		05/16/20	05/03/20	05/28/20		273.61	0.00	0.00	273.61	✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		W1300	GRAINGER					263.43	0.00	0.00	263.43	
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			
2372407		05/16/20	03/28/20	04/27/20		516.28	0.00	0.00	516.28	✓		
	SUPPLIES											
2392073		05/16/20	05/09/20	06/08/20		949.82	0.00	0.00	949.82	✓		
	SUPPLIES											
2392069		05/16/20	05/09/20	06/08/20		176.80	0.00	0.00	176.80	✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY					1,642.90	0.00	0.00	1,642.90	
Vendor#	Vendor Name		Class		Pay Code							
10804	HEALTHCARE CODING & CONSULTING											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
13811		05/17/20	04/30/20	05/30/20		665.00	0.00	0.00	665.00	✓		
	CHARTS											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		10804	HEALTHCARE CODING & CONSULTING					665.00	0.00	0.00	665.00	
Vendor#	Vendor Name		Class		Pay Code							
11552	HEALTHCARE FINANCIAL SERVICES											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
100755452		05/17/20	05/07/20	06/01/20		1,797.44	0.00	0.00	1,797.44	✓		
	LEASE											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11552	HEALTHCARE FINANCIAL SERVICES					1,797.44	0.00	0.00	1,797.44	
Vendor#	Vendor Name		Class		Pay Code							
K1134	KING'S PARTY RENTALS		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
60282		05/17/20	05/09/20	06/01/20		71.50	0.00	0.00	71.50	✓		
	POPCORN MACHINE (Community Health Fair)											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		K1134	KING'S PARTY RENTALS					71.50	0.00	0.00	71.50	
Vendor#	Vendor Name		Class		Pay Code							
L0700	LABCORP OF AMERICA HOLDINGS		M									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
76382791	✓ LAB SERV	05/17/20	04/29/20	05/24/20		42.80	0.00	0.00	42.80 ✓
69040778CR	✓ CREDIT	05/17/20	04/30/20	05/25/20		-38.43	0.00	0.00	-38.43 ✓
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
L0700 LABCORP OF AMERICA HOLDINGS						4.37	0.00	0.00	4.37
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
2265752072	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		50.91	0.00	0.00	50.91 ✓
2265752075	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		48.89	0.00	0.00	48.89 ✓
2265818076	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		489.56	0.00	0.00	489.56 ✓
2265752069	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		1,054.35	0.00	0.00	1,054.35 ✓
2265752071	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		3,481.49	0.00	0.00	3,481.49 ✓
2265818075	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		464.00	0.00	0.00	464.00 ✓
2265752068	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		360.43	0.00	0.00	360.43 ✓
2265752076	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		81.29	0.00	0.00	81.29 ✓
2265752073	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		48.89	0.00	0.00	48.89 ✓
2265752070	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		933.55	0.00	0.00	933.55 ✓
2265752065	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		123.00	0.00	0.00	123.00 ✓
2265752074	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		159.26	0.00	0.00	159.26 ✓
2265752066	✓ SUPPLIES	05/16/20	05/03/20	05/28/20		87.50	0.00	0.00	87.50 ✓
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
M2470 MEDLINE INDUSTRIES INC						7,383.12	0.00	0.00	7,383.12
Vendor#	Vendor Name			Class	Pay Code				
10182	MERCEDES SCIENTIFIC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2710175	✓ SUPPLIES	05/16/20	05/04/20	06/03/20		36.19	0.00	0.00	36.19 ✓
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
10182 MERCEDES SCIENTIFIC						36.19	0.00	0.00	36.19
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
051123	PAYROLL DEDUCT	05/17/20	05/11/20	05/21/20		126.83	0.00	0.00	126.83 ✓
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net

Vendor#	Vendor Name	Class	Pay Code							
	M2621 MMC AUXILIARY GIFT SHOP					126.83	0.00	0.00	126.83	
10536	MORRIS & DICKSON CO, LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9563404 ✓		05/17/20	05/10/20	05/20/20		46.11	0.00	0.00	46.11 ✓
		INVENTORY								
	9563405 ✓		05/17/20	05/10/20	05/20/20		609.91	0.00	0.00	609.91 ✓
		INVENTORY								
	9562129 ✓		05/17/20	05/10/20	05/20/20		2.64	0.00	0.00	2.64 ✓
		INVENTORY								
	9563631 ✓		05/17/20	05/10/20	05/20/20		55.48	0.00	0.00	55.48 ✓
		INVENTORY								
	9563632 ✓		05/17/20	05/10/20	05/20/20		917.17	0.00	0.00	917.17 ✓
		INVENTORY								
	9562130 ✓		05/17/20	05/10/20	05/20/20		15.21	0.00	0.00	15.21 ✓
		INVENTORY								
	9562131 ✓		05/17/20	05/10/20	05/20/20		1,737.00	0.00	0.00	1,737.00 ✓
		INVENTORY								
	9563316 ✓		05/17/20	05/10/20	05/20/20		8,555.21	0.00	0.00	8,555.21 ✓
		INVENTORY								
	9570024 ✓		05/17/20	05/11/20	05/21/20		234.59	0.00	0.00	234.59 ✓
		INVENTORY								
	9567143 ✓		05/17/20	05/11/20	05/21/20		10.71	0.00	0.00	10.71 ✓
		INVENTORY								
	9570025 ✓		05/17/20	05/11/20	05/21/20		18,160.13	0.00	0.00	18,160.13 ✓
		INVENTORY								
	9576902 ✓		05/17/20	05/14/20	05/24/20		16.16	0.00	0.00	16.16 ✓
		INVENTORY								
	9576903 ✓		05/17/20	05/14/20	05/24/20		5,799.17	0.00	0.00	5,799.17 ✓
		INVENTORY								
	9575021 ✓		05/17/20	05/14/20	05/24/20		57.79	0.00	0.00	57.79 ✓
		INVENTORY								
	9578358 ✓		05/17/20	05/15/20	05/25/20		38.99	0.00	0.00	38.99 ✓
		INVENTORY								
	9581055 ✓		05/17/20	05/15/20	05/25/20		71.55	0.00	0.00	71.55 ✓
		INVENTORY								
	9581056 ✓		05/17/20	05/15/20	05/25/20		79.54	0.00	0.00	79.54 ✓
		INVENTORY								
	9580814 ✓		05/17/20	05/15/20	05/25/20		3.24	0.00	0.00	3.24 ✓
		INVENTORY								
	9586724 ✓		05/17/20	05/16/20	05/26/20		334.83	0.00	0.00	334.83 ✓
		INVENTORY								
	9586723 ✓		05/17/20	05/16/20	05/26/20		304.79	0.00	0.00	304.79 ✓
		INVENTORY								
	9585056 ✓		05/17/20	05/16/20	05/26/20		26.63	0.00	0.00	26.63 ✓
		INVENTORY								
	Vendor Total:	Number	Name				Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				37,076.85	0.00	0.00	37,076.85
13548	NACOGDOCHES TRANSCRIPTION ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

8034		05/17/20	05/08/20	05/18/20		273.14	0.00	0.00	273.14	
TRANSCRIPTION										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					13548	NACOGDOCHES TRANSCRIPTION	273.14	0.00	0.00	273.14
Vendor#	Vendor Name					Class	Pay Code			
O1500	OLYMPUS AMERICA INC					M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
34370080		05/16/20	05/07/20	06/01/20		1,125.00	0.00	0.00	1,125.00	
CONTRACT										
34377915		05/16/20	05/09/20	06/03/20		145.00	0.00	0.00	145.00	
SUPPLIES										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					O1500	OLYMPUS AMERICA INC	1,270.00	0.00	0.00	1,270.00
Vendor#	Vendor Name					Class	Pay Code			
O1416	ORTHO CLINICAL DIAGNOSTICS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1852932845		05/16/20	05/07/20	06/06/20		339.96	0.00	0.00	339.96	
SUPPLIES										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					O1416	ORTHO CLINICAL DIAGNOSTICS	339.96	0.00	0.00	339.96
Vendor#	Vendor Name					Class	Pay Code			
10152	PARTSSOURCE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
04728937		05/11/20	03/24/20	06/05/20		5.94	0.00	0.00	5.94	
SUPPLIES										
04780199		05/16/20	05/04/20	06/03/20		53.42	0.00	0.00	53.42	
SUPPLIES										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10152	PARTSSOURCE, LLC	59.36	0.00	0.00	59.36
Vendor#	Vendor Name					Class	Pay Code			
S0905	PERFORMANCE HEALTH					M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
IN95663995		05/16/20	10/13/20	11/07/20		110.02	0.00	0.00	110.02	
SUPPLIES										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					S0905	PERFORMANCE HEALTH	110.02	0.00	0.00	110.02
Vendor#	Vendor Name					Class	Pay Code			
12708	POC ELECTRIC, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3790		05/16/20	05/06/20	05/06/20		600.00	0.00	0.00	600.00	
TROUBLE CALL										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					12708	POC ELECTRIC, LLC	600.00	0.00	0.00	600.00
Vendor#	Vendor Name					Class	Pay Code			
12480	PRO ENERGY PARTNERS LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2304-0600		05/17/20	04/30/20	05/15/20		2,247.87	0.00	0.00	2,247.87	
GAS										
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					12480	PRO ENERGY PARTNERS LLC	2,247.87	0.00	0.00	2,247.87
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		
050623		05/17/20	05/06/20	05/20/20		48.21	0.00	0.00	48.21	✓	
	TRAVEL REIMB	SAM'S 5/10-5/18/23									
051223		05/17/20	05/12/20	05/22/20		48.73	0.00	0.00	48.73	✓	
	TRAVEL REIMB	SAM'S 5/10/23									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11764 ROBERT RODRIQUEZ					96.94	0.00	0.00	96.94		
Vendor#	Vendor Name					Class	Pay Code				
S1800	SHERWIN WILLIAMS ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
48926	0017-8	05/18/20	04/19/20	05/04/20		-90.06	0.00	0.00	-90.06	✓	
	CREDIT										
043023		05/18/20	04/30/20	05/15/20		1,118.30	0.00	0.00	1,118.30	✓	
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	S1800 SHERWIN WILLIAMS					1,028.24	0.00	0.00	1,028.24		
Vendor#	Vendor Name					Class	Pay Code				
14716	SINGLETON ASSOCIATES PA ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
51-28		05/11/20	01/04/20	06/05/20		193.84	0.00	0.00	193.84	✓	
	RADIOLOGY SERV										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	14716 SINGLETON ASSOCIATES PA					193.84	0.00	0.00	193.84		
Vendor#	Vendor Name					Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
CM9483		05/17/20	05/15/20	06/01/20		-2,112.00	0.00	0.00	-2,112.00	✓	
	CREDIT										
107030790		05/17/20	05/15/20	06/01/20		4,825.00	0.00	0.00	4,825.00	✓	
	BLOOD										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11296 SOUTH TEXAS BLOOD & TISSUE CEN					2,713.00	0.00	0.00	2,713.00		
Vendor#	Vendor Name					Class	Pay Code				
S2345	SOUTHEAST TEXAS HEALTH SYS ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
26786		05/09/20	05/05/20	06/04/20		300.00	0.00	0.00	300.00	✓	
	HINDS/HOBSON CREDENTIAL										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	S2345 SOUTHEAST TEXAS HEALTH SYS					300.00	0.00	0.00	300.00		
Vendor#	Vendor Name					Class	Pay Code				
14784	SOUTHEASTERN BIOMEDICAL ASSOC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
65866		05/16/20	04/26/20	05/16/20		1,005.00	0.00	0.00	1,005.00	✓	
	SERVICE WORK										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	14784 SOUTHEASTERN BIOMEDICAL ASSOC.					1,005.00	0.00	0.00	1,005.00		
Vendor#	Vendor Name					Class	Pay Code				
S3940	STERIS CORPORATION ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11153089		05/16/20	05/09/20	06/03/20		624.46	0.00	0.00	624.46	✓	

SUPPLIES

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
Vendor Totals									
	S3940 STERIS CORPORATION			624.46	0.00	0.00	624.46		
T2204	TEXAS MUTUAL INSURANCE CO ✓	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1004654600 ✓		05/17/20	05/10/20	05/30/20		4,781.00	0.00	0.00	4,781.00 ✓
WORKERS COMP									
Vendor Totals									
	T2204 TEXAS MUTUAL INSURANCE CO			4,781.00	0.00	0.00	4,781.00		
13224	TORCH ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2229336 ✓		05/17/20	04/28/20	05/25/20		17,835.00	0.00	0.00	17,835.00 ✓
INTERIM CFO (41-4130123)									
Vendor Totals									
	13224 TORCH			17,835.00	0.00	0.00	17,835.00		
11067	TRIZETTO PROVIDER SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
35FK052300 ✓		05/17/20	05/01/20	05/26/20		1,178.31	0.00	0.00	1,178.31 ✓
PATIENT STATEMENTS									
Vendor Totals									
	11067 TRIZETTO PROVIDER SOLUTIONS			1,178.31	0.00	0.00	1,178.31		
11001	ULINE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
163225826 ✓		05/16/20	05/04/20	06/03/20		95.27	0.00	0.00	95.27 ✓
SUPPLIES									
Vendor Totals									
	11001 ULINE			95.27	0.00	0.00	95.27		
U1064	UNIFIRST HOLDINGS INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2921003353 ✓		05/17/20	05/08/20	06/02/20		2,286.09	0.00	0.00	2,286.09 ✓
LAUNDRY									
2921003354 ✓		05/17/20	05/08/20	06/02/20		59.45	0.00	0.00	59.45 ✓
LAUNDRY									
2921003677 ✓		05/17/20	05/11/20	06/05/20		1,885.51	0.00	0.00	1,885.51 ✓
LAUNDRY									
2921003681 ✓		05/17/20	05/11/20	06/05/20		203.47	0.00	0.00	203.47 ✓
LAUNDRY									
2921003683 ✓		05/17/20	05/11/20	06/05/20		199.11	0.00	0.00	199.11 ✓
LAUNDRY									
2921003680 ✓		05/17/20	05/11/20	06/05/20		213.06	0.00	0.00	213.06 ✓
LAUNDRY									
2921003679 ✓		05/17/20	05/11/20	06/05/20		231.36	0.00	0.00	231.36 ✓
LAUNDRY									
2921003676 ✓		05/17/20	05/11/20	06/05/20		87.37	0.00	0.00	87.37 ✓
LAUNDRY									
2921003682 ✓		05/17/20	05/11/20	06/05/20		80.23	0.00	0.00	80.23 ✓

LAUNDRY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	5,245.65	0.00	0.00	5,245.65

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	380,994.02	0.00	0.00	380,994.02

~~917.17~~
 + 914.17

 \$380,991.02

380,994.02 +
 917.17 -
 914.17 +
 380,991.02 *

APPROVED ON

MAY 18 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CK# 199364-199426

RECEIVED BY THE
COUNTY AUDITOR ON
MAY 18 2023
TIME: 09:41

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT
NUMBER PAYEE NAME
CALHOUN COUNTY, TEXAS

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		051723	630.69	✓	5		
		051723	485.04	✓	2		
		051723	546.52	✓	3		
		051723	160.00	✓	3		
		051723	238.94	✓	2		
		051723	150.00	✓	2		
		051723	48.71	✓	2		
			2259.90				

TOTAL

2259.90

APPROVED ON

MAY 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

199436-199442

CITIBANK CORPORATE CARD

Account Statement



Commercial Card Account
ROSHANDA S THOMAS

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

Account Number: XXXX-XXXX-XXXX-9457

Summary of Account Activity	
Total Activity	\$3,006.35

Not an invoice. For your records only.	
Credit Limit	\$15,000
Cash Advance Limit	\$0
Statement Closing Date	05/03/2023
Days in Billing Period	30

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

Transactions

5-26-23

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
04/04	04/03	9399	05134373094600037913442	1 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93029946	22033 USA 2.50 ✓
04/04	04/04	8999	55432863094206411516845	2 AMA*CREENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
04/05	04/04	9399	05134373095600037378835	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93067184	22033 USA 2.50 ✓
04/05	04/04	9399	05134373095600037378918	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93067383	22033 USA 2.50 ✓
04/05	04/04	9399	05134373095600037379098	5 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93067663	22033 USA 2.50 ✓
04/05	04/04	9399	05134373095600037379171	6 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93067929	22033 USA 2.50 ✓
04/05	04/04	9399	05134373095600037379254	7 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93068362	22033 USA 2.50 ✓
04/06	04/05	3665	55436873096160965368322	8 HAMPTON INNS PORT LAVACA TX 00521498 CHECK IN: 03/29/2023 00521498	77979 USA 1,371.90 ✓
04/17	04/13	3502	85369433105697601634963	9 BEST WESTERN PLUS BUDA BUDA TX 0000031521 CHECK IN: 04/12/2023	78610 USA 541.16 ✓
04/20	04/19	3665	55436873110161104078766	10 HAMPTON INNS PORT LAVACA TX 00549262 CHECK IN: 04/12/2023 00549262	77979 USA 941.29 ✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

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

Not an invoice.
For your records only.

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

00007905040

How to Dispute a Charge on Your Citi Corporate Card

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

How to Dispute a Charge on Your Citi Corporate Card

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

Account: XXXX-XXXX-XXXX-9457

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
04/21	04/20	9399	05134373111600037279918	11 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N93599775	
04/21	04/21	8999	55432863111201313627740	12 AMA*CREREDENTIALING 800-621-8335 IL	44.00 ✓
05/03	05/02	9399	05134373123600038934541	13 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N93943794	
05/03	05/03	8999	55432863123204912967414	14 AMA*CREREDENTIALING 800-621-8335 IL	44.00 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S):					\$3,006.36

APPROVED ON
MAY 17 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account: XXXX-XXXX-XXXX-9457

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citicbank

Date: 5/12/2023

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		NPDB x 1 provider			2.50.
2	-		AMA Credentialing - x1			44.00.
3			provider - unit appt			
4	-		NPDB x 5 providers	2.50		12.50
5	-		Hampton Inns - Hotel for			1371.90
6			Dr David Hobson, OB/Gyn			
7	-		Best Western - Hotel for			541.16
8			Amanda Briggs, DT			
9	-		Hampton Inns - Hotel			941.29
10			for Dr David Hobson			

Est. Freight _____

Est. Total Cost _____

TOTAL COST _____

NOTES:

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

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator: Richard Thomas 5/12/23

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank
Vendor Address: _____
Vendor Phone #: _____
Vendor Fax #: _____

Date: 5/12/2023
P.O. # _____
Account # _____
Initiated By: _____

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	2.50	+	NPDB x 1 provider			2.50
2	44.00	+	AMA credentialing x 1			44.00
3	12.50	+	provider - 8nit appt			
	541.16	+				
4	941.29	+	NPDB x 1 provider			2.50
5	2.50	+	AMA credentialing x 1			44.00
6	44.00	+	provider - 8nit appt			
7	3.00	6.35 *				
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$3,006.35

NOTES:

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Robert Thomas 5/12/23</u>

Wire Transfer

COUNTY OF CALHOUN TEXAS



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 3,006.35 ✓
Debit Account - DDA (MEMORIAL MEDICAL CENTER - OPERATING) -
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 05/26/2023

Originator Information

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

Beneficiary / Payee Information

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

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment

Additional Information For Beneficiary

Status History

Timestamp	Status	Initiator	Description
May 26, 2023 1:41:42 PM CDT	Created	HONDA S. KOKENA)	Wire Created.

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
C0001 CALHOUN COUNTY MMC



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

Account Number: XXXX-XXXX-XXXX-2799
Invoice # 3653004058

Previous Balance	\$10,679.27
Payments	\$10,936.77
Credits	\$0.00
Purchases & Other Charges	\$3,006.35
Cash Transactions	\$0.00
Cash Transaction Fees	\$0.00
Interest Charges	\$0.00

New Balance	\$2,748.85
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$2,748.85
Payment Due Date	05/28/2023
Statement Closing Date	05/03/2023
Days in Billing Period	30

Credit Limit	\$30,000
Available Credit Limit	\$27,251
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

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

Company Transactions

Account: XXXX-XXXX-XXXX-2799 C0001 CALHOUN COUNTY MMC Total Activity: (\$10,936.77)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
04/06	03/22	0000	75563973082082000040731	1 CREDIT 03/22 PAYMENT	4,877.42 PY
04/27	04/27	0000	75563973117117000004987	2 PAYMENT THANK YOU	6,059.35 PY

Cardholder Transactions

Account: XXXX-XXXX-XXXX-9457 ROSHANDA S THOMAS Total Activity: \$3,006.35

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

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
04/04	04/03	9399	05134373094600037913442	1 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93029946	2.50
04/04	04/04	8999	55432863094206411516845	2 AMA*CREDENTIALING 800-621-8335 IL	44.00
04/05	04/04	9399	05134373095600037378835	3 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93067184	2.50

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

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

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

Account Number XXXX-XXXX-XXXX-2799
Payment Due Date May 28, 2023
New Balance \$2,748.85
Past Due Amount* \$0.00
Minimum Payment Due \$2,748.85

Mail
Checks
To

Amount Enclosed
\$

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

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

28000 0274885 0274885 1093677 05567090005272799 0303

Information About Your Citi[®] Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
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- **CitiManager[®] Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/login and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
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Account Inquiries

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

Account: XXXX-XXXX-XXXX-2799

Cardholder Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
04/05	04/04	9399	05134373095600037378918	4 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93067383	22033 USA 2.50
04/05	04/04	9399	05134373095600037379098	5 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93067663	22033 USA 2.50
04/05	04/04	9399	05134373095600037379171	6 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93067929	22033 USA 2.50
04/05	04/04	9399	05134373095600037379254	7 NPDB NPDB.HRSA.GOV 800-767-6732 VA N93068362	22033 USA 2.50
04/06	04/05	3665	55436873096160965368322	8 HAMPTON INNS PORT LAVACA TX 00521498 CHECK IN: 03/29/2023 00521498	77979 USA 1,371.90
04/17	04/13	3502	85369433105697601634963	9 BEST WESTERN PLUS BUDA BUDA TX 0000031521 CHECK IN: 04/12/2023	78610 USA 541.16
04/20	04/19	3665	55436873110161104078766	10 HAMPTON INNS PORT LAVACA TX 00549262 CHECK IN: 04/12/2023 00549262	77979 USA 941.29
04/21	04/20	9399	05134373111600037279918	11 NPDB NPDB.HRSA.GOV FAIRFAX VA N93599775	22033 USA 2.50
04/21	04/21	8999	55432863111201313627740	12 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00
05/03	05/02	9399	05134373123600038934541	13 NPDB NPDB.HRSA.GOV FAIRFAX VA N93943794	22033 USA 2.50
05/03	05/03	8999	55432863123204912967414	14 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00

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

* (D) Daily Rate
(M) Monthly Rate

Account: XXXX-XXXX-XXXX-2799

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 22 2023

05/22/2023
CALHOUN COUNTY, TEXAS
10:07

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

C1010 SPARKLIGHT ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
042023		05/22/20	04/20/20	04/21/20		-73.01	0.00	0.00	-73.01 ✓
	CREDIT								
051623		05/22/20	05/16/20	05/17/20		122.07	0.00	0.00	122.07 ✓
	CABLE								
051623A		05/22/20	05/16/20	05/17/20		2,250.00	0.00	0.00	2,250.00 ✓
	INTERNET								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
C1010	SPARKLIGHT		2,299.06	0.00	0.00	2,299.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,299.06	0.00	0.00	2,299.06

APPROVED ON

MAY 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 149420

MAY 22 2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

05/22/2023

09:29

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

10789 DISCOVERY MEDICAL NETWORK INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC051523 ✓		05/22/20	05/15/20	05/16/20		74,504.22	0.00	0.00	74,504.22 ✓

PHYSICIAN SERV (5/1-5/15/23)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	74,504.22	0.00	0.00	74,504.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	74,504.22	0.00	0.00	74,504.22

APPROVED ON

MAY 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 199386

MCKESSON

STATEMENT

As of: 05/19/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 05/19/2023
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: 05/20/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 05/20/2023 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	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 11,812.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 18/07/2017 2,451.97

If Paid By 05/23/2023,
Pay This Amount: 11,575.80 USD

If Paid After 05/23/2023,
Pay this Amount: 11,812.06 USD

Due if Paid On Time: USD 11,575.80 ✓
Disc lost if paid late: 236.26
Due if Paid Late: USD 11,812.06

Andrew De Los Santos
5/22/23

APPROVED ON

MAY 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 05/19/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 05/19/2023
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: 05/20/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/20/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
15/15/2023	05/23/2023	7417898036	74618186	115Invoice	0.03	1.27		1.24 ✓		7417898036	
15/15/2023	05/23/2023	7417898037	74618186	115Invoice	15.90	794.76		778.86 ✓		7417898037	
15/15/2023	05/23/2023	7417898038	74669159	115Invoice	0.01	0.63		0.62 ✓		7417898038	
15/15/2023	05/23/2023	7417917238	74712296	115Invoice	64.08	3,203.88		3,139.80 ✓		7417917238	
15/15/2023	05/23/2023	7417917239	74712296	115Invoice	12.17	608.49		596.32 ✓		7417917239	
15/15/2023	05/23/2023	7418162333	74500856	195Invoice	3.29	164.62		161.33 ✓		7418162333	
15/16/2023	05/23/2023	7418242510	74821423	115Invoice	34.41	1,720.68		1,686.27 ✓		7418242510	
15/16/2023	05/23/2023	7418425980	74760198	115Invoice	2.69	134.26		131.57 ✓		7418425980	
15/17/2023	05/23/2023	7418526242	74906190	115Invoice	15.89	794.61		778.72 ✓		7418526242	
15/17/2023	05/23/2023	7418526243	74906190	115Invoice	0.03	1.27		1.24 ✓		7418526243	
15/17/2023	05/23/2023	7418526244	74974913	115Invoice	31.78	1,588.90		1,557.12 ✓		7418526244	
15/18/2023	05/23/2023	7418810975	75040448	115Invoice	6.48	324.08		317.60 ✓		7418810975	
15/18/2023	05/23/2023	7418810976	75040448	115Invoice	0.01	0.63		0.62 ✓		7418810976	
15/18/2023	05/23/2023	7418810977	75111079	115Invoice	22.46	1,122.98		1,100.52 ✓		7418810977	
15/18/2023	05/23/2023	7418990488	75049448	115Invoice	0.67	33.33		32.66 ✓		7418990488	
15/19/2023	05/23/2023	7419100623	75160181	115Invoice	22.36	1,117.96		1,095.60 ✓		7419100623	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 11,612.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 21,412.03
05/15/2023

If Paid By 05/23/2023,
Pay This Amount: 11,380.09 USD

If Paid After 05/23/2023,
Pay this Amount: 11,612.35 USD

Due If Paid On Time:
USD 11,380.09 ✓

Disc lost if paid late:
232.26

Due If Paid Late:
USD 11,612.35

APPROVED ON

MAY 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew D. Santos
5/22/23

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 05/19/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 05/19/2023
Mail to:

Page: 001
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 835434
Date: 05/20/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 05/20/2023

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
15/17/2023	05/23/2023	7418515182	2380128	115Invoice	0.23	11.44		11.21	✓	7418515182	
15/17/2023	05/23/2023	7418515184	2380128	115Invoice	3.67	183.29		179.62	✓	7418515184	

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: 194.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 15/15/2023 21,412.03

If Paid By 05/23/2023,
Pay This Amount: 190.83 USD

If Paid After 05/23/2023,
Pay this Amount: 194.73 USD

Due If Paid On Time: 190.83 USD ✓
Disc lost if paid late: 3.90
Due If Paid Late: 194.73 USD

Andrew Dates Santos
5/22/23

APPROVED ON

MAY 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 05/19/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 05/19/2023
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: 05/20/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 05/20/2023 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											
05/17/2023	05/23/2023	7418708166	2380129	115Invoice	0.10	4.98		4.88	✓	7418708166	

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

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

Subtotals: 4.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 15/15/2023 21,412.03

If Paid By 05/23/2023,
Pay This Amount: 4.88 USD

If Paid After 05/23/2023,
Pay this Amount: 4.98 USD

Due If Paid On Time: 4.88 ✓
USD
Disc lost if paid late: 0.10
Due If Paid Late: 4.98
USD

Andrew D. [Signature]
5/22/23

APPROVED ON

MAY 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER ✓ 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
		Remit To:	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	Summary	
				Not Yet Due: 0.00 Current: 4,894.11 Past Due: 0.00 Total Due: 4,894.11 Account Balance: 4,894.11	

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-15-2023	05-26-2023	3133268529	170825	Invoice	472.98		0.00	472.98 ✓
05-15-2023	05-26-2023	3133365884	170828	Invoice	427.15		0.00	427.15 ✓
05-15-2023	05-26-2023	3133404758	170874	Invoice	426.80		0.00	426.80 ✓
05-16-2023	05-26-2023	3133546058	170883	Invoice	2.05		0.00	2.05 ✓
05-17-2023	05-26-2023	3133687180	170889	Invoice	25.07		0.00	25.07 ✓
05-18-2023	05-26-2023	3133841026	170899	Invoice	2,035.75		0.00	2,035.75 ✓
05-19-2023	05-26-2023	3133985017	170908	Invoice	1,493.60		0.00	1,493.60 ✓
05-19-2023	05-26-2023	3133985018	170909	Invoice	10.71		0.00	10.71 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
4,894.11	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
05-19-2023	(2,535.27)

Reminders	
Due Date	Amount
05-26-2023	4,894.11
Total Due:	4,894.11 ✓

Andrew De los Santos
5/22/23

APPROVED ON
MAY 22 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
		###	74-6003411	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"		6716	
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"		1	
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★	23	
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	06	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	\$ 118,586.07	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	\$ 61,877.82	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		\$ 14,471.38	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		\$ 42,236.87	#
		CHECK	S	
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

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

paid online EFTPS

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN
 PAY PERIOD: END
 PAY DATE:

5/5/2023
 5/18/2023
 5/26/2023

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS	
GROSS PAY:	\$ 533,719.82			\$ -		\$ 533,719.82	
DEDUCTIONS:							
A/R	\$ 316.75					\$ 316.75	
ADVANC						\$ -	
BOOTS						\$ -	
SUNLIFE CRITICAL ILLNESS	\$ 1,193.93					\$ 1,193.93	
SUNLIFE ACCIDENT	\$ 747.07					\$ 747.07	
SUNLIFE VISION						\$ -	
SUNLIFE SHORT TERM DIS	\$ 1,972.39					\$ 1,972.39	
BCBS VISION	\$ 1,003.15					\$ 1,003.15	
CAFE-D	\$ 1,558.54					\$ 1,558.54	
CAFE-H	\$ 23,736.24					\$ 23,736.24	
CAFE-P						\$ -	
CANCER						\$ -	
CHILD	\$ 602.77					\$ 602.77	
CLINIC	\$ 230.00					\$ 230.00	
COMBIN	\$ 271.83					\$ 271.83	
CREDUN						\$ -	
DENTAL						\$ -	
DEP-LF						\$ -	
SUNLIFE TERM LIFE	\$ 927.98					\$ 927.98	
SUNLIFE HOSP INDEM	\$ 652.93					\$ 652.93	
FED TAX	\$ 42,236.87					\$ 42,236.87	
FICA-M	\$ 7,235.69					\$ 7,235.69	
FICA-O	\$ 30,938.91					\$ 30,938.91	
FIRST C						\$ -	
FLEX S	\$ 3,377.89					\$ 3,377.89	
FLX-FE						\$ -	
GIFT S	\$ 198.47					\$ 198.47	
GRP-IN						\$ -	
GTL						\$ -	
HOSP-I						\$ -	
LEGAL	\$ 1,031.61					\$ 1,031.61	
OTHER	\$ 1,327.62					\$ 1,327.62	
NATIONAL FARM LIFE	\$ 1,946.19					\$ 1,946.19	
MED SURCHARGE	\$ 420.00					\$ 420.00	
PR FIN						\$ -	
RELAY						\$ -	
REPAY						\$ -	
STONEDF	\$ 1,115.86					\$ 1,115.86	
STONE						\$ -	
STONE 2						\$ -	
STUDEN						\$ -	
TSA-R	\$ 36,970.97					\$ 36,970.97	
UWIHOS						\$ -	
TOTAL DEDUCTIONS:	\$ 160,013.66	\$ -	\$ -	\$ -	\$ -	\$ 160,013.66	
NET PAY:	\$ 373,706.16	\$ -	\$ -	\$ -	\$ -	\$ 373,706.16	
TOTAL CAFE 125 PLAN:	\$ 34,705.07	Less Exempt:					
TAXABLE PAY:	\$ 499,014.75	\$ 499,014.75					

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,235.71		
FICA - MED (EE)	1.45%	\$ 7,235.71	\$ 7,235.69	\$ 0.02
FICA - SOC SEC (ER)	6.20%	\$ 30,938.91		
FICA - SOC SEC (EE)	6.20%	\$ 30,938.91	\$ 30,938.91	\$ -
FED WITHHOLDING		\$ 42,236.87	\$ 42,236.87	

Employees over FICA-SS Cap: \$ -
 Paycode S - Employee Reimb.: \$ -
 TOTAL: \$ -

TAX DEPOSIT:	\$ 118,586.11	\$ 118,586.07	
FICA - MEDICARE	2.90%	\$ 14,471.42	\$14,471.38
FICA - SOCIAL SECURITY	12.40%	\$ 61,877.82	\$61,877.82
FED WITHHOLDING		\$ 42,236.87	\$42,236.87
TOTAL TAX:	\$ 118,586.11	\$118,586.07	\$ 0.04

PREPARED BY: Caitlin Clevenger
 PREPARED DATE: 5/21/2023

Run Date: 05/21/23
Time: 11:49

MEMORIAL MEDICAL CENTER
Payroll Register / Bi-Weekly
Pay Period 05/05/23 - 05/16/23 Run# 1

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P2REG

Final Summary

Pay Code Summary				Deductions Summary			
PayCd	Description	Hrs	OT SH WE HO CH	Gross	Code	Amount	
1	REGULAR PAY-S1	9864.00	N N N	234532.10	A/R	316.75	A/R3
1	REGULAR PAY-S1	1695.25	N N N N	79972.97	ADVANC	AWARDS	BCBSVI 1003.15 ✓
1	REGULAR PAY-S1	16.00	N 1 N N	217.44	BOOTS	CAFE H	CAFE-1
1	REGULAR PAY-S1	242.00	Y N N	8245.37	CAFE-2	CAFE-3	CAFE-4
2	REGULAR PAY-S2	2729.25	N N N	74311.16	CAFE-5	CAFE-C	CAFE-D 1558.54 ✓
2	REGULAR PAY-S2	95.50	Y N N	4531.81	CAFE-F	CAFE-H	23736.24 ✓ CAFE-I
3	REGULAR PAY-S3	1405.00	N N N	46852.82	CAFE-L	CAFE-P	CANCER
3	REGULAR PAY-S3	102.50	Y N N	5514.23	CHILD	602.77 ✓ CLINIC	230.00 ✓ COMBIN 271.83 ✓
4	CALL BACK PAY	22.00	N 1 N N Y	1008.59	CREDUN	DD ADV	DENTAL
4	CALL BACK PAY	53.50	N 2 N N Y	2040.22	DEP-LF	DIS-LF	EAT
4	CALL BACK PAY	2.00	N 3 N N Y	78.65	EATCSH	FEDTAX	42236.87 ✓ FICA-M 7235.69 ✓
4	CALL BACK PAY	2.00	Y 2 N N Y	138.34	FICA-O	30938.91 ✓ FIRSTC	FLEX S 3377.89 ✓
C	CALL PAY	2549.00	N 1 N N	5098.00	FLX FE	FORT D	FUTA
D	DOUBLE TIME	15.75	N 1 N N	1246.78	GIFT S	198.47 ✓ GRANT	GRP-IN
D	DOUBLE TIME	30.50	N 2 N N	2680.95	GTL	HOSP-I	1D TFT
D	DOUBLE TIME	47.50	N 3 N N	4350.72	LEAF	LEGAL	173.11 ✓ MASA 858.50 ✓
E	EXTRA WAGES		N N N N	7500.00	MEALS	264.41 ✓ METVIS	MISC
E	EXTRA WAGES		N 1 N N N	2092.00	MISC	MMGSHR	NATFML 1946.19 ✓
I	INSERVICE	7.00	N 1 N N	346.50	OTHER	PHI	PHI***
J	JURY LEAVE	20.00	N 1 N N	298.80	PR FIN	RELAY	REPAY
K	EXTENDED-ILLNESS-BANK	300.00	N 1 N N	9541.62	SAMS	SCRUBS	SIGNON
P	PAID-TIME-OFF	209.91	N N N N	3906.51	ST-TX	STONDF	1115.66 ✓ STONE
P	PAID-TIME-OFF	1290.00	N 1 N N	37864.94	STONE2	STUDEN	SUNACT 747.07 ✓
X	CALL PAY 2	80.00	N 1 N N	160.00	SUNILL	1193.93 ✓ SUNIND	652.93 ✓ SUNLIF 827.98 ✓
Y	YMCA/CURVES		N N N N	45.00	SUNSTD	1972.39 ✓ SUNVIS	SURCHG 420.00 ✓
Z	CALL PAY 3	48.00	N 1 N N	144.00	TSA-1	TSA-2	TSA-C
					TSA-P	TSA-R	36970.97 ✓ TUTION
					UNIFOR	1063.20 ✓ UN/HOS	

----- Grand Totals: 20826.66 ----- / Gross: 533719.82 ✓ Deductions: 160013.66 Net: 373706.16 ✓
 Checks Count: - FT 202 PT 17 Other 42 Female 234 Male 25 Credit OverAmt 10 ZeroNet Term Total: 259

Andrew Debra Suter
5/22/23

Run Date: 05/21/23
Time: 12:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 05/05/23--05/18/23 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02733	ROBIN N FLEDGER	5511.16	00063311	05/26/23
12129	MICHAEL HERMES	1803.85	00063312	05/26/23
20168	JOSHUA PEPPERS	544.27	00063313	05/26/23
38188	MADELINE ANDERSON	608.56	00063314	05/26/23
55135	MARIA DAVILA	909.45	00063315	05/26/23
00041	CARL LEE KING	983.79	DD	05/26/23
00083	SYLVIA A VARGAS	939.89	DD	05/26/23
00094	SYLVIA A MENDOZA	1010.74	DD	05/26/23
00113	JACLYN CARREON	1383.29	DD	05/26/23
00132	SANDRA A BRAUN	941.99	DD	05/26/23
00192	BRENDA D PENA	1324.31	DD	05/26/23
00270	ANGELA M BURGIN	946.06	DD	05/26/23
00344	SANDRA LEE RUDDICK	2919.31	DD	05/26/23
00387	BILLIE F DUCKWORTH	1862.08	DD	05/26/23
00392	MONICA T CARR	1229.27	DD	05/26/23
00399	LINDA J TIJERINA	2813.53	DD	05/26/23
00401	VELMA J PINA	1659.17	DD	05/26/23
00417	SHERRY L KING	2551.10	DD	05/26/23
00423	DONN V STRINGO	1846.69	DD	05/26/23
00482	PAM FIKAC	1439.51	DD	05/26/23
00581	CYNTHIA L RUSHING	1811.18	DD	05/26/23
00681	RILLA RENEE WOOD	2493.97	DD	05/26/23
00692	DEBORAH E WITTEBERT	389.20	DD	05/26/23
00697	MARIA C FARIAS	1209.24	DD	05/26/23
00707	KIMBERLY RESENDEZ	1535.86	DD	05/26/23
00898	EMILIE DIANE WILKEY	1085.81	DD	05/26/23
01015	SUSAN B SMALLLEY	1954.77	DD	05/26/23
01191	SHARON M SPARKS	1919.81	DD	05/26/23
01234	JENISE N SVETLIK	2225.86	DD	05/26/23
01241	MANDY MACE	2224.54	DD	05/26/23
01367	MARILYN A SANDERS	2176.79	DD	05/26/23
01543	JACKIE E WILLIAMS	1010.65	DD	05/26/23
01791	RAUSHANAH J MONDAY	1699.86	DD	05/26/23
02011	ERIN R CLEVINGER	3814.29	DD	05/26/23
02014	AGAPITA C CANTU	643.08	DD	05/26/23
02021	ERIKA OSORNIA-SANCHEZ	1877.03	DD	05/26/23
02022	AMANDA J GRIGGS	2551.86	DD	05/26/23
02064	ANNA LAURA GARCIA	2305.03	DD	05/26/23
02099	TRACI M SHEFCIK	2851.46	DD	05/26/23
02112	LESLIE THOMAS	3953.35	DD	05/26/23
02122	DARIN LUNA	460.03	DD	05/26/23
02132	JASMINE RUIZ	1779.50	DD	05/26/23
02136	TAMMY ESQUIVEL	374.68	DD	05/26/23
02154	JUSTINE STREL CZYK	1343.01	DD	05/26/23
02162	MIRIAM PALUKA	1684.66	DD	05/26/23
02168	JENSICA KNIGHT	1399.53	DD	05/26/23
02193	TIKI VENG LAR	1559.57	DD	05/26/23
02271	DAWN J BUBENIK	2297.65	DD	05/26/23
02301	NICOLAS TIJERINA	1694.03	DD	05/26/23
02302	CATHERINE MARIE DECILLOS	431.87	DD	05/26/23
02303	CONNIE M LUNA	4226.56	DD	05/26/23
02315	NINA M GREEN	2323.64	DD	05/26/23
02322	RICK OSORNIA	777.27	DD	05/26/23

Run Date: 05/21/23
Time: 12:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 05/05/23--05/18/23 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 2
P2DISTP

Num.	Name	Amount	CHECK NUM.	DATE
02331	JESSICA B BIFFLE	1478.64	DD	05/26/23
02346	JEANETTE L FALCON	1878.96	DD	05/26/23
02416	JANELLE SCOTT	1894.18	DD	05/26/23
02511	MAGDALENA SEPULVEDA	742.05	DD	05/26/23
02535	STEFANIE M SOLIZ	20.48	DD	05/26/23
02552	VERONICA RAGUSIN	2009.02	DD	05/26/23
02622	JESUSA MARIE VILLARREAL	1790.90	DD	05/26/23
02678	MELISSA NESLONEY	1514.14	DD	05/26/23
02701	RONDA DAWNELLE GOHLKE	2309.45	DD	05/26/23
02719	DAWN M MCCLELLAND	2043.63	DD	05/26/23
02720	ELDA M LUERA	988.46	DD	05/26/23
02735	ZANDRA A GARCIA	723.73	DD	05/26/23
02763	JESSICA MARQUEZ	2119.28	DD	05/26/23
02794	HEATHER L MUTCHLER	1928.65	DD	05/26/23
02812	BRITTANY N RUDDICK	2229.56	DD	05/26/23
02907	MARIA F LONGORIA	1267.46	DD	05/26/23
02927	MICHAEL L GAINES	3019.36	DD	05/26/23
02963	DOROTHY J RENDON	829.33	DD	05/26/23
02970	DIANNE G ATKINSON	2233.66	DD	05/26/23
03864	JACQUELINE R HERRERA	1432.94	DD	05/26/23
05003	COURTNE D THURLKILL	2902.77	DD	05/26/23
05006	REGINA A MARTINEZ	2910.26	DD	05/26/23
05122	MARISSA RANGEL	410.48	DD	05/26/23
05345	ERICA NGUYEN	606.23	DD	05/26/23
05641	AMANDA R KEY	2441.45	DD	05/26/23
05757	SHARON T HOLDER	2019.53	DD	05/26/23
07123	CYNTHIA GUERRA	1672.59	DD	05/26/23
07147	CHAD A VORCE	2211.46	DD	05/26/23
07878	DIANA C SAUCEDA	1178.64	DD	05/26/23
11197	CATHERINE A SAENZ	3415.07	DD	05/26/23
11412	COURTNEY L MORKOVSKY	1932.53	DD	05/26/23
12011	KIMBERLY J REYNA	513.76	DD	05/26/23
12115	LISA J HINOJOSA	968.94	DD	05/26/23
15097	KYLE L DANIEL	2743.61	DD	05/26/23
15131	SAVANNAH HARLEY	1636.79	DD	05/26/23
15139	KRISTEN NICOLE BALLARD	1737.89	DD	05/26/23
15163	KELSEY HEINOLD	3514.61	DD	05/26/23
15171	JESSICA BARRON	573.40	DD	05/26/23
15256	COURTNEY A SALAZAR	401.90	DD	05/26/23
15266	DAWN M MAREK	2086.00	DD	05/26/23
15375	CHRISTINE ZIEGLER	1290.02	DD	05/26/23
15555	STEPHANIE MARTIN	175.23	DD	05/26/23
15915	BRIANNE J KEY	1935.38	DD	05/26/23
20102	MAYA HAWKINS	1369.77	DD	05/26/23
20112	YULMA PATRICA RODRIGUEZ	1072.29	DD	05/26/23
20144	SOPHIE M PECENA	368.45	DD	05/26/23
20156	ERIN ASHLEY WISDOM	1756.30	DD	05/26/23
20179	AMY GARCIA	1251.57	DD	05/26/23
20184	MELISSA ZAMORANO	863.69	DD	05/26/23
20206	KELLI B GOFF	1546.99	DD	05/26/23
20207	SHAWNA G HARTL	2795.09	DD	05/26/23
20243	MELANIE CORTEZ	1861.01	DD	05/26/23
20272	ANGELA YEAGER	2421.18	DD	05/26/23
20294	JESSICA D WALTHER	852.07	DD	05/26/23

Run Date: 05/21/23
Time: 12:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
20324	PATRICIA STRIBLEY	1810.60	DD	05/26/23
20343	SAVANNAH N SOCARRAS	1021.62	DD	05/26/23
20351	MADISON N MEADE	916.86	DD	05/26/23
20456	SAYDI A ST CLAIR	362.65	DD	05/26/23
20650	JOSEPH OWUSU BOATENG	691.76	DD	05/26/23
20759	JAMIE SADLER	1286.84	DD	05/26/23
20788	JAYLIN RAMIREZ	660.52	DD	05/26/23
20797	BETHANN M DIGGS	1404.44	DD	05/26/23
20977	CHERYL L TESCH	1582.14	DD	05/26/23
20980	SAVANA LENTO	606.72	DD	05/26/23
21450	DIANA E LEAL	1694.11	DD	05/26/23
21629	JACOBY R CRAWFORD	1608.05	DD	05/26/23
22618	HEATHER L LOPEZ	399.43	DD	05/26/23
26186	JANET ORDUNO	2791.57	DD	05/26/23
28014	KRISTINA A BUENGER	362.24	DD	05/26/23
28120	JESSICA V SELVERA	1265.09	DD	05/26/23
29199	KELLY A SCHOTT	1946.70	DD	05/26/23
31035	STACIE L EPLEY	1665.27	DD	05/26/23
31054	LORA L LAMBDEN	955.92	DD	05/26/23
31099	ARACELY Z GARCIA	2370.15	DD	05/26/23
31251	CYNTHIA L BIAS	1739.35	DD	05/26/23
31313	KATHERINE LYNN JIMENEZ	2008.72	DD	05/26/23
31319	STACY L FARMER	2002.18	DD	05/26/23
31463	EDWARD E MATULA	1767.10	DD	05/26/23
31508	RACHEL A HEFFNER	2811.52	DD	05/26/23
31821	KAYLA M ALVAREZ	1921.78	DD	05/26/23
31832	SHANE D KRESTA	660.34	DD	05/26/23
38118	KRYSTELLA F KISIAH	1107.71	DD	05/26/23
38168	MEGAN M CANO	783.51	DD	05/26/23
38702	ANNA VANESSA PENNELL	1022.77	DD	05/26/23
41112	ANASTASIA L PEREZ	666.08	DD	05/26/23
41171	TOMMIE M TREVINO	767.88	DD	05/26/23
41205	JEANETTE ALVARADO	791.90	DD	05/26/23
41225	LESLIE A CRAIGEN	1137.92	DD	05/26/23
41236	PAMELA K VANNOY	1456.82	DD	05/26/23
41251	SARA YBARBO	804.30	DD	05/26/23
41261	BERNICE AGUILAR	920.07	DD	05/26/23
41274	KAREN GANN	1120.51	DD	05/26/23
41279	PAMELA R HARMON	785.46	DD	05/26/23
41347	ADRIANNA D STRAKOS	759.26	DD	05/26/23
41369	LORETTA A LEAL	739.17	DD	05/26/23
41418	ANGEL M CASSEL	1019.53	DD	05/26/23
41506	JOSEFAT LUGO TORRES	802.08	DD	05/26/23
41507	OLGA I BETANCOURT	924.11	DD	05/26/23
41612	SONJA A GUAJARDO	926.50	DD	05/26/23
41617	JACQUELINE M MARTINEZ	879.13	DD	05/26/23
41896	RENAE MICHELLE EMERY	662.92	DD	05/26/23
41897	ROXANNA MUNOZ	865.33	DD	05/26/23
41901	JUANITA R MILLER	1222.36	DD	05/26/23
42106	CHRISTY SILVAS	983.13	DD	05/26/23
42112	SOCORRO C GONZALES	777.86	DD	05/26/23
42122	LEI ANA CHAVANA	1726.07	DD	05/26/23
42125	LUCY CALZADA	824.14	DD	05/26/23
42304	MIMI T NGUYEN	2272.26	DD	05/26/23

Run Date: 05/21/23
Time: 12:13

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 05/05/23--05/18/23 Run: 1
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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
42820	MARIA D CHAVEZ	854.84	DD	05/26/23
42842	SHANNA S O DONNELL	3283.75	DD	05/26/23
48680	JESSICA BUSH	43.10	DD	05/26/23
50018	MICHELLE M MORALES	1449.06	DD	05/26/23
50022	REGINA A JOHNSON	232.16	DD	05/26/23
50148	PENNY GOULDEN	3405.94	DD	05/26/23
50248	MCKENNA VILLEGAS	570.48	DD	05/26/23
50282	JACOB W HAMILTON	2585.46	DD	05/26/23
50310	JASMINE GRIGSBY	603.11	DD	05/26/23
50546	MELANIE K SAMAYOA	2098.46	DD	05/26/23
50573	DEANA R DAVIS	1561.13	DD	05/26/23
50596	BETTY S DAVIS	2050.84	DD	05/26/23
50719	DEBRA K MUSTERED	2414.69	DD	05/26/23
50928	ADINA RODRIGUEZ	720.11	DD	05/26/23
53541	JACLYN B HARTL	1623.40	DD	05/26/23
54024	MONICA A ESCALANTE	1176.32	DD	05/26/23
55026	IRENE B PEREZ	606.79	DD	05/26/23
55106	CRYSTAL M CHAVEZ	651.82	DD	05/26/23
55127	APRIL N KUBALA	2700.91	DD	05/26/23
55371	BLANCA HERNANDEZ	1084.17	DD	05/26/23
55382	SHANNON JACILDO	1720.49	DD	05/26/23
55658	LAJUAN WILKE	804.88	DD	05/26/23
58115	BECKY MARIE SALINAS	913.12	DD	05/26/23
58510	RITA L POLENSKY	861.16	DD	05/26/23
60112	ROBERT A RODRIQUEZ	1903.56	DD	05/26/23
60131	NORA OVALLE	493.95	DD	05/26/23
60156	DANIELLE M KALISEK	1151.00	DD	05/26/23
60165	TERESA A BENITEZ	1779.73	DD	05/26/23
60412	CHRISTOPHER GALINDO	787.47	DD	05/26/23
60616	DOROTHY A LONGORIA	1082.67	DD	05/26/23
60867	RUDOLFO VASQUEZ	1354.19	DD	05/26/23
62322	ALAN KNIGHT	1364.33	DD	05/26/23
63124	SANJUAN M GARCIA	1034.98	DD	05/26/23
63289	JASON RUBIO	2071.84	DD	05/26/23
65100	FELICITA BONUZ	667.94	DD	05/26/23
65125	MARTHA CUMPEAN	826.07	DD	05/26/23
65127	VERONICA ORTIZ	779.27	DD	05/26/23
65136	TINA KORANEK	935.13	DD	05/26/23
65147	BLANCAROSA VILLARREAL	315.17	DD	05/26/23
65148	MARTA INIGUEZ	784.47	DD	05/26/23
65151	ELIA OLACHIA	1074.21	DD	05/26/23
65162	CLAUDIA RUIZ	930.31	DD	05/26/23
65168	NORA MIRELES	723.73	DD	05/26/23
65189	ELVIRA SANCHEZ	896.58	DD	05/26/23
65205	JUANA SANTILLAN	755.60	DD	05/26/23
65213	LEE SIMERLY	1434.10	DD	05/26/23
65269	NATALIE BAREFIELD	966.85	DD	05/26/23
65393	RAMONA A PEREZ	1104.14	DD	05/26/23
65453	AMALIA L FLORES	1278.75	DD	05/26/23
65463	MARIA I VELOZ	757.82	DD	05/26/23
65486	ROSA RODRIGUEZ	877.36	DD	05/26/23
65513	MARIA MORALES	972.84	DD	05/26/23
65705	DOMITILA HERRERA	937.37	DD	05/26/23
65715	MARIA R GOMEZ	951.79	DD	05/26/23

Run Date: 05/21/23
Time: 12:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 05/05/23--05/18/23 Run: 1
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Num.	Name	Amount	CHECK NUM	DATE
65865	MARIA F LEDEZMA	835.15	DD	05/26/23
66368	DOMITILA GARCIA	232.57	DD	05/26/23
68568	CHRISTOPHER RUTHERFORD	1021.22	DD	05/26/23
68792	NAZARIO DIAZ HERNANDEZ	2040.29	DD	05/26/23
70119	SARA N BLEDSOE	2367.87	DD	05/26/23
72727	CHRISANDRA LYNN KOVAREK	68.28	DD	05/26/23
73749	GLORIA N REID	2471.31	DD	05/26/23
74159	CAROL VILLARREAL	1296.09	DD	05/26/23
75190	RIKA MILLER	2052.69	DD	05/26/23
76003	IRMA DELEON	684.54	DD	05/26/23
76115	JENNIFER R CARLOCK	652.55	DD	05/26/23
76120	RACHEL CANALES	1269.30	DD	05/26/23
76138	KAREN D GARCIA	755.40	DD	05/26/23
76210	ZOE VILLARREAL	492.08	DD	05/26/23
76300	AIDA JIMENEZ	953.35	DD	05/26/23
76313	PAMELA L BARTON	630.37	DD	05/26/23
76403	KATRINA A POKLUDA	1295.24	DD	05/26/23
76647	CHERYL A SEE	1008.50	DD	05/26/23
76706	GREGORY E MORALES	740.67	DD	05/26/23
76854	MARY PATTERSON	717.81	DD	05/26/23
76965	VANESSA TRISTAN	236.84	DD	05/26/23
77646	FAREN A GONZALES	1079.05	DD	05/26/23
78020	MISTY R PASSMORE	1346.89	DD	05/26/23
78058	KYANN J POWER	456.53	DD	05/26/23
78072	DONNA M RAWLINGS	1262.19	DD	05/26/23
78128	ALEXA QUINTANILLA	797.67	DD	05/26/23
78186	ANDREA F COOK	225.44	DD	05/26/23
78287	MARISSA D ALMANZAR	1860.56	DD	05/26/23
78336	JESSICA L GLOVER	1721.96	DD	05/26/23
78566	MELISSA K GEE	892.12	DD	05/26/23
78764	ASHLEY D HADLEY	2124.75	DD	05/26/23
78761	KRISTEN R MACHICEK	1944.73	DD	05/26/23
78787	FARAH I JANAK	2680.28	DD	05/26/23
78897	DAYLE J ROBINSON	657.43	DD	05/26/23
80008	ADAM D BESTO	2743.94	DD	05/26/23
80141	JEANNIE ORTA	1622.65	DD	05/26/23
82227	CAITLIN A CLEVINGER	1208.18	DD	05/26/23
86452	MACY ELLEDGE	505.91	DD	05/26/23
86482	MEGAN M HARPER	828.97	DD	05/26/23
86576	ELSA HERRERA	786.51	DD	05/26/23
88125	LISA M TREVINO	1189.98	DD	05/26/23
88321	ANDREW DE LOS SANTOS	2651.53	DD	05/26/23
88808	MARLEY B O'DONNELL	2102.06	DD	05/26/23
90320	ROSHANDA S THOMAS	5609.22	DD	05/26/23
93231	ANDRIE M FLORES	1252.64	DD	05/26/23
98756	ADRIANNA M GALVAN	1636.35	DD	05/26/23

373706.16

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 15, 2023 - May 21, 2023**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
5/15/2023	TEXAS COUNTY DRS RECEIVABLE 0419 21000024488	- Retirement Funding
5/15/2023	PAY PLUS ACHTRANS 452579291 101000695758156	- 3rd Party Payor Fee
5/15/2023	IRS USATAXPYMT 270353551956667 6103601037844	- Payroll Taxes
5/15/2023	FDMS FDMS PYMT 052-1743547-000 4100012680141	- Credit Card Processing Fee
5/15/2023	FDMS FDMS PYMT 052-1737276-000 4100012679845	- Credit Card Processing Fee
5/15/2023	FDMS FDMS PYMT 052-1743548-000 4100012680910	- Credit Card Processing Fee
5/16/2023	MCKESSON DRUG AUTO ACH ACH05494647 910000147	- 340B Drug Program Expense
5/17/2023	PAY PLUS ACHTRANS 452579291 101000697929013	- 3rd Party Payor Fee
5/17/2023	HARLAND CLARKE CHK ORDERS 123R201402212R5 91	- Deposit Book Operating
5/18/2023	PAY PLUS ACHTRANS 452579291 101000698923632	- 3rd Party Payor Fee
5/18/2023	WIRE OUT HEALTHEQUITY	- Wageworks
5/19/2023	WEBFILE TAX PYMT DD 902/72275266 21000025800	- Sales Tax
5/19/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense

<u>Amount</u>	<u>CI</u>
187,271.63*	18 + 38 +
18.38	34 + 27 +
120,566.98**	96 + 10 +
40.03	148 + 0 +
120.09	CL Fees
80.06	40 + 05 +
21,412.03*	120 + 09 +
34.21	80 + 00 +
47.10	240 + 18 +
96.10	Harland
6,418.78*	47 + 10 +
1,816.36*	148 + 69 +
2,535.27*	240 + 18 +
	47 + 10 +
340,457.02	435 + 97 +

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

May 22, 2023
* Approved 05-17-23 CC
* * Approved 05-10-23 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
6/5/2023	IGT PAYMENT	QIPP	2,206,740.52 ✓

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

340 + 457 = 02 -
187 + 271 = 63 -
120 + 566 = 09 -
21 + 412 = 13 -
6 + 418 = 78 -
1 + 816 = 36 -
2 + 535 = 27 -
435 + 97 +

435 + 97 -
435 + 97 -
0 + 00 *

2,206,740.52

**APPROVED ON
MAY 22 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**



Transaction Summary

Transaction Complete
Trace #

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**

Payment Total	\$2,206,740.52
Bank Routing and Account Number	
Settlement Date	6/5/2023
QIPP Amount	\$2,206,740.52 ✓
Entered By	Andrew De Los Santos

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 18 2023

05/18/2023

09:38

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11816 ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051623		05/17/20	05/16/20	06/16/20		6,926.57	0.00	0.00	6,926.57 ✓

UHC MAR PMT

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11816		ASHFORD GARDENS	6,926.57	0.00	0.00	6,926.57

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,926.57	0.00	0.00	6,926.57

APPROVED ON

MAY 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#199427

RECEIVED BY THE
COUNTY AUDITOR ON

05/18/2023
MAY 18 2023
09:15

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List 0
ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON ✓	051623		05/17/20	05/16/20	06/16/20		2,076.64	0.00	0.00	2,076.64 ✓
	UHC MAR PMT										
Vendor Totals:								Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON							2,076.64	0.00	0.00	2,076.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,076.64	0.00	0.00	2,076.64

APPROVED ON

MAY 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#199433

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 18 2023

05/18/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
051623		05/18/20	05/16/20	06/16/20			2,158.60	0.00	0.00	2,158.60 ✓

UHC MAR PMT

Vendor Total:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	2,158.60	0.00	0.00	2,158.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,158.60	0.00	0.00	2,158.60

APPROVED ON

MAY 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#199430

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 18 2023

05/18/2023

09:16

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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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
051623		05/17/20	05/16/20	06/16/20		2,558.58	0.00	0.00	2,558.58 ✓

UHC MAR PMT

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	2,558.58	0.00	0.00	2,558.58

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,558.58	0.00	0.00	2,558.58

APPROVED ON

MAY 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#199421

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 18 2023

05/18/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
051123		05/16/20	05/11/20	06/11/20		9,500.00	0.00	0.00	9,500.00 ✓	
051623	TRANSFER									
	<i>NH insurance pymt deposited into mmc opening</i>									
		05/17/20	05/16/20	06/16/20		1,666.34	0.00	0.00	1,666.34 ✓	

UHC MAR PMT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	11,166.34	0.00	0.00	11,166.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,166.34	0.00	0.00	11,166.34

APPROVED ON

MAY 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#199434

RECEIVED BY THE
COUNTY AUDITOR ON

05/18/2023
MAY 18 2023
09:03

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

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Dates Through:

Class Pay Code

Vendor# Vendor Name

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
050823		05/16/20	05/08/20	06/10/20		20,657.68	0.00	0.00	20,657.68	✓	
	TRANSFER	<i>NH insurance pymt deposited into mmc account</i>									
050923		05/16/20	05/09/20	06/10/20		51,242.80	0.00	0.00	51,242.80	✓	
	TRANSFER	"									
051023		05/16/20	05/10/20	06/10/20		2,252.38	0.00	0.00	2,252.38	✓	
	TRANSFER	"									
051023A		05/16/20	05/10/20	06/10/20		6,200.00	0.00	0.00	6,200.00	✓	
	TRANSFER	"									
051123		05/16/20	05/11/20	06/11/20		1,659.48	0.00	0.00	1,659.48	✓	
	TRANSFER	"									
051123A		05/16/20	05/11/20	06/11/20		28.35	0.00	0.00	28.35	✓	
	TRANSFER	"									
051223		05/17/20	05/12/20	06/12/20		24.57	0.00	0.00	24.57	✓	
	TRANSFER	"									
051623		05/17/20	05/16/20	06/16/20		3,407.97	0.00	0.00	3,407.97	✓	
	UHC MAR PMT										
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11836	GOLDENCREEK HEALTHCARE	85,473.23	0.00	0.00	85,473.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	85,473.23	0.00	0.00	85,473.23

APPROVED ON

MAY 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#199431

RECEIVED BY THE
COUNTY AUDITOR ON
MAY 18 2023
09:13
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List 0
ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA								
050523		05/16/20	05/05/20	06/10/20		726.93	0.00	0.00	726.93 ✓
050823	TRANSFER	05/16/20	05/08/20	06/10/20		404.10	0.00	0.00	404.10 ✓
	TRANSFER	"	"	"		"	"	"	"
050823A		05/16/20	05/08/20	06/10/20		1,461.93	0.00	0.00	1,461.93 ✓
	TRANSFER	"	"	"		"	"	"	"
050923		05/16/20	05/09/20	06/10/20		4,867.31	0.00	0.00	4,867.31 ✓
	TRANSFER	"	"	"		"	"	"	"
051023		05/16/20	05/10/20	06/10/20		88.18	0.00	0.00	88.18 ✓
	TRANSFER	"	"	"		"	"	"	"
051023A		05/16/20	05/10/20	06/10/20		1,166.02	0.00	0.00	1,166.02 ✓
	TRANSFER	"	"	"		"	"	"	"
051123		05/16/20	05/11/20	06/11/20		2,520.42	0.00	0.00	2,520.42 ✓
	TRANSFER	"	"	"		"	"	"	"
051223		05/17/20	05/12/20	06/12/20		10,945.23	0.00	0.00	10,945.23 ✓
	TRANSFER	"	"	"		"	"	"	"
051623		05/17/20	05/16/20	06/16/20		2,721.65	0.00	0.00	2,721.65 ✓
	UHC MAR PMT								
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA					24,901.77	0.00	0.00	24,901.77

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,901.77	0.00	0.00	24,901.77

APPROVED ON
MAY 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#199432

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 18 2023

09:09

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050523		05/16/20	05/05/20	06/10/20		24,577.00	0.00	0.00	24,577.00 ✓
	TRANSFER	<i>NH insurance pmt deposited into MME opening</i>							
050523A		05/16/20	05/05/20	06/10/20		319.15	0.00	0.00	319.15 ✓
	TRANSFER	"							
050923A		05/16/20	05/09/20	06/10/20		3,235.66	0.00	0.00	3,235.66 ✓
	TRANSFER	"							
050923		05/16/20	05/09/20	06/10/20		195.00	0.00	0.00	195.00 ✓
	TRANSFER	"							
051023		05/16/20	05/10/20	06/10/20		778.00	0.00	0.00	778.00 ✓
	TRANSFER	"							
051123		05/16/20	05/11/20	06/11/20		3,086.16	0.00	0.00	3,086.16 ✓
	TRANSFER	"							
051223A		05/17/20	05/12/20	06/12/20		200.00	0.00	0.00	200.00 ✓
	TRANSFER	"							
051223		05/17/20	05/12/20	06/12/20		3,800.00	0.00	0.00	3,800.00 ✓
	TRANSFER	"							
051623		05/17/20	05/16/20	06/16/20		3,872.65	0.00	0.00	3,872.65 ✓
	UCH MARCH PMT	"							
051123A		05/18/20	05/11/20	06/11/20		1,580.00	0.00	0.00	1,580.00 ✓
	TRANSFER	"							

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	41,643.62	0.00	0.00	41,643.62

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	41,643.62	0.00	0.00	41,643.62

APPROVED ON

MAY 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#199435

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 18 2023

05/18/2023
CALHOUN COUNTY, TEXAS
09:11

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050523		05/16/20	05/05/20	06/10/20		16,234.19	0.00	0.00	16,234.19 ✓
050823	TRANSFER	05/16/20	05/08/20	06/10/20		14,698.95	0.00	0.00	14,698.95 ✓
	<i>With insurance pymt deposited into mme operating</i>								
050923	TRANSFER	05/16/20	05/09/20	06/10/20		25,019.05	0.00	0.00	25,019.05 ✓
051023	TRANSFER	05/16/20	05/10/20	06/10/20		173.34	0.00	0.00	173.34 ✓
051623	TRANSFER	05/17/20	05/16/20	06/16/20		2,798.18	0.00	0.00	2,798.18 ✓

UHC MARCH PAYMENT

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR LIVING	58,923.71	0.00	0.00	58,923.71

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	58,923.71	0.00	0.00	58,923.71

APPROVED ON

MAY 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CXL#199428

8

RUN DATE:05/22/23
 TIME:10:40

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 05/24/23 THRU 05/24/23

PAGE 1
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BANK--CHECK-----
 CODE NUMBER DATE AMOUNT PAYEE

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	199364	05/24/23	1,532.00	4IMPRINT, INC.
A/P	199365	05/24/23	701.84	ABILITY NETWORK (SHIFTHOUND)
A/P	199366	05/24/23	295.14	AIRGAS USA, LLC - CENTRAL DIV
A/P	199367	05/24/23	82.26	ALIMED INC.
A/P	199368	05/24/23	388.99	AMAZON CAPITAL SERVICES
A/P	199369	05/24/23	174.00	AMBU INC
A/P	199370	05/24/23	36.97	AQUA BEVERAGE COMPANY
A/P	199371	05/24/23	31.98	AUTO PARTS & MACHINE CO.
A/P	199372	05/24/23	122.61	BAXTER HEALTHCARE
A/P	199373	05/24/23	39,610.53	BECKMAN COULTER INC
A/P	199374	05/24/23	77,102.98	BOEHRINGER INGELHEIM
A/P	199375	05/24/23	1,100.00	C-D ELECTRIC MOTOR SALES
A/P	199376	05/24/23	364.00	CABLES AND SENSORS
A/P	199377	05/24/23	5,720.00	CALHOUN COUNTY EMS
A/P	199378	05/24/23	948.88	CARDINAL HEALTH 414, INC.
A/P	199379	05/24/23	565.43	CHEMAQUA
A/P	199380	05/24/23	25,230.00	CLINICAL PATHOLOGY LABS
A/P	199381	05/24/23	12,190.18	COMMUNITY INFUSION SOLUTIONS
A/P	199382	05/24/23	36,132.30	CULINARY CONCESSIONS LLC
A/P	199383	05/24/23	366.90	DETAR HOSPITAL
A/P	199384	05/24/23	13.81	DEWITT POTH & SON
A/P	199385	05/24/23	481.00	DIRECTV ENTERTAINMENT HOLDINGS
A/P	199386	05/24/23	74,504.22	DISCOVERY MEDICAL NETWORK INC
A/P	199387	05/24/23	75.00	DOWELL PEST CONTROL
A/P	199388	05/24/23	151.44	DSHS CENTRAL LAB MC2004
A/P	199389	05/24/23	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	199390	05/24/23	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	199391	05/24/23	41,274.91	EVIDENT
A/P	199392	05/24/23	274.59	FEDERAL EXPRESS CORP.
A/P	199393	05/24/23	3,384.89	FIRST INSURANCE FUNDING
A/P	199394	05/24/23	3,503.21	FISHER HEALTHCARE
A/P	199395	05/24/23	263.43	GRAINGER
A/P	199396	05/24/23	1,642.90	GULF COAST PAPER COMPANY
A/P	199397	05/24/23	665.00	HEALTHCARE CODING & CONSULTING
A/P	199398	05/24/23	1,797.44	HEALTHCARE FINANCIAL SERVICES
A/P	199399	05/24/23	71.50	KING'S PARTY RENTALS
A/P	199400	05/24/23	4.37	LABCORP OF AMERICA HOLDINGS
A/P	199401	05/24/23	.00	VOIDED
A/P	199402	05/24/23	7,383.12	MEDLINE INDUSTRIES INC
A/P	199403	05/24/23	36.19	MERCEDES SCIENTIFIC
A/P	199404	05/24/23	126.83	MMC AUXILIARY GIFT SHOP
A/P	199405	05/24/23	.00	VOIDED
A/P	199406	05/24/23	37,073.85	MORRIS & DICKSON CO, LLC
A/P	199407	05/24/23	273.14	NACOGDOCHES TRANSCRIPTION
A/P	199408	05/24/23	1,270.00	OLYMPUS AMERICA INC
A/P	199409	05/24/23	339.96	ORTHO CLINICAL DIAGNOSTICS
A/P	199410	05/24/23	59.36	PARTSSOURCE, LLC
A/P	199411	05/24/23	110.02	PERFORMANCE HEALTH
A/P	199412	05/24/23	600.00	POC ELECTRIC, LLC
A/P	199413	05/24/23	2,247.87	PRO ENERGY PARTNERS LLC

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	199414	05/24/23	96.94	ROBERT RODRIQUEZ
A/P	199415	05/24/23	1,028.24	SHERWIN WILLIAMS
A/P	199416	05/24/23	193.84	SINGLETON ASSOCIATES PA
A/P	199417	05/24/23	2,713.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	199418	05/24/23	300.00	SOUTHEAST TEXAS HEALTH SYS
A/P	199419	05/24/23	1,005.00	SOUTHEASTERN BIOMEDICAL ASSOC.
A/P	199420	05/24/23	2,299.06	SPARKLIGHT
A/P	199421	05/24/23	624.46	STERIS CORPORATION
A/P	199422	05/24/23	4,781.00	TEXAS MUTUAL INSURANCE CO
A/P	199423	05/24/23	17,835.00	TORCH
A/P	199424	05/24/23	1,178.31	TRIZETTO PROVIDER SOLUTIONS
A/P	199425	05/24/23	95.27	ULINE
A/P	199426	05/24/23	5,245.65	UNIFIRST HOLDINGS INC
A/P	199427	05/24/23	6,926.57	ASHFORD GARDENS
A/P	199428	05/24/23	58,923.71	BETHANY SENIOR LIVING
A/P	199429	05/24/23	2,558.58	BROADMOOR AT CREEKSIDE PARK
A/P	199430	05/24/23	2,158.60	FORTBEND HEALTHCARE CENTER
A/P	199431	05/24/23	85,473.23	GOLDENCREEK HEALTHCARE
A/P	199432	05/24/23	24,901.77	GULF POINTE PLAZA
A/P	199433	05/24/23	2,076.64	SOLERA WEST HOUSTON
A/P	199434	05/24/23	11,166.34	THE CRESCENT
A/P	199435	05/24/23	41,643.62	TUSCANY VILLAGE
A/P	199436	05/24/23	160.00	
A/P	199437	05/24/23	630.69	
A/P	199438	05/24/23	546.52	
A/P	199439	05/24/23	238.94	
A/P	199440	05/24/23	485.04	
A/P	199441	05/24/23	48.71	
A/P	199442	05/24/23	150.00	
TOTALS:			695,883.26	

Payables 380,991.02 +
Patient refunds 2,259.90 +
criticals < 2,299.06 +
74,504.22 +
NH Transfers 235,829.06 +
695,883.26 *

APPROVED ON

MAY 24 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 5/22/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		385,452.44	385,403.45	130,488.02		130,537.01	90,509.89
						Bank Balance	130,537.01
						Variance	
						Leave in Balance	100.00
						Molina QIPP March	17,316.95
						Molina QIPP Y6 Q2	22,566.56
						April Interest	43.61
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	90,509.89
Broadmoor		235,965.79	235,834.64	138,578.14		138,709.29	124,690.02
						Bank Balance	138,709.29
						Variance	
						Leave in Balance	100.00
						Molina QIPP March	6,409.69
						Molina QIPP Y6 Q2	7,478.43
						April Interest	31.15
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	124,690.02
Crescent		263,786.99	263,652.42	157,142.96		157,377.53	134,176.12
						Bank Balance	157,377.53
						Variance	
						Leave in Balance	100.00
						Molina QIPP March	6,058.97
						Molina QIPP Y6 Q2	4,734.87
						Claim payments owed to Tuscany	12,273.00
						April Interest	34.57
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	134,176.12
Fort Bend		119,220.91	119,103.06	75,252.87		75,370.72	62,793.44
						Bank Balance	75,370.72
						Variance	
						Leave in Balance	100.00
						Molina QIPP March	5,403.65
						Molina QIPP Y6 Q2	7,055.78
						April Interest	17.85
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	62,793.44
Solera at W Houston		282,293.59	282,153.37	101,781.54		101,921.76	89,845.40
						Bank Balance	101,921.76
						Variance	
						Leave in Balance	100.00
						Molina QIPP March	5,182.45
						Molina QIPP Y6 Q2	6,753.69
						April Interest	40.22
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	89,845.40

90,509.89 + Fort Bend / Broadmoor
 124,690.02 +
 134,176.12 +
 62,793.44 +
 89,845.40 +
 502,014.87 *
 * the nursing home
 MAC deposited to open account

APPROVED ON
 MAY 22 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 502,014.87
 Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 5/22/2023

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5/19/2023 MOLINA HEALTHCAR MOLINAACH 01192561 42000019	-	19,183.08	15,450.82	3,732.26	-	-	17,316.95	1,866.13
5/19/2023 MOLINA HEALTHCAR MOLINAACH 01192560 42000019	-	45,133.11	-	-	16,788.35	28,344.76	22,566.56	22,566.56
5/19/2023 Amerigroup TXSC HCCLAIMPMT 3211058168 111000	-	31,481.76	-	-	-	-	-	31,481.76
5/19/2023 UnitedHealthcare HCCLAIMPMT 746003411 910000	-	4,592.00	-	-	-	-	-	4,592.00
5/19/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	103.84	-	-	-	-	-	103.84
5/19/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	18,659.50	-	-	-	-	-	18,659.50
5/18/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	351,211.67	-	-	-	-	-	-	-
5/16/2023 MANAGEANDNET1718 MNS PMNT 0000000000093 41	-	6,455.95	-	-	-	-	-	6,455.95
5/16/2023 Amerigroup TXSC HCCLAIMPMT 3210660565 111000	-	124.54	-	-	-	-	-	124.54
5/15/2023 Enhanced Analysis Ch	-	-	-	-	-	-	-	-
5/15/2023 1205	34,097.16	-	-	-	-	-	-	-
5/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000227422	-	2,210.44	-	-	-	-	-	2,210.44
5/15/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,543.80	-	-	-	-	-	2,543.80
	385,403.45	130,488.02	15,450.82	3,732.26	16,788.35	28,344.76	39,883.52	90,604.52

Breadmoor	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5/19/2023 MOLINA HEALTHCAR MOLINAACH 01193246 42000010	-	7,103.35	5,718.02	1,383.33	-	-	6,409.69	691.67
5/19/2023 MOLINA HEALTHCAR MOLINAACH 01193245 42000010	-	14,956.85	-	-	4,644.48	10,312.37	7,476.43	7,476.43
5/19/2023 HNB - ECHO HCCLAIMPMT 746003411 440000290949	-	713.51	-	-	-	-	-	713.51
5/19/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,781.00	-	-	-	-	-	7,781.00
5/19/2023 NOVITAS SOLUTION HCCLAIMPMT 676357 420000143	-	59,235.82	-	-	-	-	-	59,235.82
5/19/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	1,475.44	-	-	-	-	-	1,475.44
5/18/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	185,643.71	-	-	-	-	-	-	-
5/18/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	8,600.00	-	-	-	-	-	8,600.00
5/18/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	4,000.00	-	-	-	-	-	4,000.00
5/17/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	806.14	-	-	-	-	-	806.14
5/16/2023 MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	6,234.00	-	-	-	-	-	6,234.00
5/16/2023 HNB - ECHO HCCLAIMPMT 746003411 440000275816	-	1,685.77	-	-	-	-	-	1,685.77
5/16/2023 HUMANA CHA DISB HCCLAIMPMT 20384225 42000017	-	6,715.00	-	-	-	-	-	6,715.00
5/16/2023 HUMANA CHA DISB HCCLAIMPMT 20384224 42000017	-	4,224.68	-	-	-	-	-	4,224.68
5/15/2023 236	50,190.93	-	-	-	-	-	-	-
5/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000228032	-	13,907.62	-	-	-	-	-	13,907.62
5/15/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	1,140.96	-	-	-	-	-	1,140.96
	235,834.64	138,578.14	5,718.02	1,383.33	4,644.48	10,312.37	13,888.11	124,690.03

Crestant	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5/19/2023 MOLINA HEALTHCAR MOLINAACH 01193189 42000010	-	12,117.94	-	-	4,544.90	7,573.04	6,058.97	6,058.97
5/19/2023 MOLINA HEALTHCAR MOLINAACH 01193188 42000010	-	5,200.58	4,269.16	931.42	-	-	4,734.87	465.71
5/19/2023 UnitedHealthcare HCCLAIMPMT 746003411 910000	-	4,100.00	-	-	-	-	-	4,100.00
5/19/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	8,786.91	-	-	-	-	-	8,786.91
5/19/2023 NOVITAS SOLUTION HCCLAIMPMT 676323 420000143	-	32,355.05	-	-	-	-	-	32,355.05
5/19/2023 HUMANA INS CO HCCLAIMPMT 20586425 8300005381	-	1,975.00	-	-	-	-	-	1,975.00
5/19/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	3,483.77	-	-	-	-	-	3,483.77
5/19/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394446431	-	8,100.00	-	-	-	-	-	8,100.00
5/19/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394446429	-	8,550.00	-	-	-	-	-	8,550.00
5/18/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	173,507.75	-	-	-	-	-	-	-
5/18/2023 HNB - ECHO HCCLAIMPMT 746003411 440000260798	-	4,120.12	-	-	-	-	-	4,120.12
5/18/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	410.00	-	-	-	-	-	410.00
5/18/2023 DEVOTED HEALTH P HCCLAIMPMT 121140393492570	-	9,554.00	-	-	-	-	-	9,554.00
5/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000217446	-	5,880.60	-	-	-	-	-	5,880.60
5/17/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	755.97	-	-	-	-	-	755.97
5/16/2023 284	17,550.00	-	-	-	-	-	-	-
5/16/2023 283	64,587.29	-	-	-	-	-	-	-
5/16/2023 HNB - ECHO HCCLAIMPMT 746003411 440000275816	-	5,625.77	-	-	-	-	-	5,625.77
5/16/2023 HUMANA INS CO HCCLAIMPMT 20732589 8300005121	-	9,614.00	-	-	-	-	-	9,614.00
5/16/2023 DEVOTED HEALTH P HCCLAIMPMT 121140391161208	-	14,400.00	-	-	-	-	-	14,400.00
5/16/2023 DEVOTED HEALTH P HCCLAIMPMT 121140391161206	-	14,850.00	-	-	-	-	-	14,850.00
5/15/2023 282	8,007.38	-	-	-	-	-	-	-
5/15/2023 HUMANA CHA DISB HCCLAIMPMT 20128256 42000015	-	69.25	-	-	-	-	-	69.25
5/15/2023 DEVOTED HEALTH P HCCLAIMPMT 121140399845861	-	544.00	-	-	-	-	-	544.00
5/15/2023 DEVOTED HEALTH P HCCLAIMPMT 121140399845865	-	4,500.00	-	-	-	-	-	4,500.00
5/15/2023 DEVOTED HEALTH P HCCLAIMPMT 121140399845863	-	2,250.00	-	-	-	-	-	2,250.00
	263,652.42	157,242.96	4,269.16	931.42	4,544.90	7,573.04	10,793.84	146,449.12

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5/19/2023 MOLINA HEALTHCAR MOLINAACH 01192748 42000019	-	5,985.14	4,822.16	1,162.98	-	-	5,403.65	581.49
5/19/2023 MOLINA HEALTHCAR MOLINAACH 01192747 42000019	-	14,111.56	-	-	5,286.06	8,825.50	7,055.78	7,055.78
5/19/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,246.36	-	-	-	-	-	1,246.36
5/19/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,126.19	-	-	-	-	-	2,126.19
5/19/2023 NOVITAS SOLUTION HCCLAIMPMT 675663 420000143	-	45,462.12	-	-	-	-	-	45,462.12
5/18/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	114,888.56	-	-	-	-	-	-	-
5/18/2023 AARP Supplementa HCCLAIMPMT 746003411 124384	-	6,200.00	-	-	-	-	-	6,200.00
5/17/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	121.50	-	-	-	-	-	121.50
5/15/2023 210	4,214.50	-	-	-	-	-	-	-
	119,103.06	75,252.87	4,822.16	1,162.98	5,286.06	8,825.50	12,459.43	62,793.44

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5/19/2023 MOLINA HEALTHCAR MOLINAACH 01193135 42000019	-	5,741.82	4,623.08	1,118.74	-	-	5,182.45	559.37
5/19/2023 MOLINA HEALTHCAR MOLINAACH 01193136 42000019	-	13,507.38	-	-	5,013.86	8,493.52	6,753.69	6,753.69
5/19/2023 HNB - ECHO HCCLAIMPMT 746003411 440000291523	-	3,966.80	-	-	-	-	-	3,966.80
5/19/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,312.81	-	-	-	-	-	11,312.81
5/19/2023 HUMANA INS CO HCCLAIMPMT 20584263 8300005381	-	4,650.00	-	-	-	-	-	4,650.00
5/18/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	254,383.34	-	-	-	-	-	-	-
5/18/2023 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	13,326.00	-	-	-	-	-	13,326.00
5/18/2023 HNB - ECHO HCCLAIMPMT 746003411 440000260798	-	3,969.40	-	-	-	-	-	3,969.40
5/17/2023 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	5,184.00	-	-	-	-	-	5,184.00
5/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000217446	-	8,820.90	-	-	-	-	-	8,820.90
5/17/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	42.92	-	-	-	-	-	42.92
5/16/2023 HNB - ECHO HCCLAIMPMT 746003411 440000275816	-	12,349.26	-	-	-	-	-	12,349.26
5/16/2023 HUMANA INS CO HCCLAIMPMT 20228881 8300005121	-	6,045.00	-	-	-	-	-	6,045.00
5/15/2023 1267	27,770.03	-	-	-	-	-	-	-
5/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000227988	-	1,198.43	-	-	-	-	-	1,198.43
5/15/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,656.62	-	-	-	-	-	4,656.62
5/15/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,010.20	-	-	-	-	-	7,010.20

TOTALS

282,153.37	101,781.54	4,623.08	1,118.74	5,013.86	8,493.52	11,936.14	89,845.40
1,286,146.94	603,343.53	34,883.24	8,328.73	36,277.65	63,549.19	88,951.03	514,382.51

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[DDA \(15\)](#)

DDA (15)

Prior Day Balance: \$9,194,816.02 | Collected Balance: \$10,063,003.67 | Available Balance: \$10,818,280.17 | Current Balance: \$10,063,003.67

Sort: Display Name

MEMORIAL MEDICAL CENTER - OPERATING *4357

Current Balance: \$7,148,052.28 | Collected Balance: \$7,148,052.28
 Available Balance: \$7,249,257.71 | Prior Day Balance: \$6,782,298.65

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365

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

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373

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

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381

Current Balance: \$130,537.01 ✓
 Available Balance: \$181,116.17 ✓ | Collected Balance: \$130,537.01 ✓
 Prior Day Balance: \$11,383.72

MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ✓

Current Balance: \$138,709.29 ✓
 Available Balance: \$158,962.66 ✓ | Collected Balance: \$138,709.29 ✓
 Prior Day Balance: \$42,445.32

MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ✓

Current Balance: \$157,377.53 ✓
 Available Balance: \$255,577.06 ✓ | Collected Balance: \$157,377.53 ✓
 Prior Day Balance: \$72,708.28

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ✓

Current Balance: \$101,921.76 ✓
 Available Balance: \$284,557.37 ✓ | Collected Balance: \$101,921.76 ✓
 Prior Day Balance: \$62,742.95

MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ✓

Current Balance: \$75,370.72 ✓
 Available Balance: \$92,149.21 ✓ | Collected Balance: \$75,370.72 ✓
 Prior Day Balance: \$6,439.35

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454

Current Balance: \$61,183.25 | Collected Balance: \$61,183.25
 Available Balance: \$61,856.68 | Prior Day Balance: \$8,757.98

MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433

Current Balance: \$11,332.21 | Collected Balance: \$11,332.21
 Available Balance: \$11,892.13 | Prior Day Balance: \$11,332.21

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

Current Balance: \$10,181.85 | Collected Balance: \$10,181.85
 Available Balance: \$75,199.76 | Prior Day Balance: \$6,677.67

MMC -NH BETHANY SENIOR LIVING *5506

Current Balance: \$53,320.57 | Collected Balance: \$53,320.57
 Available Balance: \$272,284.22 | Prior Day Balance: \$39,601.85

MMC -NH TUSCANY VILLAGE *3407

Current Balance: \$113,107.24 | Collected Balance: \$113,107.24
 Available Balance: \$113,107.24 | Prior Day Balance: \$83,528.08

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: \$2,060,829.85

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 5/22/2023

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		386,542.18	386,404.16	61,045.23		61,183.25	61,045.23
						Bank Balance	61,183.25
						Variance	-
						Leave in Balance	100.00

April Interest	38.02
May Interest	
June Interest	
Adjust Balance/Transfer Amt	61,045.23

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 5/22/2023

APPROVED ON
 MAY 22 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

5/19/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 5/19/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000143
 5/18/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 5/18/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 5/18/2023 HNB - ECHD HCCLAIMPMT 746003411 440000260798
 5/17/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 5/17/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 5/16/2023 184
 5/15/2023 182

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	200.00	-	-	-	-	-	200.00
-	52,225.27	-	-	-	-	-	52,225.27
267,867.66 ✓	-	-	-	-	-	-	-
-	1,936.98	-	-	-	-	-	1,936.98
-	5,752.03	-	-	-	-	-	5,752.03
-	142.00	-	-	-	-	-	142.00
-	788.95	-	-	-	-	-	788.95
217.06	-	-	-	-	-	-	-
118,319.44	-	-	-	-	-	-	-
386,404.16 ✓	61,045.23 ✓	-	-	-	-	-	61,045.23

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DDA (15)

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$9,194,816.02	\$10,063,003.67	\$10,818,280.17	\$10,063,003.67

Sort ▼ Display Name ▼

MEMORIAL MEDICAL CENTER - OPERATING *4357

Current Balance	\$7,148,052.28	Collected Balance	\$7,148,052.28
Available Balance	\$7,249,257.71	Prior Day Balance	\$6,782,298.05

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365

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

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373

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

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381

Current Balance	\$130,537.01	Collected Balance	\$130,537.01
Available Balance	\$181,116.17	Prior Day Balance	\$11,883.72

MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403

Current Balance	\$138,709.29	Collected Balance	\$138,709.29
Available Balance	\$158,962.66	Prior Day Balance	\$47,445.32

MEMORIAL MEDICAL CENTER / NH CRESCENT *4411

Current Balance	\$157,377.53	Collected Balance	\$157,377.53
Available Balance	\$255,577.06	Prior Day Balance	\$72,708.28

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438

Current Balance	\$101,921.76	Collected Balance	\$101,921.76
Available Balance	\$284,507.37	Prior Day Balance	\$62,742.95

MEMORIAL MEDICAL CENTER / NH FORT BEND *4446

Current Balance	\$75,370.72	Collected Balance	\$75,370.72
Available Balance	\$92,549.21	Prior Day Balance	\$6,439.89

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ✓

Current Balance	\$61,183.25 ✓	Collected Balance	\$61,183.25
Available Balance	\$61,856.68	Prior Day Balance	\$6,757.98 ✓

MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433

Current Balance	\$11,332.21	Collected Balance	\$11,332.21
Available Balance	\$11,892.13	Prior Day Balance	\$11,332.21

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

Current Balance	\$10,181.85	Collected Balance	\$10,181.85
Available Balance	\$75,199.76	Prior Day Balance	\$6,677.67

MMC -NH BETHANY SENIOR LIVING *5506

Current Balance	\$53,330.57	Collected Balance	\$53,330.57
Available Balance	\$272,264.22	Prior Day Balance	\$39,601.85

MMC -NH TUSCANY VILLAGE *3407

Current Balance	\$113,107.24	Collected Balance	\$113,107.24
Available Balance	\$113,107.24	Prior Day Balance	\$8,528.08

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	\$2,060,829.85

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 5/22/2023

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		128,048.66	27,936.85	1,220.40			11,332.21	11,220.40
						Bank Balance	11,332.21	
						Variance		
						Leave in Balance	100.00	

April Interest 11.81 ✓
 May Interest ✓
 June Interest ✓
 Adjust Balance/Transfer Amt 11,220.40 ✓

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		43,663.30	43,545.09	10,063.64			10,181.85	10,063.64
						Bank Balance	10,181.85	
						Variance		
						Leave in Balance	100.00	

April Interest 18.21 ✓
 May Interest ✓
 June Interest ✓
 Adjust Balance/Transfer Amt 10,063.64 ✓

TOTAL TRANSFERS 21,284.04 ✓

Routing Information for Gulf Pointe Plaza:
 [Redacted]

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 5/22/2023

APPROVED ON
 MAY 22 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

5/18/2023 WIRE OUT HMG Rockport SNF, LP -Commerical
 5/18/2023 HNB - ECHO HCCLAIMPMT 746003411 440000260798
 5/16/2023 HNB - ECHO HCCLAIMPMT 746003411 440000275816
 5/16/2023 HUMANA INS CO HCCLAIMPMT 20236476 8300005119
 5/16/2023 AETNA AS01 HCCLAIMPMT 1922092790 51000011525
 5/15/2023 1103
 5/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000227760
 5/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000227988
 5/15/2023 HUMANA INS CO HCCLAIMPMT 20087121 8300005669
 5/15/2023 HUMANA CHA DISB HCCLAIMPMT 20132093 42000015

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
26,919.59	-	-	-	-	-	-	-
-	77.24	-	-	-	-	-	77.24
-	1.05	-	-	-	-	-	1.05
-	941.31	-	-	-	-	-	941.31
-	2,800.00	-	-	-	-	-	2,800.00
101,017.26	-	-	-	-	-	-	-
-	170.12	-	-	-	-	-	170.12
-	680.68	-	-	-	-	-	680.68
-	1,000.00	-	-	-	-	-	1,000.00
-	5,550.00	-	-	-	-	-	5,550.00
127,936.85	11,220.40	-	-	-	-	-	11,220.40

Gulf Pointe Plaza-Medicare/Medicaid

5/19/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 5/19/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2
 5/18/2023 WIRE OUT HMG Rockport SNF, LP - Commerical
 5/18/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 5/18/2023 HNB - ECHO HCCLAIMPMT 746003411 440000260798
 5/17/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 5/16/2023 Deposit
 5/15/2023 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	
-	2,298.80	-	-	-	-	-	2,298.80
-	1,205.38	-	-	-	-	-	1,205.38
43,545.09	-	-	-	-	-	-	-
-	1,155.00	-	-	-	-	-	1,155.00
-	1,107.32	-	-	-	-	-	1,107.32
-	1,247.78	-	-	-	-	-	1,247.78
-	217.06	-	-	-	-	-	217.06
-	2,832.30	-	-	-	-	-	2,832.30
43,545.09	10,063.64	-	-	-	-	-	10,063.64
171,481.94	21,284.04	-	-	-	-	-	21,284.04

Accounts

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Account Balances Card View Table View

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All Accounts By Type All Types

DDA (15)

DDA (15)

Prior Day Balance \$9,194,816.02 Collected Balance \$10,063,003.67 Available Balance \$10,818,280.17 Current Balance \$10,063,003.67

Sort Display Name

MEMORIAL MEDICAL CENTER - OPERATING *4357

Current Balance \$7,148,052.28 Collected Balance \$7,148,052.28
Available Balance \$7,249,257.71 Prior Day Balance \$6,782,298.65

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365

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

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373

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

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381

Current Balance \$130,537.01 Collected Balance \$130,537.01
Available Balance \$181,116.17 Prior Day Balance \$113,837.92

MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403

Current Balance \$138,709.29 Collected Balance \$138,709.29
Available Balance \$158,982.66 Prior Day Balance \$47,448.32

MEMORIAL MEDICAL CENTER / NH CRESCENT *4411

Current Balance \$157,377.53 Collected Balance \$157,377.53
Available Balance \$255,577.06 Prior Day Balance \$72,708.28

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438

Current Balance \$101,921.76 Collected Balance \$101,921.76
Available Balance \$284,557.37 Prior Day Balance \$62,742.89

MEMORIAL MEDICAL CENTER / NH FORT BEND *4446

Current Balance \$75,370.72 Collected Balance \$75,370.72
Available Balance \$92,549.21 Prior Day Balance \$6,429.36

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454

Current Balance \$61,183.25 Collected Balance \$61,183.25
Available Balance \$61,856.68 Prior Day Balance \$6,757.98

MMC - NH GULF POINTE PLAZA - PRIVATE PAY *5433

Current Balance \$11,332.21 Collected Balance \$11,332.21
Available Balance \$11,892.13 Prior Day Balance \$11,332.21

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

Current Balance \$10,181.85 Collected Balance \$10,181.85
Available Balance \$79,199.76 Prior Day Balance \$6,677.67

MMC - NH BETHANY SENIOR LIVING *5506

Current Balance \$53,330.57 Collected Balance \$53,330.57
Available Balance \$272,284.22 Prior Day Balance \$39,601.85

MMC - NH TUSCANY VILLAGE *3407

Current Balance \$113,107.24 Collected Balance \$113,107.24
Available Balance \$113,107.24 Prior Day Balance \$33,528.78

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 \$2,060,829.85

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 5/22/2023

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		153,675.74	153,575.74	113,007.24			113,107.24	93,649.88
						Bank Balance Variance	113,107.24	
						Leave in Balance	100.00	
						Molina March and q2	19,357.36	

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

Adjust Balance/Transfer Amt 93,649.88
 Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS

APPROVED ON
 MAY 22 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MMC PORTION

Tuscany Village ✓	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
5/19/2023 MOLINA HEALTHCAR MOLINAACH 01193237 42000010	-	29,579.16	9,135.56	2,267.30	2,591.08	15,585.22	19,357.36	10,221.80
5/18/2023 1124	309.28 ✓	-	-	-	-	-	-	-
5/18/2023 WIRE OUT LINBAR ENTERPRISES, LLC	146,794.99 ✓	-	-	-	-	-	-	-
5/18/2023 HNB - ECHO HCCLAIMPMT 746003411 440000260798	-	1,290.79	-	-	-	-	-	1,290.79
5/16/2023 Deposit	-	82,137.29	-	-	-	-	-	82,137.29
5/15/2023 1123	6,471.47 ✓	-	-	-	-	-	-	-
	153,575.74 ✓	113,007.24 ✓	9,135.56 ✓	2,267.30	2,591.08	15,585.22	19,357.36 ✓	93,649.88 ✓

Accounts

[Quick View](#) [Transaction Search](#) [Account Groups](#)

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: \$9,194,816.02 | Collected Balance: \$10,063,003.67 | Available Balance: \$10,818,280.17 | Current Balance: \$10,063,003.67

Sort: Display Name

MEMORIAL MEDICAL CENTER - OPERATING *4357

Current Balance: \$7,148,052.28 | Collected Balance: \$7,148,052.28
Available Balance: \$7,249,257.71 | Prior Day Balance: \$6,782,208.05

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365

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

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373

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

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381

Current Balance: \$130,537.01 | Collected Balance: \$130,537.01
Available Balance: \$181,116.17 | Prior Day Balance: \$11,383.12

MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403

Current Balance: \$138,709.29 | Collected Balance: \$138,709.29
Available Balance: \$158,962.66 | Prior Day Balance: \$47,445.32

MEMORIAL MEDICAL CENTER / NH CRESCENT *4411

Current Balance: \$157,377.53 | Collected Balance: \$157,377.53
Available Balance: \$255,577.06 | Prior Day Balance: \$72,708.28

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438

Current Balance: \$101,921.76 | Collected Balance: \$101,921.76
Available Balance: \$284,557.37 | Prior Day Balance: \$62,742.95

MEMORIAL MEDICAL CENTER / NH FORT BEND *4446

Current Balance: \$75,370.72 | Collected Balance: \$75,370.72
Available Balance: \$92,549.21 | Prior Day Balance: \$6,439.25

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454

Current Balance: \$61,183.25 | Collected Balance: \$61,183.25
Available Balance: \$61,856.68 | Prior Day Balance: \$8,757.98

MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433

Current Balance: \$11,332.21 | Collected Balance: \$11,332.21
Available Balance: \$11,892.13 | Prior Day Balance: \$11,332.21

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

Current Balance: \$10,181.85 | Collected Balance: \$10,181.85
Available Balance: \$75,199.75 | Prior Day Balance: \$6,677.67

MMC -NH BETHANY SENIOR LIVING *5506

Current Balance: \$53,330.57 | Collected Balance: \$53,330.57
Available Balance: \$272,284.22 | Prior Day Balance: \$39,001.85

MMC -NH TUSCANY VILLAGE *3407

Current Balance: \$113,107.24 | Collected Balance: \$113,107.24
Available Balance: \$113,107.24 | Prior Day Balance: \$88,528.08

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: \$2,060,829.85

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 5/22/2023

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
Bathany Senior Living		160,940.31	160,771.60	53,161.86			53,330.57	53,161.86
						Bank Balance	53,330.57	
						Variance		
						Leave in Balance	100.00	
						April Interest	68.71	
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	53,161.86	

Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 5/22/2023

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 22 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bathany Senior Living

MMCPORION

	<u>Transfer-Out</u>	<u>Transfer-In</u>	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
5/19/2023 NDC SWEEP FAC K236 31316967394345 SWEEP FR	-	11,103.10	-	-	-	-	-	11,103.10
5/19/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000143	-	2,045.95	-	-	-	-	-	2,045.95
5/19/2023 HOSPICE OF SOUTH Payments NF 113122650022690	-	384.99	-	-	-	-	-	384.99
5/19/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	194.68	-	-	-	-	-	194.68
5/18/2023 WIRE OUT PORT LAVACA NH, LLC	160,771.60	-	-	-	-	-	-	-
5/18/2023 Deposit	-	309.28	-	-	-	-	-	309.28
5/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000217446	-	588.06	-	-	-	-	-	588.06
5/16/2023 Deposit	-	33,432.54	-	-	-	-	-	33,432.54
5/16/2023 Deposit	-	97.94	-	-	-	-	-	97.94
5/16/2023 Deposit	-	539.50	-	-	-	-	-	539.50
5/16/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	4,465.82	-	-	-	-	-	4,465.82
	160,771.60	53,161.86	-	-	-	-	-	53,161.86

Accounts

[Quick View](#) | [Transaction Search](#) | [Account Groups](#)

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

Search Accounts

Make my Default View | Print | Download | Search

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

DDA (15)

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$9,194,816.02	\$10,063,003.67	\$10,818,280.17	\$10,063,003.67

Sort: | Display Name:

MEMORIAL MEDICAL CENTER - OPERATING *4357

Current Balance	\$7,148,052.28	Collected Balance	\$7,148,052.28
Available Balance	\$7,249,257.71	Prior Day Balance	\$6,782,268.65

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365

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

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373

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

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381

Current Balance	\$130,537.01	Collected Balance	\$130,537.01
Available Balance	\$181,116.17	Prior Day Balance	\$11,383.72

MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403

Current Balance	\$138,709.29	Collected Balance	\$138,709.29
Available Balance	\$158,982.66	Prior Day Balance	\$47,445.32

MEMORIAL MEDICAL CENTER / NH CRESCENT *4411

Current Balance	\$157,377.53	Collected Balance	\$157,377.53
Available Balance	\$255,577.08	Prior Day Balance	\$72,708.28

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438

Current Balance	\$101,921.76	Collected Balance	\$101,921.76
Available Balance	\$284,597.37	Prior Day Balance	\$67,742.95

MEMORIAL MEDICAL CENTER / NH FORT BEND *4446

Current Balance	\$75,370.72	Collected Balance	\$75,370.72
Available Balance	\$92,649.21	Prior Day Balance	\$6,429.35

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454

Current Balance	\$61,183.25	Collected Balance	\$61,183.25
Available Balance	\$61,856.66	Prior Day Balance	\$6,757.98

MMC - NH GULF POINTE PLAZA - PRIVATE PAY *5433

Current Balance	\$11,332.21	Collected Balance	\$11,332.21
Available Balance	\$11,592.13	Prior Day Balance	\$11,332.21

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

Current Balance	\$10,181.85	Collected Balance	\$10,181.85
Available Balance	\$75,199.70	Prior Day Balance	\$6,077.07

MMC - NH BETHANY SENIOR LIVING *5506 ✓

Current Balance	\$53,330.57 ✓	Collected Balance	\$53,330.57
Available Balance	\$272,284.22	Prior Day Balance	\$39,601.85

MMC - NH TUSCANY VILLAGE *3407

Current Balance	\$113,107.24	Collected Balance	\$113,107.24
Available Balance	\$113,107.24	Prior Day Balance	\$84,528.08

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	\$2,060,829.85

Ashford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center

Date Requested: 5/22/23

A _____

Y _____

E _____

E _____

APPROVED ON

MAY 22 2023

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

CK# 001204

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 39,883.51 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP March and Y6 Q2 2023

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Cates Santa

5/22/23

Broadmoor ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 5/22/23

A _____

Y _____

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APPROVED ON

MAY 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000237

FOR ACCT. USE ONLY

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

AMOUNT 13,888.12 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP March and Y6 Q2 2023

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLos Santos

5/22/23

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center

Date Requested: 5/22/23

A _____

Y _____

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E _____

APPROVED ON

MAY 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 000285

FOR ACCT. USE ONLY

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

AMOUNT 10,793.84 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP March and Y6 Q2 2023

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew [Signature]

5/22/23

Fort Bend ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 5/22/23

A _____

Y _____

E _____

E _____

APPROVED ON

MAY 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
C K # 000211

FOR ACCT. USE ONLY

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

AMOUNT 12,459.43 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP March and Y6 Q2 2023

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeBartolo

5/22/23

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center

Date Requested: 5/22/23

A _____

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APPROVED ON

MAY 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CIL#001248

FOR ACCT. USE ONLY

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

AMOUNT 11,936.14 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP March and Y6 Q2 2023

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Dofal Solera

5/22/23

Tuscany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center
A _____
Y _____
E _____
E _____

Date Requested: 5/22/23

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 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
clt 1/25

AMOUNT 19,357.36 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina QIPP March and Y6 Q2 2023

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew Delal Santal*

5/22/23

MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001206

Date 5-24-23 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center Operating

\$ 39,803 $\frac{51}{100}$

Thirty-nine thousand, eight hundred eighty-three dollars $\frac{51}{100}$ DOLLARS



County auditor

FOR Molina March 3 yle Q2 2023



511

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000237

Date 5-24-23 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center Operating

\$ 13,888 $\frac{12}{100}$

Thirteen thousand, eight hundred eighty-eight dollars $\frac{12}{100}$ DOLLARS



County auditor

FOR Molina March 3 yle Q2 2023



MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000285

Date 5-24-23 88-2265/1131

PAY
TO THE
ORDER OF

Memorial Medical Center Operating

\$ 10,793 $\frac{84}{100}$

Ten thousand, seven hundred ninety-three dollars $\frac{84}{100}$ DOLLARS



County auditor

FOR Molina March 3 yle Q2 - 2023



MEMORIAL MEDICAL CENTER

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

000211

Date 5-24-23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center Operating

\$ 12,459. $\frac{43}{100}$

Twelve thousand, four hundred fifty-nine dollars $\frac{43}{100}$

DOLLARS



County Auditor

FOR Molina March 3 Yle Q2 - 2023



MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001268

Date 5-24-23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center Operating

\$ 11,936. $\frac{14}{100}$

Eleven thousand, nine hundred thirty-six dollars $\frac{14}{100}$

DOLLARS



County Auditor

FOR Molina March 3 Yle Q2 - 2023



MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

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

1125

88-2265/1131-97

DATE 5-24-23



PAY TO THE ORDER OF Memorial Medical Center Operating

\$ 19,357. $\frac{34}{100}$

Nineteen thousand, three hundred fifty-seven dollars $\frac{34}{100}$

DOLLARS



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

County Auditor

FOR Molina March 3 Yle Q2 - 2023

County Treasurer



0

RUN DATE:05/24/23
 TIME:15:53

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 05/24/23 THRU 05/24/23

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF *	000211	05/24/23	12,459.43	MMC OPERATING
NHB *	000237	05/24/23	13,888.12	MMC OPERATING
NHC	000285	05/24/23	10,793.84	MMC OPERATING
NHC *	000286	05/24/23	12,273.00	TUSCANY VILLAGE
TUS *	001125	05/24/23	19,357.36	MMC OPERATING'
NHA *	001206	05/24/23	39,883.51	MMC OPERATING
NHS *	001268	05/24/23	11,936.14	MMC OPERATING
A/P	199364	05/24/23	1,532.00	4IMPRINT, INC.
A/P	199365	05/24/23	701.84	ABILITY NETWORK (SHIPTHOUND)
A/P	199366	05/24/23	295.14	AIRGAS USA, LLC - CENTRAL DIV
A/P	199367	05/24/23	82.26	ALIMED INC.
A/P	199368	05/24/23	388.99	AMAZON CAPITAL SERVICES
A/P	199369	05/24/23	174.00	AMBU INC
A/P	199370	05/24/23	36.97	AQUA BEVERAGE COMPANY
A/P	199371	05/24/23	31.98	AUTO PARTS & MACHINE CO.
A/P	199372	05/24/23	122.61	BAXTER HEALTHCARE
A/P	199373	05/24/23	39,610.53	BECKMAN COULTER INC
A/P	199374	05/24/23	77,102.98	BOEHRINGER INGELHEIM
A/P	199375	05/24/23	1,100.00	C-D ELECTRIC MOTOR SALES
A/P	199376	05/24/23	364.00	CABLES AND SENSORS
A/P	199377	05/24/23	5,720.00	CALHOUN COUNTY EMS
A/P	199378	05/24/23	948.88	CARDINAL HEALTH 414, INC.
A/P	199379	05/24/23	565.43	CHEMAQUA
A/P	199380	05/24/23	25,230.00	CLINICAL PATHOLOGY LABS
A/P	199381	05/24/23	12,190.18	COMMUNITY INFUSION SOLUTIONS
A/P	199382	05/24/23	36,132.30	CULINARY CONCESSIONS LLC
A/P	199383	05/24/23	366.90	DE TAR HOSPITAL
A/P	199384	05/24/23	13.81	DEWITT POTH & SON
A/P	199385	05/24/23	481.00	DIRECTV ENTERTAINMENT HOLDINGS
A/P	199386	05/24/23	74,504.22	DISCOVERY MEDICAL NETWORK INC
A/P	199387	05/24/23	75.00	DOWELL PEST CONTROL
A/P	199388	05/24/23	151.44	DSHS CENTRAL LAB MC2004
A/P	199389	05/24/23	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	199390	05/24/23	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	199391	05/24/23	41,274.91	EVIDENT
A/P	199392	05/24/23	274.59	FEDERAL EXPRESS CORP.
A/P	199393	05/24/23	3,384.89	FIRST INSURANCE FUNDING
A/P	199394	05/24/23	3,503.21	FISHER HEALTHCARE
A/P	199395	05/24/23	263.43	GRAINGER
A/P	199396	05/24/23	1,642.90	GULF COAST PAPER COMPANY
A/P	199397	05/24/23	665.00	HEALTHCARE CODING & CONSULTING
A/P	199398	05/24/23	1,797.44	HEALTHCARE FINANCIAL SERVICES
A/P	199399	05/24/23	71.50	KING'S PARTY RENTALS
A/P	199400	05/24/23	4.37	LABCORP OF AMERICA HOLDINGS
A/P	199401	05/24/23	.00	VOIDED
A/P	199402	05/24/23	7,383.12	MEDLINE INDUSTRIES INC
A/P	199403	05/24/23	36.19	MERCEDES SCIENTIFIC
A/P	199404	05/24/23	126.83	MMC AUXILIARY GIFT SHOP
A/P	199405	05/24/23	.00	VOIDED
A/P	199406	05/24/23	37,073.85	MORRIS & DICKSON CO, LLC

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

5/24/2023

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina March 2023	Molina Y6 Q2 2023					TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040	17,316.95	22,566.56					39,883.51	5/24/2023
Broadmoor ✓	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040	6,409.69	7,478.43					13,888.12	5/24/2023
Crescent ✓	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040	6,058.97	4,734.87					10,793.84	5/24/2023
Fort Bend ✓	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040	5,403.65	7,055.78					12,459.43	5/24/2023
Solera ✓	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040	5,182.45	6,753.69					11,936.14	5/24/2023
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040								5/24/2023
Gulf Pointe PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040								5/24/2023
Gulf Pointe MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001	10255040								5/24/2023
Bethany			MMC - Prosperity Operating #10000001	10255040								5/24/2023
Tuscany ✓			MMC - Prosperity Operating #10000001	10255040	10,269.21	9,088.15					19,357.36	5/24/2023
				Total:	50,640.92	57,677.48					108,318.40	

Note:

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 5/22/2023

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Crescent*

P Tuscany Village ✓
A _____
Y _____
E _____
E _____

Date Requested: 5/22/23

APPROVED ON

MAY 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL #000284

FOR ACCT. USE ONLY

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

AMOUNT 12,273.00 ✓✓

G/L NUMBER: _____

EXPLANATION: Claim Payment Transfer

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DeLoe Santos*

5/22/23

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000286

88-2265/1131

Date 5-24-23

PAY

TO THE
ORDER OF

Tuscany Village

\$ 12,273. ⁰⁰/₁₀₀

Twelve thousand, two hundred seventy-three dollars ⁰⁰/₁₀₀

DOLLARS



**PROSPERITY
BANK**

county auditor

FOR Claim payment transfer



County Treasurer
Security features are
included. Details on back

MP