

**MEMORIAL MEDICAL CENTER**

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

**TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES**

<b>TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS</b>	<b>\$ 1,336,276.15</b>
<b>TOTAL TRANSFERS BETWEEN FUNDS</b>	<b>\$ 130,825.48</b>
<b>TOTAL NURSING HOME UPL EXPENSES</b>	<b>\$ 785,210.68</b>
<b>TOTAL INTER-GOVERNMENT TRANSFERS</b>	<b>\$ -</b>
<b>GRAND TOTAL DISBURSEMENTS APPROVED July 19, 2023</b>	<b>\$ 2,252,312.31</b>

**APPROVED**

**JUL 21 2023**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**

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

**PAYABLES AND PAYROLL**

7/13/2023	Weekly Payables	635,025.12
7/13/2023	Patient Refunds	1,488.99
7/14/2023	Citibank Credit Card-see attached	3,712.08
7/14/2023	Calhoun County-repayment of loan 1 of 18	150,000.00
7/17/2023	McKesson-340B Prescription Expense	10,171.85
7/17/2023	Amerisource Bergen-340B Prescription Expense	531.61
7/17/2023	Payroll Liabilities -Payroll Taxes	132,075.31
7/17/2023	Payroll	396,162.67

**Prosperity Electronic Bank Payments**

7/10/2023	Credit Card & Lease Fees	5,018.96
7/20/2023	Sales Tax for June 2023	1,773.67
7/10/2023	Cleargagge-Patient Financing Service	118.20
7/10-7/14/23	Pay Plus-Patient Claims Processing Fee	197.69

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 1,336,276.15**

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

7/13/2023	MMC Operating to Fort bend-correction of NH insurance payment deposited into MMC Operating	3,185.00
7/13/2023	MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	52,304.02
7/13/2023	MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	5,824.23
7/13/2023	MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	30,222.47
7/13/2023	MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating	39,289.76

**TOTAL TRANSFERS BETWEEN FUNDS \$ 130,825.48**

**NURSING HOME UPL EXPENSES**

7/17/2023	Nursing Home UPL-Cantex Transfer	483,160.56
7/17/2023	Nursing Home UPL-Nexion Transfer	18,423.07
7/17/2023	Nursing Home UPL-HMG Transfer	97,002.14
7/17/2023	Nursing Home UPL-Tuscany Transfer	26,884.39
7/17/2023	Nursing Home UPL-HSL Transfer	32,805.96

**NURSING HOME BANK FEES**

7/14/2023	Ashford-Enhanced analysis fee	84.16
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**Nursing Home Electronic Bank Payments**

7/11/2023	Bethany-returned check	181.00
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**QIPP CHECKS TO MMC**

7/17/2023	Ashford	44,214.52
7/17/2023	Broadmoor	16,355.67
7/17/2023	Crescent	12,085.26
7/17/2023	Fort Bend	13,836.33
7/17/2023	Solera	13,231.53
7/17/2023	Tuscany	26,829.11

**TRANSFER BETWEEN FUNDS TO MMC OPERATING**

7/17/2023	Gulf Pointe Plaza MM to MMC-correction of MMC insurance payment deposited into Gulf Pointe MM in error	116.98
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**TOTAL NURSING HOME UPL EXPENSES \$ 785,210.68**

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

**GRAND TOTAL DISBURSEMENTS APPROVED July 19, 2023 \$ 2,252,312.31**

**APPROVED**  
**JUL 21 2023**  
**CALHOUN COUNTY**  
**COMMISSIONERS COURT**

JUL 13 2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Due Dates Through: 08/04/2023

Vendor#	Vendor Name	Class	Pay Code								
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9139657489 ✓		07/12/20	07/03/20	07/28/20		3,346.34	0.00	0.00	3,346.34 ✓		
	BULK										
9139790671 ✓		07/12/20	07/07/20	08/01/20		337.01	0.00	0.00	337.01 ✓		
	OXYGEN										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net		
				A1680	AIRGAS USA, LLC - CENTRAL DIV	3,683.35	0.00	0.00	3,683.35		
A1746	ALPHA TEC SYSTEMS INC ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV-0016143 ✓		07/12/20	06/30/20	07/30/20		103.35	0.00	0.00	103.35 ✓		
	SUPPLIES										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net		
				A1746	ALPHA TEC SYSTEMS INC	103.35	0.00	0.00	103.35		
12800	AUTHORITYRX ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1858 ✓		07/12/20	07/05/20	07/06/20		740.00	0.00	0.00	740.00 ✓		
	340B										
1841 ✓		07/12/20	07/05/20	07/06/20		9,940.00	0.00	0.00	9,940.00 ✓		
	340B										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net		
				12800	AUTHORITYRX	10,680.00	0.00	0.00	10,680.00		
14088	AZALEA HEALTH ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
91031 ✓		07/12/20	07/01/20	07/02/20		594.00	0.00	0.00	594.00 ✓		
	PROCESSING FEES										
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net		
				14088	AZALEA HEALTH	594.00	0.00	0.00	594.00		
B1150	BAXTER HEALTHCARE ✓	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
79080441 ✓		07/13/20	05/15/20	06/09/20		43.06	0.00	0.00	43.06 ✓		
	SUPPLIES										
79407487 ✓		07/13/20	06/15/20	07/10/20		765.63	0.00	0.00	765.63 ✓		
	SUPPLIES										
79409612 ✓		07/13/20	06/15/20	07/10/20		43.84	0.00	0.00	43.84 ✓		
	SUPPLIES										
79446587 ✓		07/13/20	06/20/20	07/15/20		138.25	0.00	0.00	138.25 ✓		
	SUPPLIES										
79457394 ✓		07/13/20	06/21/20	07/16/20		629.50	0.00	0.00	629.50 ✓		
	SPECTRUM										
12713457 ✓		07/13/20	06/24/20	07/19/20		82.01	0.00	0.00	82.01 ✓		
	LATE FEE										
79497000 ✓		07/13/20	06/26/20	07/21/20		635.39	0.00	0.00	635.39 ✓		

		SUPPILES										
79636068	✓		07/13/20	07/06/20	07/31/20		43.06	0.00	0.00	43.06 ✓		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE				2,380.74	0.00	0.00	2,380.74		
Vendor#	Vendor Name		Class		Pay Code							
M2485	BAYER HEALTHCARE ✓		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
6010630612	✓	07/12/20	06/28/20	07/28/20			1,104.08	0.00	0.00	1,104.08 ✓		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE				1,104.08	0.00	0.00	1,104.08		
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		
110676220	✓	07/11/20	06/12/20	07/07/20			661.79	0.00	0.00	661.79 ✓		
		SUPPLIES										
110720003	✓	07/11/20	07/03/20	07/28/20			428.38	0.00	0.00	428.38 ✓		
		SUPPLIES										
5474812	✓	07/12/20	06/13/20	07/08/20			5,016.58	0.00	0.00	5,016.58 ✓		
		LEASE										
110686423	✓	07/12/20	06/15/20	07/10/20			3,843.70	0.00	0.00	3,843.70 ✓		
		SUPPLIES										
110685386	✓	07/12/20	06/15/20	07/10/20			1,288.45	0.00	0.00	1,288.45 ✓		
		SUPPLIES										
110699442	✓	07/12/20	06/23/20	07/18/20			789.17	0.00	0.00	789.17 ✓		
		SUPPLIES										
5475337	✓	07/12/20	06/25/20	07/20/20			1,337.05	0.00	0.00	1,337.05 ✓		
		LEASE										
110704413	✓	07/12/20	06/26/20	07/21/20			919.29	0.00	0.00	919.29 ✓		
		SUPPLIES										
110721453	✓	07/12/20	07/03/20	07/28/20			999.89	0.00	0.00	999.89 ✓		
		SUPPLIES										
110719223	✓	07/12/20	07/04/20	07/29/20			3,120.89	0.00	0.00	3,120.89 ✓		
		SUPPLIES										
110725919	✓	07/12/20	07/06/20	07/31/20			1,520.93	0.00	0.00	1,520.93 ✓		
		SUPPLIES										
110725924	✓	07/12/20	07/06/20	07/31/20			16,184.07	0.00	0.00	16,184.07 ✓		
		SUPPLIES										
110728461	✓	07/12/20	07/09/20	08/03/20			304.12	0.00	0.00	304.12 ✓		
		INV-219012										
110729491	✓	07/12/20	07/10/20	08/04/20			197.49	0.00	0.00	197.49 ✓		
		SUPPLIES										
110732106	✓	07/12/20	07/10/20	08/04/20			864.93	0.00	0.00	864.93 ✓		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				37,476.73	0.00	0.00	37,476.73		
Vendor#	Vendor Name		Class		Pay Code							
B1320	BEEKLEY CORPORATION ✓		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV1630207	✓	06/29/20	06/13/20	07/31/20			398.00	0.00	0.00	398.00 ✓		

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B1320	BEEKLEY CORPORATION		398.00	0.00	0.00	398.00	
Vendor#	Vendor Name			Class	Pay Code				
14753	BIOMERIEUX, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1213043762 ✓		07/12/20	06/13/20	07/05/20		50,786.47	0.00	0.00	50,786.47 ✓
GI /BIOFIRE TESTS									
1213058193 ✓		07/12/20	07/06/20	08/01/20		9,527.84	0.00	0.00	9,527.84 ✓

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		14753	BIOMERIEUX, INC		60,314.31	0.00	0.00	60,314.31	
Vendor#	Vendor Name			Class	Pay Code				
12324	BLUE CROSS BLUE SHIELD ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
06162023		07/11/20	06/16/20	07/01/20		153.18	0.00	0.00	153.18 ✓

COBRA/DENTAL- MAYRA MAR

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net
		12324	BLUE CROSS BLUE SHIELD		153.18	0.00	0.00	153.18

Vendor#	Vendor Name			Class	Pay Code				
B1655	BOSTON SCIENTIFIC CORPORATION ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
992784700 ✓		07/12/20	06/26/20	07/12/20		755.00	0.00	0.00	755.00 ✓

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net
		B1655	BOSTON SCIENTIFIC CORPORATION		755.00	0.00	0.00	755.00

Vendor#	Vendor Name			Class	Pay Code				
C1048	CALHOUN COUNTY ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
52583397 ✓		07/12/20	06/23/20	07/23/20		8.47	0.00	0.00	8.47 ✓
ELECTRICITY									
52579258 ✓		07/12/20	06/23/20	07/23/20		531.08	0.00	0.00	531.08 ✓
ELECTRICITY									
52578834 ✓		07/12/20	06/23/20	07/23/20		1,661.06	0.00	0.00	1,661.06 ✓
ELECTRICITY									
52578819 ✓		07/12/20	06/23/20	07/23/20		33,377.47	0.00	0.00	33,377.47 ✓
ELECTRICITY									
52578818 ✓		07/12/20	06/23/20	07/23/20		18.85	0.00	0.00	18.85 ✓

ELECTRICTY

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY		35,596.93	0.00	0.00	35,596.93

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
2023-06 ✓		07/12/20	07/03/20	08/03/20		2,640.00	0.00	0.00	2,640.00 ✓

JUNE 23 TRANSFERS

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net
		14120	CALHOUN COUNTY EMS		2,640.00	0.00	0.00	2,640.00

Vendor#	Vendor Name			Class	Pay Code				
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

070723		07/12/20	07/07/20	07/08/20		10.00	0.00	0.00	10.00	✓
JUNE 23 INDIGENT										
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net		
11295 CALHOUN COUNTY INDIGENT ACCOUN					10.00	0.00	0.00	10.00		
Vendor#	Vendor Name				Class	Pay Code				
14260	CAREFUSION SOLUTIONS, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1002088017-6	MAINT	07/12/20	06/07/20	07/07/20		1,788.00	0.00	0.00	1,788.00	✓
1002088018-4	MAINT	07/12/20	06/07/20	07/07/20		2.00	0.00	0.00	2.00	✓
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net		
14260 CAREFUSION SOLUTIONS, LLC					1,790.00	0.00	0.00	1,790.00		
Vendor#	Vendor Name				Class	Pay Code				
13264	CERVEY, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
22987	MONTHLY LICENSE	07/12/20	06/30/20	07/25/20		1,699.00	0.00	0.00	1,699.00	✓
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net		
13264 CERVEY, LLC					1,699.00	0.00	0.00	1,699.00		
Vendor#	Vendor Name				Class	Pay Code				
C1600	CITIZENS MEDICAL CENTER				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
063023	JUNE 23 CRNA COVERAGE	06/30/20	06/30/20	07/30/20		57,881.65	0.00	0.00	57,881.65	✓
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net		
C1600 CITIZENS MEDICAL CENTER					57,881.65	0.00	0.00	57,881.65		
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	
17656-202305	LAB SERV	07/12/20	05/31/20	06/30/20		17,038.34	0.00	0.00	17,038.34	✓
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net		
10212 CLINICAL PATHOLOGY LABS					17,038.34	0.00	0.00	17,038.34		
Vendor#	Vendor Name				Class	Pay Code				
13336	COCA COLA SOUTHWEST BEVERAGES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
36408331007		07/13/20	07/05/20	08/04/20		779.37	0.00	0.00	779.37	✓
36408331009	CREDIT	07/13/20	07/05/20	08/04/20		-125.00	0.00	0.00	-125.00	✓
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net		
13336 COCA COLA SOUTHWEST BEVERAGES					654.37	0.00	0.00	654.37		
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	
202307-16	INFUSION SERV	07/12/20	07/06/20	07/16/20		14,542.43	0.00	0.00	14,542.43	✓
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net		
13572 COMMUNITY INFUSION SOLUTIONS					14,542.43	0.00	0.00	14,542.43		
Vendor#	Vendor Name				Class	Pay Code				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10060 DETAR HOSPITAL ✓ ICP											
JUNE2023		07/12/20	06/30/20	07/30/20		453.64	0.00	0.00	453.64 ✓		
LAB SERV											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10060	DE TAR HOSPITAL	453.64	0.00	0.00	453.64
Vendor# Vendor Name Class Pay Code											
10368 DEWITT POTTH & SON ✓											
723279-0		07/12/20	07/05/20	07/30/20		750.74	0.00	0.00	750.74 ✓		
SUPPLIES											
723415-0		07/12/20	07/06/20	07/31/20		56.96	0.00	0.00	56.96 ✓		
SUPPLIES											
723413-0		07/12/20	07/06/20	07/31/20		59.20	0.00	0.00	59.20 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10368	DEWITT POTTH & SON	866.90	0.00	0.00	866.90
Vendor# Vendor Name Class Pay Code											
10175 DSHS CENTRAL LAB MC2004 ✓											
CM1838-052023		07/12/20	06/01/20	06/26/20		50.48	0.00	0.00	50.48 ✓		
LAB SERV											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10175	DSHS CENTRAL LAB MC2004	50.48	0.00	0.00	50.48
Vendor# Vendor Name Class Pay Code											
11284 EMERGENCY STAFFING SOLUTIONS ✓											
42361		07/12/20	06/30/20	07/21/20		13,860.00	0.00	0.00	13,860.00 ✓		
CAPEK/THOMPSON											
42354		07/13/20	07/15/20	07/25/20		40,062.50	0.00	0.00	40,062.50 ✓		
PHYSICIAN SERVICES (1-15th)											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11284	EMERGENCY STAFFING SOLUTIONS	53,922.50	0.00	0.00	53,922.50
Vendor# Vendor Name Class Pay Code											
S0501 EVOQUA WATER TECHNOLOGIES LLC ✓											
905959240		07/12/20	07/01/20	07/26/20		2,877.96	0.00	0.00	2,877.96 ✓		
CONTRACT											
90595241		07/12/20	07/01/20	07/26/20		2,755.39	0.00	0.00	2,755.39 ✓		
CONTRACT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S0501	EVOQUA WATER TECHNOLOGIES LLC	5,633.35	0.00	0.00	5,633.35
Vendor# Vendor Name Class Pay Code											
10003 FILTER TECHNOLOGY CO, INC ✓											
118796		07/12/20	06/28/20	07/28/20		228.12	0.00	0.00	228.12 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10003	FILTER TECHNOLOGY CO, INC	228.12	0.00	0.00	228.12
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		
3245242 ✓		07/01/20	05/24/20	06/18/20		341.40	0.00	0.00	341.40 ✓		
	SUPPLIES										
4046944 ✓		07/11/20	06/23/20	07/18/20		199.66	0.00	0.00	199.66 ✓		
	SUPPLIES										
4084194 ✓		07/11/20	06/26/20	07/21/20		2,455.26	0.00	0.00	2,455.26 ✓		
	SUPPLIES										
4084195 ✓		07/11/20	06/26/20	07/21/20		246.02	0.00	0.00	246.02 ✓		
	SUPPLIES										
4124303 ✓		07/11/20	06/27/20	07/22/20		35.65	0.00	0.00	35.65 ✓		
	SUPPLIES										
4124302 ✓		07/11/20	06/27/20	07/22/20		14.26	0.00	0.00	14.26 ✓		
	SUPPLIES										
4124304 ✓		07/11/20	06/27/20	07/22/20		78.62	0.00	0.00	78.62 ✓		
	SUPPLIES										
4124305 ✓		07/11/20	06/27/20	07/22/20		890.58	0.00	0.00	890.58 ✓		
	SUPPLIES										
4204618 ✓		07/11/20	06/29/20	07/24/20		766.28	0.00	0.00	766.28 ✓		
	SUPPLIES										
4273150 ✓		07/11/20	07/03/20	07/28/20		67.27	0.00	0.00	67.27 ✓		
	SUPPLIES										
4302363 ✓		07/11/20	07/05/20	07/30/20		-742.28	0.00	0.00	-742.28 ✓		
	CREDIT										
4302364 ✓		07/11/20	07/05/20	07/30/20		411.12	0.00	0.00	411.12 ✓		
	SUPPLIES										
4337267 ✓		07/11/20	07/06/20	07/31/20		3,414.00	0.00	0.00	3,414.00 ✓		
	SUPPLIES										
4337264 ✓		07/11/20	07/06/20	07/31/20		256.35	0.00	0.00	256.35 ✓		
	SUPPLIES										
4337268 ✓		07/11/20	07/06/20	07/31/20		355.34	0.00	0.00	355.34 ✓		
	SUPPLIES										
4337266 ✓		07/11/20	07/06/20	07/31/20		341.40	0.00	0.00	341.40 ✓		
	SUPPLIES										
4337265 ✓		07/11/20	07/06/20	07/31/20		298.81	0.00	0.00	298.81 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						F1400	FISHER HEALTHCARE	9,429.74	0.00	0.00	9,429.74
Vendor#	Vendor Name			Class	Pay Code						
10599	FORVIS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
BK01830761 ✓		07/12/20	06/29/20	07/24/20		24,150.00	0.00	0.00	24,150.00 ✓		
	DY9 FINAL RECON										
BK01830034 ✓		07/12/20	06/29/20	07/24/20		21,000.00	0.00	0.00	21,000.00 ✓		
	PROF FEES/AUDIT										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10599	FORVIS	45,150.00	0.00	0.00	45,150.00
Vendor#	Vendor Name			Class	Pay Code						
11183	FRONTIER ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
070223		07/13/20	07/02/20	07/26/20		1,208.23	0.00	0.00	1,208.23 ✓		
	PHONE										



Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11183	FRONTIER		1,208.23	0.00	0.00	1,208.23	
Vendor#	Vendor Name			Class	Pay Code				
12404	GE PRECISION HEALTHCARE, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6002441172 ✓	IMAGING CONTRACT	07/12/20	07/01/20	07/31/20		61.67	0.00	0.00	61.67 ✓
6002441170 ✓	CONTRACT	07/12/20	07/01/20	07/31/20		86.67	0.00	0.00	86.67 ✓
6002441324 ✓	CONTRACT	07/12/20	07/01/20	07/31/20		868.16	0.00	0.00	868.16 ✓
6002441169 ✓	CONTRACT	07/12/20	07/01/20	07/31/20		3,588.58	0.00	0.00	3,588.58 ✓
6002441189 ✓	CONTRACT	07/12/20	07/01/20	07/31/20		5,665.83	0.00	0.00	5,665.83 ✓
6002441171 ✓	CONTRACT	07/12/20	07/01/20	07/31/20		2,422.50	0.00	0.00	2,422.50 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		12404	GE PRECISION HEALTHCARE, LLC		12,693.41	0.00	0.00	12,693.41	
Vendor#	Vendor Name			Class	Pay Code				
G1001	GETINGE USA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6992269957 ✓	SUPPLIES	07/12/20	06/27/20	07/27/20		420.00	0.00	0.00	420.00 ✓
6992269956 ✓	SUPPLIES	07/12/20	06/27/20	07/27/20		64.13	0.00	0.00	64.13 ✓
6992271047 ✓	SUPPLIES	07/12/20	06/28/20	07/28/20		57.77	0.00	0.00	57.77 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		G1001	GETINGE USA		541.90	0.00	0.00	541.90	
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
9748481190 ✓	SUPPLIES	07/12/20	06/22/20	07/17/20		191.84	0.00	0.00	191.84 ✓
9749804358 ✓	SUPPLIES	07/12/20	06/23/20	07/18/20		338.80	0.00	0.00	338.80 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		W1300	GRAINGER		530.64	0.00	0.00	530.64	
Vendor#	Vendor Name			Class	Pay Code				
12948	GREAT AMERICA FINANCIAL SVCS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
34379303 ✓	COPIER	07/12/20	07/30/20	07/31/20		10,657.62	0.00	0.00	10,657.62 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		12948	GREAT AMERICA FINANCIAL SVCS		10,657.62	0.00	0.00	10,657.62	
Vendor#	Vendor Name			Class	Pay Code				
11984	GUERBET, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
18684444 ✓	SUPPLIES	07/13/20	04/28/20	05/28/20		350.00	0.00	0.00	350.00 ✓

18684493		07/13/20	04/28/20	05/28/20		350.00	0.00	0.00	350.00		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC				700.00	0.00	0.00	700.00		
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		
2411748		07/11/20	06/30/20	07/30/20		343.42	0.00	0.00	343.42		
	SUPPLIES										
2412254		07/11/20	07/03/20	08/02/20		567.95	0.00	0.00	567.95		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				911.37	0.00	0.00	911.37		
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		
14032		07/12/20	06/30/20	07/30/20		355.00	0.00	0.00	355.00		
	CHARTS										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING				355.00	0.00	0.00	355.00		
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		
100772921		06/30/20	06/27/20	08/01/20		4,610.52	0.00	0.00	4,610.52		
	LEASE										
100777856		07/12/20	07/07/20	08/01/20		1,797.44	0.00	0.00	1,797.44		
	LEASE										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES				6,407.96	0.00	0.00	6,407.96		
Vendor#	Vendor Name				Class	Pay Code					
H0031	HEB CREDIT RECEIVABLES DEPT308										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3944		06/30/20	06/28/20	07/25/20		918.08	0.00	0.00	918.08 916.94		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308				918.08	0.00	0.00	918.08 916.94		
Vendor#	Vendor Name				Class	Pay Code					
H3906	HUNTER PHARMACY SERVICES				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
5539		07/12/20	06/30/20	07/20/20		14,575.39	0.00	0.00	14,575.39		
	PHARMACIST										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	H3906	HUNTER PHARMACY SERVICES				14,575.39	0.00	0.00	14,575.39		
Vendor#	Vendor Name				Class	Pay Code					
11200	IRON MOUNTAIN										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
HRLS342		06/30/20	06/30/20	07/30/20		982.38	0.00	0.00	982.38		
	SHRED										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN				982.38	0.00	0.00	982.38		
Vendor#	Vendor Name				Class	Pay Code					

11285	ITA RESOURCES INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MMC072023 ✓		07/12/20	07/10/20	07/30/20		27,801.75	0.00	0.00	27,801.75 ✓	
	PROF FEES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11285 ITA RESOURCES INC					27,801.75	0.00	0.00	27,801.75	
Vendor#	Vendor Name									
14540	JINDAL X LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2023-24-11 ✓		07/12/20	07/07/20	07/21/20		9,000.00	0.00	0.00	9,000.00 ✓	
	REVENUE CYCLE MGT									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	14540 JINDAL X LLC					9,000.00	0.00	0.00	9,000.00	
Vendor#	Vendor Name									
L0700	LABCORP OF AMERICA HOLDINGS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
76749130 ✓		07/12/20	05/27/20	06/21/20		53.60	0.00	0.00	53.60 ✓	
	LAB SERV									
76671335 ✓		07/12/20	05/27/20	06/21/20		747.34	0.00	0.00	747.34 ✓	
	LAB SERV									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	L0700 LABCORP OF AMERICA HOLDINGS					800.94	0.00	0.00	800.94	
Vendor#	Vendor Name									
L1005	LAERDAL MEDICAL CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2000030845 ✓		07/12/20	06/28/20	07/28/20		105.00	0.00	0.00	105.00 ✓	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	L1005 LAERDAL MEDICAL CORPORATION					105.00	0.00	0.00	105.00	
Vendor#	Vendor Name									
L1640	LOWE'S BUSINESS ACCT/SYNCB ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
070223		07/13/20	07/02/20	07/28/20		877.07	0.00	0.00	877.07 ✓	
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	L1640 LOWE'S BUSINESS ACCT/SYNCB					877.07	0.00	0.00	877.07	
Vendor#	Vendor Name									
M2310	MEDELA INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
7001575487 ✓		07/12/20	06/22/20	07/22/20		73.20	0.00	0.00	73.20 ✓	
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	M2310 MEDELA INC					73.20	0.00	0.00	73.20	
Vendor#	Vendor Name									
11141	MEDICAL DATA SYSTEMS, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
183308 ✓		07/12/20	06/30/20	07/25/20		159.51	0.00	0.00	159.51 ✓	
	COLLECTION FEES									
183306 ✓		07/12/20	06/30/20	07/25/20		817.37	0.00	0.00	817.37 ✓	
	COLLECITN FEES									
188307 ✓		07/12/20	06/30/20	07/25/20		2,021.70	0.00	0.00	2,021.70 ✓	

COLLECTION FEES												
182934			07/12/20	06/30/20	07/25/20		78.65	0.00	0.00	78.65		
BUSINESS SERV												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11141	MEDICAL DATA SYSTEMS, INC.	3,077.23	0.00	0.00	3,077.23
Vendor#	Vendor Name						Class	Pay Code				
12588	MEDICAL TECHNOLOGY ASSOCIATES											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV-214398		07/01/20	03/28/20	04/22/20			9,010.34	0.00	0.00	9,010.34		
INV-219012		07/12/20	06/30/20	07/25/20			630.00	0.00	0.00	630.00		
CT VENTILATION TESTING												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12588	MEDICAL TECHNOLOGY ASSOCIATES	9,640.34	0.00	0.00	9,640.34
Vendor#	Vendor Name						Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC.							A/P				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
30911878		07/13/20	07/11/20	07/20/20			28.91	0.00	0.00	28.91		
INDIGENT												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10613	MEDIMPACT HEALTHCARE SYS, INC.	28.91	0.00	0.00	28.91
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		
2268909004		07/01/20	05/24/20	06/18/20			4,145.46	0.00	0.00	4,145.46		
SUPLIES												
2271656123		07/01/20	06/14/20	07/09/20			638.10	0.00	0.00	638.10		
SUPPLIES												
2273016848		07/11/20	06/23/20	07/18/20			123.76	0.00	0.00	123.76		
SUPPLIES												
2272966293		07/11/20	06/23/20	07/18/20			12.40	0.00	0.00	12.40		
SUPPLIES												
2273370765		07/11/20	06/27/20	07/22/20			47.28	0.00	0.00	47.28		
SUPPLIES												
2273370764		07/11/20	06/27/20	07/22/20			845.52	0.00	0.00	845.52		
SUPPLIES												
2273427376		07/11/20	06/27/20	07/22/20			172.97	0.00	0.00	172.97		
SUPPLIES												
2273370767		07/11/20	06/27/20	07/22/20			9.84	0.00	0.00	9.84		
SUPPLIES												
2273370763		07/11/20	06/27/20	07/22/20			285.32	0.00	0.00	285.32		
SUPPLIES												
2273370766		07/11/20	06/27/20	07/22/20			239.38	0.00	0.00	239.38		
SUPPLIES												
2273499999		07/11/20	06/28/20	07/23/20			122.70	0.00	0.00	122.70		
SUPPLIES												
2273499992		07/11/20	06/28/20	07/23/20			62.92	0.00	0.00	62.92		
SUPPLIES												
2273499990		07/11/20	06/28/20	07/23/20			556.52	0.00	0.00	556.52		
SUPPLIES												
2273499991		07/11/20	06/28/20	07/23/20			5.14	0.00	0.00	5.14		

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
	SUPPLIES									
2273499984	✓	07/11/20	06/28/20 07/23/20	322.90	0.00	0.00	322.90 ✓			
	SUPPLIES									
2273499987	✓	07/11/20	06/28/20 07/23/20	28.90	0.00	0.00	28.90 ✓			
	SUPPLIES									
2273499989	✓	07/11/20	06/28/20 07/23/20	54.20	0.00	0.00	54.20 ✓			
	SUPPLIES									
2273499998	✓	07/11/20	06/28/20 07/23/20	130.71	0.00	0.00	130.71 ✓			
	SUPPLIES									
2273939199	✓	07/11/20	06/30/20 07/25/20	-534.52	0.00	0.00	-534.52 ✓			
	CREDIT									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net	
				M2470	MEDLINE INDUSTRIES INC	7,269.50	0.00	0.00	7,269.50	
10536	MORRIS & DICKSON CO, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9762607	✓	07/12/20	07/02/20	07/12/20			62.81	0.00	0.00	62.81 ✓
	INVENTORY									
9762608	✓	07/12/20	07/02/20	07/12/20			584.59	0.00	0.00	584.59 ✓
	INVENTORY									
9766560	✓	07/12/20	07/03/20	07/13/20			24.13	0.00	0.00	24.13 ✓
	INVENTORY									
9766707	✓	07/12/20	07/03/20	07/13/20			108.01	0.00	0.00	108.01 ✓
	INVENTORY									
9766708	✓	07/12/20	07/03/20	07/13/20			3.70	0.00	0.00	3.70 ✓
	INVENTORY									
9772146	✓	07/12/20	07/05/20	07/15/20			73.35	0.00	0.00	73.35 ✓
	INVENTORY									
9769355	✓	07/12/20	07/05/20	07/15/20			5,326.42	0.00	0.00	5,326.42 ✓
	INVENTORY									
CM3577	✓	07/12/20	07/05/20	07/15/20			-7.82	0.00	0.00	-7.82 ✓
	CREDIT									
9772147	✓	07/12/20	07/05/20	07/15/20			46.45	0.00	0.00	46.45 ✓
	INVENTORY									
9769356	✓	07/12/20	07/05/20	07/15/20			82.89	0.00	0.00	82.89 ✓
	INVENTORY									
9771875	✓	07/12/20	07/05/20	07/15/20			64.58	0.00	0.00	64.58 ✓
	INVENTORY									
9771876	✓	07/12/20	07/05/20	07/15/20			276.42	0.00	0.00	276.42 ✓
	INVENTORY									
9774952	✓	07/12/20	07/06/20	07/16/20			1,680.32	0.00	0.00	1,680.32 ✓
	INVENTORY									
9777879	✓	07/12/20	07/06/20	07/16/20			215.47	0.00	0.00	215.47 ✓
	INVENTORY									
9774953	✓	07/12/20	07/06/20	07/16/20			148.19	0.00	0.00	148.19 ✓
	INVENTORY									
9778272	✓	07/12/20	07/06/20	07/16/20			53.01	0.00	0.00	53.01 ✓
	INVENTORY									
8122	✓	07/12/20	07/06/20	07/16/20			-13.12	0.00	0.00	-13.12 ✓
	CREDIT									
9782857	✓	07/12/20	07/09/20	07/19/20			5,590.83	0.00	0.00	5,590.83 ✓

9785067	✓	INVENTORY	07/12/20	07/09/20	07/19/20	63.46	0.00	0.00	63.46	✓	
9783927	✓	INVENTORY	07/12/20	07/09/20	07/19/20	21.99	0.00	0.00	21.99	✓	
9782856	✓	INVENTORY	07/12/20	07/09/20	07/19/20	778.45	0.00	0.00	778.45	✓	
9785068	✓	INVENTORY	07/12/20	07/09/20	07/19/20	762.06	0.00	0.00	762.06	✓	
9786587	✓	INVENTORY	07/12/20	07/10/20	07/20/20	85.89	0.00	0.00	85.89	✓	
9788198	✓	INVENTORY	07/12/20	07/10/20	07/20/20	419.56	0.00	0.00	419.56	✓	
9788199	✓	INVENTORY	07/12/20	07/10/20	07/20/20	1,339.52	0.00	0.00	1,339.52	✓	
9785956	✓	INVENTORY	07/12/20	07/10/20	07/20/20	546.68	0.00	0.00	546.68	✓	
CM45089	✓	INVENTORY	07/12/20	07/11/20	07/21/20	-62.24	0.00	0.00	-62.24	✓	
9791860	✓	CREDIT	07/12/20	07/11/20	07/21/20	43.88	0.00	0.00	43.88	✓	
CM45086	✓	INVENTORY	07/12/20	07/11/20	07/21/20	-1.99	0.00	0.00	-1.99	✓	
CM45087	✓	CREDIT	07/12/20	07/11/20	07/21/20	-1,597.81	0.00	0.00	-1,597.81	✓	
9791861	✓	CREDIT	07/12/20	07/11/20	07/21/20	1,294.23	0.00	0.00	1,294.23	✓	
CM45088	✓	INVENTORY	07/12/20	07/11/20	07/21/20	-10.53	0.00	0.00	-10.53	✓	
9791859	✓	CREDIT	07/12/20	07/11/20	07/21/20	168.71	0.00	0.00	168.71	✓	
CM45085	✓	INVENTORY	07/12/20	07/11/20	07/21/20	-9,143.18	0.00	0.00	-9,143.18	✓	
		CREDIT									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10536	MORRIS & DICKSON CO, LLC	9,028.91	0.00	0.00	9,028.91
Vendor#	Vendor Name		Class	Pay Code							
M2659	MXR IMAGING, INC ✓		M				8,975.90			8,975.90	
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
881042436		07/12/20	06/28/20	07/28/20		250.81	0.00	0.00	250.81	✓	
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2659	MXR IMAGING, INC	250.81	0.00	0.00	250.81
Vendor#	Vendor Name		Class	Pay Code							
10188	NATUS MEDICAL INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1041468395		07/01/20	06/13/20	07/08/20		986.96	0.00	0.00	986.96	✓	
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10188	NATUS MEDICAL INC	986.96	0.00	0.00	986.96
Vendor#	Vendor Name		Class	Pay Code							
13624	NEXION HEALTH AT NAVASOTA INC ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
20230602	✓	07/12/20	07/01/20	07/15/20		1,000.00	0.00	0.00	1,000.00 ✓		
TELEMEDINCE JUNE 23											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name						Class	Pay Code			
11472	OCCUPRO LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
30690	✓	07/12/20	05/07/20	06/06/20		502.11	0.00	0.00	502.11 ✓		
LICENSE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11472	OCCUPRO LLC	502.11	0.00	0.00	502.11
Vendor#	Vendor Name						Class	Pay Code			
00920	OFFICE DEPOT ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
319244259001	✓	07/12/20	06/20/20	07/23/20		621.98	0.00	0.00	621.98 ✓		
SUPPLIES											
319241097001	✓	07/12/20	06/23/20	07/23/20		347.98	0.00	0.00	347.98 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						00920	OFFICE DEPOT	969.96	0.00	0.00	969.96
Vendor#	Vendor Name						Class	Pay Code			
01416	ORTHO CLINICAL DIAGNOSTICS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1853018117	✓	07/12/20	06/29/20	07/29/20		1,148.18	0.00	0.00	1,148.18 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						01416	ORTHO CLINICAL DIAGNOSTICS	1,148.18	0.00	0.00	1,148.18
Vendor#	Vendor Name						Class	Pay Code			
11155	PARAREV ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
904253	✓	07/13/20	07/01/20	07/31/20		3,084.00	0.00	0.00	3,084.00 ✓		
REVENUE INTEGRITY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11155	PARAREV	3,084.00	0.00	0.00	3,084.00
Vendor#	Vendor Name						Class	Pay Code			
10152	PARTSSOURCE, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
04837032	✓	07/12/20	06/20/20	07/20/20		144.42	0.00	0.00	144.42 ✓		
SUPPLIES											
04847301	✓	07/12/20	06/28/20	07/28/20		724.84	0.00	0.00	724.84 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10152	PARTSSOURCE, LLC	869.26	0.00	0.00	869.26
Vendor#	Vendor Name						Class	Pay Code			
12336	PFIZER INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1800017499	✓	07/12/20	07/05/20	08/04/20		63,856.44	0.00	0.00	63,856.44 ✓		
340B PAYMENT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12336	PFIZER INC.	63,856.44	0.00	0.00	63,856.44

Vendor#	Vendor Name	Class	Pay Code							
P2200	POWER HARDWARE ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
063023		07/13/20	06/30/20	07/10/20		98.02	0.00	0.00	98.02	✓
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	P2200	POWER HARDWARE				98.02	0.00	0.00	98.02	
Vendor#	Vendor Name	Class	Pay Code							
11932	PRESS GANEY ASSOCIATES, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
IN000596243 ✓		07/12/20	06/30/20	07/30/20		2,729.72	0.00	0.00	2,729.72	✓
	CONTRACT FEES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11932	PRESS GANEY ASSOCIATES, INC.				2,729.72	0.00	0.00	2,729.72	
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	
2306-0600 ✓		07/13/20	07/11/20	07/26/20		1,583.67	0.00	0.00	1,583.67	✓
	ENERGY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12480	PRO ENERGY PARTNERS LLC				1,583.67	0.00	0.00	1,583.67	
Vendor#	Vendor Name	Class	Pay Code							
11252	RX WASTE SYSTEMS LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4104 ✓		07/12/20	06/01/20	06/26/20		60.00	0.00	0.00	60.00	✓
	WASTE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11252	RX WASTE SYSTEMS LLC				60.00	0.00	0.00	60.00	
Vendor#	Vendor Name	Class	Pay Code							
10936	SIEMENS FINANCIAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5638230049370 ✓		07/13/20	06/24/20	07/14/20		4,038.24	0.00	0.00	4,038.24	✓
	RENTAL A20002359									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10936	SIEMENS FINANCIAL SERVICES				4,038.24	0.00	0.00	4,038.24	
Vendor#	Vendor Name	Class	Pay Code							
14716	SINGLETON ASSOCIATES PA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
51-24 ✓		05/11/20	07/03/20	08/03/20		272.75	0.00	0.00	272.75	✓
	RADIOLOGY SERV									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14716	SINGLETON ASSOCIATES PA				272.75	0.00	0.00	272.75	
Vendor#	Vendor Name	Class	Pay Code							
14868	SINGLETON ASSOCIATES, P.A. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
246-063023-001 ✓		07/12/20	07/06/20	07/15/20		14,266.66	0.00	0.00	14,266.66	✓
	ONSITE SERVICES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14868	SINGLETON ASSOCIATES, P.A.				14,266.66	0.00	0.00	14,266.66	
Vendor#	Vendor Name	Class	Pay Code							
S2362	SMITH & NEPHEW, INC. ✓									



Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
981958886	SUPPLIES	07/12/20	06/28/20	07/28/20		673.28	0.00	0.00	673.28		
981985286	SUPPLIES	07/12/20	07/04/20	08/01/20		1,909.28	0.00	0.00	1,909.28		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2362	SMITH & NEPHEW, INC.	2,582.56	0.00	0.00	2,582.56
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		
107032587	BLOOD	07/12/20	06/30/20	07/25/20		5,436.00	0.00	0.00	5,436.00		
CM9789	CREDIT	07/12/20	06/30/20	07/25/20		-4,224.00	0.00	0.00	-4,224.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11296	SOUTH TEXAS BLOOD & TISSUE CEN	1,212.00	0.00	0.00	1,212.00
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		
26799	2023 JULY-SEPT MEMBERSHI	07/13/20	07/05/20	08/04/20		5,000.00	0.00	0.00	5,000.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2345	SOUTHEAST TEXAS HEALTH SYS	5,000.00	0.00	0.00	5,000.00
Vendor#	Vendor Name	Class		Pay Code							
14776	SOUTHEASTERN BIOMEDICAL ASSOC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
67117	SERVICE WORK	07/12/20	06/28/20	07/13/20		928.00	0.00	0.00	928.00		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14776	SOUTHEASTERN BIOMEDICAL ASSOC	928.00	0.00	0.00	928.00
Vendor#	Vendor Name	Class		Pay Code							
12288	SPBS CLINICAL EQUIPMENT SRVC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV019730723	CONTRACT	07/12/20	07/01/20	07/02/20		9,458.59	0.00	0.00	9,458.59		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12288	SPBS CLINICAL EQUIPMENT SRVC	9,458.59	0.00	0.00	9,458.59
Vendor#	Vendor Name	Class		Pay Code							
13528	STRYKER FLEX FINANCIAL										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
297256	LEASE	06/30/20	06/14/20	08/01/20		1,294.26	0.00	0.00	1,294.26		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13528	STRYKER FLEX FINANCIAL	1,294.26	0.00	0.00	1,294.26
Vendor#	Vendor Name	Class		Pay Code							
S2830	STRYKER SALES CORP	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9204181752	SUPPLIES	07/12/20	06/27/20	07/27/20		839.91	0.00	0.00	839.91		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2830	STRYKER SALES CORP	839.91	0.00	0.00	839.91

Vendor#	Vendor Name	Class	Pay Code								
12704	TEXAS BURNER & BOILER SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
23-3304 ✓		07/11/20	05/25/20	06/23/20		1,954.00	0.00	0.00	1,954.00 ✓		
	HVAC BOILER - Service										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12704	TEXAS BURNER & BOILER SERVICES	1,954.00	0.00	0.00	1,954.00
13880	TEXAS SELECT STAFFING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
0022482-51-079 ✓		07/12/20	06/29/20	07/01/20		4,070.00	0.00	0.00	4,070.00 ✓		
	BRANDON BATES W/E 6/24/23										
0022508-51-079 ✓		07/12/20	07/06/20	07/07/20		4,097.50	0.00	0.00	4,097.50 ✓		
	BRANDON BATES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13880	TEXAS SELECT STAFFING	8,167.50	0.00	0.00	8,167.50
10985	THE COMPLIANCE TEAM, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
0037681 ✓		07/12/20	06/06/20	06/07/20		4,650.00	0.00	0.00	4,650.00 ✓		
	ACCREDITATION CONTRACT										
0038225 ✓		07/12/20	07/11/20	07/12/20		2,137.50	0.00	0.00	2,137.50 ✓		
	ACCREDITATION CONTRACT										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10985	THE COMPLIANCE TEAM, INC	6,787.50	0.00	0.00	6,787.50
13224	TORCH ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2229930 ✓		07/12/20	06/29/20	07/29/20		3,922.78	0.00	0.00	3,922.78 ✓		
	MAY EXPENSES Anthony Richardson 5/1-5/31/23										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13224	TORCH	3,922.78	0.00	0.00	3,922.78
T3130	TRI-ANIM HEALTH SERVICES INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
65570984 ✓		07/12/20	06/28/20	07/23/20		137.99	0.00	0.00	137.99 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T3130	TRI-ANIM HEALTH SERVICES INC	137.99	0.00	0.00	137.99
U1064	UNIFIRST HOLDINGS INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2921007693 ✓		07/12/20	07/03/20	07/28/20		2,258.31	0.00	0.00	2,258.31 ✓		
	LAUNDRY										
2921007694 ✓		07/12/20	07/03/20	07/28/20		61.43	0.00	0.00	61.43 ✓		
	LAUNDRY										
2921008082 ✓		07/12/20	07/06/20	07/31/20		200.24	0.00	0.00	200.24 ✓		
	LAUNDRY										
2921008077 ✓		07/12/20	07/06/20	07/31/20		91.28	0.00	0.00	91.28 ✓		
	LAUNDRY										
2921008084 ✓		07/12/20	07/06/20	07/31/20		150.60	0.00	0.00	150.60 ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2921008078	LAUNDRY	07/12/20	07/06/20	07/31/20			1,748.19	0.00	0.00	1,748.19
2921008081	LAUNDRY	07/12/20	07/06/20	07/31/20			213.06	0.00	0.00	213.06
2921008080	LAUNDRY	07/12/20	07/06/20	07/31/20			234.61	0.00	0.00	234.61
2921008083	LAUNDRY	07/12/20	07/06/20	07/31/20			78.69	0.00	0.00	78.69
2921008339	LAUNDRY	07/12/20	07/10/20	08/04/20			1,955.34	0.00	0.00	1,955.34
2921008340	LAUNDRY	07/12/20	07/10/20	08/04/20			61.43	0.00	0.00	61.43

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	7,053.18	0.00	0.00	7,053.18	

Vendor#	Vendor Name	Class	Pay Code							
12400	UPDOX LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV00430098	FAX	06/30/20	06/30/20	07/30/20			1,497.61	0.00	0.00	1,497.61
INV00423645	FAX	07/12/20	05/31/20	06/30/20			1,410.81	0.00	0.00	1,410.81
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net				
12400	UPDOX LLC	2,908.42	0.00	0.00	2,908.42					

Vendor#	Vendor Name	Class	Pay Code							
13048	US MED-EQUIP, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
R512114	FETAL MONITOR	07/13/20	05/31/20	06/30/20			975.00	0.00	0.00	975.00
R515138	FETAL MONITOR	07/13/20	06/30/20	07/30/20			975.00	0.00	0.00	975.00
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net				
13048	US MED-EQUIP, LLC	1,950.00	0.00	0.00	1,950.00					

Vendor#	Vendor Name	Class	Pay Code							
11110	WERFEN USA LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9111351054	SUPPLIES	07/11/20	07/05/20	07/30/20			179.09	0.00	0.00	179.09
9111341687	CONTRACT	07/12/20	06/14/20	07/09/20			1,571.67	0.00	0.00	1,571.67
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net				
11110	WERFEN USA LLC	1,750.76	0.00	0.00	1,750.76					

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
0.00	635,079.25	0.00	0.00	635,079.25
635,079.25 +				
918.08 -				
916.96 +				
53.01 -				
635,025.12 *				

pg 8 correction { < 918.08 }  
 pg 11 correction { + 916.96 }  
 { < 53.01 }  
\$635,025.12

APPROVED ON  
 JUL 13 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS  
 CK# 20033-200122

RECEIVED BY THE  
COUNTY AUDITOR ON  
JUL 13 2023

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1  
APCDEDIT

PATIENT  
NUMBER PAYEE NAME  
CALHOUN COUNTY, TEXAS

DATE AMOUNT PAY PAT  
CODE TYPE DESCRIPTION

GL NUM

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		071323	507.40	✓	2	REFUND FOR	
		042623	50.00	✓	3	REFUND FOR	
		071223	333.04	✓	3	REFUND FOR	
		071223	13.10	✓	2	REFUND FOR	
		071223	39.87	✓	2	REFUND FOR	
		071223	107.64	✓	2	REFUND FOR	
		071223	100.00	✓	2	REFUND FOR	
		071223	165.00	✓	2	REFUND FOR	
		071223	172.94	✓	2	REFUND FOR	

ARID=0001 TOTAL 1488.99

TOTAL 1488.99

APPROVED ON

JUL 13 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CR# 200128-200134

JUL 14 2023

CALHOUN COUNTY, TEXAS

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 \$3,712.08

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

Not an invoice. For your records only.

Table with 2 columns: Description and Amount. Rows include Credit Limit (\$15,000), Cash Advance Limit (\$0), Statement Closing Date (07/03/2023), and Days in Billing Period (30).

Transactions

Table with columns: Post Date, Trans Date, MCC, Reference Number, Description/Location, and Amount. Contains 11 transaction entries with checkmarks in the right margin.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

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

Handwritten note: Paid 7/24/23 with initials 'W'

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

Not an invoice. For your records only.

00007905040

Account: XXXX-XXXX-XXXX-9457

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
06/23	06/21	3640	52704873173722606696193	12 HYATT HILL COUNTRY RES SAN ANTONIO TX 45137301 CHECK IN: 06/19/2023	✓ 125.02 ✓
06/23	06/21	3640	52704873173722606724151	13 HYATT HILL COUNTRY RES SAN ANTONIO TX 45142856 CHECK IN: 06/19/2023	✓ 368.84 ✓
06/28	06/27	9399	55488723179091275002695	14 TXDPS CRIME RECS AUSTIN TX	✓ 153.63 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S):					33,712.08

APPROVED ON  
JUL 14 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

How to Report a Problem

- **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/en](http://www.citimanager.com/en) 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

- **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 [citimanacer.com/en](http://citimanacer.com/en)
- 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

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# MEMORIAL MEDICAL CENTER PURCHASE ORDER

①

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: 7/11/2023

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

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

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

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

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

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

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB X 6 providers	2.50		15.00
2	—		NPDB X 1 provider			2.50
3	—		NPDB X 1 provider			2.50
4	—		WPY - Strac - registration			583.00
5			for Dawn Marek + Kyle			
6			Daniel - conference 6/11-6/21/23			
7	—		Hampton Omas - Hotel			268.94
8			for Steve Brock, CFO candidate			
9	—		Hyatt Hill Country Resort			574.24
10			San Antonio - Dawn Marek + Kyle Daniel - Deposit Hotel 6/11-6/21/23			

Est. Freight \_\_\_\_\_ Est. Total Cost \_\_\_\_\_ TOTAL COST \_\_\_\_\_

**NOTES:**

Charges made to Roshandia's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshandia Jones</u> 7/11/23

# 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: 7/11/2023  
P.O. # \_\_\_\_\_  
Account # \_\_\_\_\_  
Initiated By: \_\_\_\_\_

Form # 9401

Date Required	Expense #	Department	Deliver To			
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		Hyatt Hill Country Resort			287.12
2			San Antonio - Dawn Marek			
3			+ Kyle Daniel Hotel Rooms			
4			Deposit <u>u/m-u/m/u/m</u>			
5	-		Texas Hospital Assoc - Registration			425.00
6			Rolando Reyes - THH Conference			
7			(TDRCR to reimburse)			
8	-		Texas Hospital Assoc - Registration			(230.00)
9			credit for Mr. Reyes <u>should have been \$195 (425-230=195)</u>			
10	-		Texas Hospital Assoc. Registration Andrea Reyes - guest @ THH Conference			195.00

Est. Freight \_\_\_\_\_ Est. Total Cost \_\_\_\_\_ TOTAL COST \_\_\_\_\_  
(TDRCR to reimburse)

NOTES:

charges made to Roshanda's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 7/11/23</u>

3

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 7/11/2023

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

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

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

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

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

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

Form # 9401

Date Required	Expense #	Department	Deliver To	Form # 9401		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1			Hampton Inns - Hotel for			941.29
2	15 * 00		Dr. David Hobson, OB/Gyn			
3	2 * 50		Hyatt Hill Country Resort			125.02
4	2 * 50		for Dawn Marek + Kyle			
5	583 * 00		Daniel - Hotel			
6	268 * 94		Hyatt Hill Country Resort			368.84
7	574 * 24		for Dawn Marek + Kyle			
8	287 * 12		Daniel - Hotel			
9	425 * 00		Hyatt Hill Country Resort			125.02
10	230 * 00		for Dawn Marek + Kyle			
11	195 * 00		Daniel - Hotel			
12	941 * 29		TXDPS crime Recs - credits			153.63
13	125 * 02		for HR + Credentialing			
14	368 * 84					
15	153 * 63					
16	3 * 712 * 08					

Est. Freight \_\_\_\_\_

Est. Total Cost \_\_\_\_\_

TOTAL COST \$3,712.08

NOTES:

changes made to Roshanda's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 7/11/23</u>

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 # 3653004060

Summary of Account Activity	
Previous Balance	267.50 < \$6,030.19
Payments	\$6,287.69
Credits	\$230.00
Purchases & Other Charges	\$3,942.08
Cash Transactions	\$0.00
Cash Transaction Fees	\$0.00
Interest Charges	\$0.00

Payment Information	
New Balance	\$3,454.58
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$3,454.58
Payment Due Date	07/28/2023
Statement Closing Date	07/03/2023
Days in Billing Period	30

Credit Limit	\$30,000
Available Credit Limit	\$26,545
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

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
06/26	06/23	0000	75563973177177000003428	1 PAYMENT THANK YOU	6,287.69 PY

Cardholder Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
06/06	06/05	9399	05134373157600036959333	1 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA 15.00 N95546320	15.00
06/06	06/05	9399	05134373157600036959416	2 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA 2.50 N95546420	2.50
06/06	06/05	9399	05134373157600036959580	3 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA 2.50 N95546717	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.

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

Account Number XXXX-XXXX-XXXX-2799  
Payment Due Date July 28, 2023  
New Balance \$3,454.58  
Past Due Amount\* \$0.00  
Minimum Payment Due \$3,454.58

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

Mail Checks To

\$

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

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

28000 0345458 0345458 0628769 05567090005272799 0302

## 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](http://www.citimanager.com/login) and click on the "Self registration for Cardholders" link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
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  - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.

## 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
06/07	06/07	7032	55432863158205251348767	4 WPHY*STRAC 855-999-3729 TX	78227 USA 583.00
06/08	06/07	3665	55436873159161598442371	5 HAMPTON INNS PORT LAVACA TX 00962918 CHECK IN: 06/05/2023 00962918	77979 USA 268.94
06/09	06/08	3640	52704873159722608807978	6 HYATT HILL COUNTRY RES SAN ANTONIO TX 45137301 CHECK IN: 06/19/2023	78251 USA 574.24
06/12	06/09	3640	52704873160722600823681	7 HYATT HILL COUNTRY RES SAN ANTONIO TX 45142856 CHECK IN: 06/19/2023	78251 USA 287.12
06/12	06/09	8062	55457373161200873600013	8 TEXAS HOSPITAL ASSOC AUSTIN TX	78701 USA 425.00
06/15	06/13	8062	55457373165200873800031	9 TEXAS HOSPITAL ASSOC AUSTIN TX	78701 USA 230.00
06/15	06/13	8062	55457373165200873800015	10 TEXAS HOSPITAL ASSOC AUSTIN TX	78701 USA 195.00
06/15	06/14	3665	55436873166161668720335	11 HAMPTON INNS PORT LAVACA TX 00942216 CHECK IN: 06/07/2023 00942216	77979 USA 941.29
06/23	06/21	3640	52704873173722606696193	12 HYATT HILL COUNTRY RES SAN ANTONIO TX 45137301 CHECK IN: 06/19/2023	78251 USA 125.02
06/23	06/21	3640	52704873173722606724151	13 HYATT HILL COUNTRY RES SAN ANTONIO TX 45142856 CHECK IN: 06/19/2023	78251 USA 368.84
06/28	06/27	9399	55488723179091275002695	14 TXDPS CRIME RECS AUSTIN TX	78752 USA 153.63

**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	10.25%	0.8542% (M)	\$0.00
CASH	10.25%	0.8542% (M)	\$0.00

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

Account: XXXX-XXXX-XXXX-2799

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# Wire Transfer

COUNTY OF CALHOUN TEXAS (C



## Wire Details

**Transaction Number** . . .  
**Recurring Frequency** One-Time Payment  
**Template Name** CITI CARD PRGM - MMC  
**Amount** USD 3,712.08  
**Debit Account** JDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank (113122655)  
**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** 07/24/2023

## 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**  
**Beneficiary ID**  
**Address 1**  
**Address 2**  
**Address 3**  
**Beneficiary Country** US  
**Contact Name**  
**Phone Number**

## Beneficiary Bank Information

**Name**  
**Beneficiary Bank ID Type**  
**Beneficiary Bank IC**  
**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
Jul 24, 2023 1:57:44 PM CDT	Created		Wire Created.



JUL 14 2023

CALHOUN COUNTY, TEXAS  
07/14/2023  
11:05

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

C1048

CALHOUN COUNTY ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
<del>52533397</del>		07/12/20	06/23/20	07/23/20		8.47	0.00	0.00	<del>8.47</del>
	ELECTRICITY								
	<i>on original payables list</i>								
<del>52578818</del>		07/12/20	06/23/20	07/23/20		18.85	0.00	0.00	<del>18.85</del>
	ELECTRICITY				"				
52578819		07/12/20	06/23/20	07/23/20		33,377.47	0.00	0.00	<del>33,377.47</del>
	ELECTRICITY				"				
<del>52578834</del>		07/12/20	06/23/20	07/23/20		1,661.06	0.00	0.00	<del>1,661.06</del>
	ELECTRICITY				"				
<del>52579258</del>		07/12/20	06/23/20	07/23/20		531.08	0.00	0.00	<del>531.08</del>
	ELECTRICITY				"				
071423		07/14/20	07/14/20	07/19/20		150,000.00	0.00	0.00	150,000.00

LOAN REPAY

Vendor Total: Number Name

C1048 CALHOUN COUNTY

Gross Discount No-Pay Net  
185,596.93 0.00 0.00 185,596.93

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	185,596.93	0.00	0.00	185,596.93

*Added  
7/14  
★*

APPROVED ON

JUL 14 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

CK# 200137

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P CALHOUN COUNTY

Date Requested: 7/14/2023

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON

JUL 14 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT \$150,000.00

G/L NUMBER: 20410000

EXPLANATION: REPAYMENT OF LOAN DATED NOVEMBER 30, 2022 - PAYMENT 1 OF 18

REQUESTED BY: ANDY DE LOS SANTOS

AUTHORIZED BY: *Rodney S. Thomas* 7/14/23

7/14/23

**Memorial Medical Center  
Calhoun County Line Of Credit Loan Repayment Schedule**

Date Of Request: November 17, 2022

Loan Amount: \$3,000,000.00

Loan Payment Term (In Months): 18 Months

Payment Frequency: Monthly

Payment #	Payment Due Date	Repayment Amount	Beginning / Remaining Balance
0			\$3,000,000.00
1	7/15/2023	\$150,000.00	\$2,850,000.00
2	8/15/2023	\$150,000.00	\$2,700,000.00
3	9/15/2023	\$150,000.00	\$2,550,000.00
4	10/15/2023	\$150,000.00	\$2,400,000.00
5	11/15/2023	\$150,000.00	\$2,250,000.00
6	12/15/2023	\$150,000.00	\$2,100,000.00
7	1/15/2024	\$150,000.00	\$1,950,000.00
8	2/15/2024	\$150,000.00	\$1,800,000.00
9	3/15/2024	\$150,000.00	\$1,650,000.00
10	4/15/2024	\$150,000.00	\$1,500,000.00
11	5/15/2024	\$150,000.00	\$1,350,000.00
12	6/15/2024	\$150,000.00	\$1,200,000.00
13	7/15/2024	\$200,000.00	\$1,000,000.00
14	8/15/2024	\$200,000.00	\$800,000.00
15	9/15/2024	\$200,000.00	\$600,000.00
16	10/15/2024	\$200,000.00	\$400,000.00
17	11/15/2024	\$200,000.00	\$200,000.00
18	12/15/2024	\$200,000.00	\$0.00

# MCKESSON

# STATEMENT

As of: 07/14/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 07/14/2023  
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: 07/15/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536    **PLEASE CHECK ANY**  
Date: 07/15/2023    **ITEMS NOT PAID (✓)**

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 10,379.45 USD

Future Due: 0.00

If Paid By 07/18/2023,  
Pay This Amount:

10,171.85 USD

Due If Paid On Time:  
USD 10,171.85 ✓

Past Due: 0.00

Disc lost if paid late: 207.60

Last Payment 2,451.97  
08/07/2017

If Paid After 07/18/2023,  
Pay this Amount:

10,379.45 USD

Due If Paid Late:  
USD 10,379.45

*Andrew Dela Santos*  
7/17/23

8,680.32 +

1,197.70 +

293.83 +

10,171.85 \*

APPROVED ON

JUL 17 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 07/14/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 07/14/2023  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 7001

Customer: 256342  
Date: 07/15/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 07/15/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS										
07/10/2023	07/18/2023	7429844666	80614509	115Invoice	0.25	12.29		12.04	✓	7429844666
07/10/2023	07/18/2023	7429844667	80654596	115Invoice	12.34	616.92		604.58	✓	7429844667
07/10/2023	07/18/2023	7429844669	80729116	115Invoice	6.15	307.44		301.29	✓	7429844669
07/10/2023	07/18/2023	7429858805	80822263	115Invoice	6.15	307.44		301.29	✓	7429858805
07/10/2023	07/18/2023	7430045150	80770234	195Invoice	0.01	0.63		0.62	✓	7430045150
07/10/2023	07/18/2023	7430045151	80698695	195Invoice	0.50	25.20		24.70	✓	7430045151
07/10/2023	07/18/2023	7430045152	80773977	115Invoice	0.01	0.32		0.31	✓	7430045152
07/10/2023	07/18/2023	7430045153	80625405	115Invoice	0.01	0.32		0.31	✓	7430045153
07/11/2023	07/18/2023	7430248032	80926223	115Invoice	6.15	307.37		301.22	✓	7430248032
07/12/2023	07/18/2023	7430685643	81015025	195Invoice	0.26	13.23		12.97	✓	7430685643
07/12/2023	07/18/2023	7430747116	340b_100211	115Invoice	81.35	4,067.54		3,986.19	✓	7430747116
07/13/2023	07/18/2023	7430792421	81216742	115Invoice	12.30	614.88		602.58	✓	7430792421
07/13/2023	07/18/2023	7430792422	81216742	115Invoice	0.02	0.96		0.94	✓	7430792422
07/13/2023	07/18/2023	7430792423	81208720	115Invoice	18.45	922.32		903.87	✓	7430792423
07/14/2023	07/18/2023	7431061068	81257133	115Invoice	15.68	784.19		768.51	✓	7431061068
07/14/2023	07/18/2023	7431061069	81257133	115Invoice	2.36	117.99		115.63	✓	7431061069
07/14/2023	07/18/2023	7431061070	81257133	115Invoice	13.69	684.72		671.03	✓	7431061070
07/14/2023	07/18/2023	7431228129	81263464	195Invoice	1.47	73.71		72.24	✓	7431228129

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 8,857.47 USD

Future Due: 0.00

If Paid By 07/18/2023,

Due If Paid On Time:

USD 8,680.32 ✓

Past Due: 0.00

Pay This Amount:

8,680.32 USD

Disc lost if paid late:

177.15

Last Payment 07/10/2023 7,532.00

If Paid After 07/18/2023,  
Pay this Amount:

8,857.47 USD

Due If Paid Late:  
USD

8,857.47

APPROVED ON

JUL 17 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

*Andrew DeLaSantis*  
7117123

# MCKESSON

# STATEMENT

As of: 07/14/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 07/14/2023  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 7001

Customer: 835434  
Date: 07/15/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434  
Date: 07/15/2023

PLEASE CHECK ANY  
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
07/12/2023	07/18/2023	7430568384	2524454	115Invoice	6.00	299.83		293.83	✓	7430568384	
07/12/2023	07/18/2023	7430568385	2524454	115Invoice	18.45	922.32		903.87	✓	7430568385	

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

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

Subtotals: 1,222.15 USD

Future Due: 0.00

If Paid By 07/18/2023,  
Pay This Amount:

1,197.70 USD

Due If Paid On Time:

USD 1,197.70 ✓

Past Due: 0.00

Disc lost if paid late:

24.45

Last Payment 07/10/2023 7,532.00

If Paid After 07/18/2023,  
Pay this Amount:

1,222.15 USD

Due If Paid Late:

USD 1,222.15

*Andrew Santos*  
7/17/23

APPROVED ON

JUL 17 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 07/14/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 07/14/2023  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 7001

Customer: 835438  
Date: 07/15/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438  
Date: 07/15/2023  
**PLEASE CHECK ANY ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
07/12/2023	07/18/2023	7430689010	632536 2524455	115Invoice	6.00	299.83		293.83 ✓		7430689010

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: 299.83 USD

Future Due: 0.00  
Past Due: 0.00  
Last Payment 23,996.37  
07/03/2023

If Paid By 07/18/2023,  
Pay This Amount: 293.83 USD  
If Paid After 07/18/2023,  
Pay this Amount: 299.83 USD

Due If Paid On Time: 293.83 ✓  
USD  
Disc lost if paid late: 6.00  
Due If Paid Late: 299.83  
USD

*Andrew DeLos Santos*  
7/17/23

APPROVED ON

JUL 17 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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



STATEMENT

Statement Number: 65542065  
Date: 07-14-2023

**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

DEA: RA0289276  
866-451-9655

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

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	531.61
Past Due:	0.00
Total Due:	531.61
Account Balance:	531.61

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-10-2023	07-21-2023	3139249708	171558	Invoice	46.24		0.00	46.24 ✓
07-10-2023	07-21-2023	3139249709	171559	Invoice	2.70		0.00	2.70 ✓
07-10-2023	07-21-2023	3139351458	171560	Invoice	98.00		0.00	98.00 ✓
07-10-2023	07-21-2023	3139386306	171606	Invoice	185.48		0.00	185.48 ✓
07-10-2023	07-21-2023	3139386307	171607	Invoice	15.78		0.00	15.78 ✓
07-11-2023	07-21-2023	3139519584	171613	Invoice	73.15		0.00	73.15 ✓
07-11-2023	07-21-2023	3139519585	171614	Invoice	2.06		0.00	2.06 ✓
07-12-2023	07-21-2023	3139679026	171619	Invoice	2.01		0.00	2.01 ✓
07-14-2023	07-21-2023	3139969971	7001974982	Invoice	106.19		0.00	106.19 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
531.61	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
07-14-2023	(4,260.53)

Reminders	
Due Date	Amount
07-21-2023	531.61 ✓
<b>Total Due:</b>	<b>531.61</b>

APPROVED ON  
JUL 17 2023

*Andrew D. Santos*  
7/17/23

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:	<input type="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941 #"/>
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="23"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		<input type="text" value="03"/>
	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"	★		<input type="text" value="\$ 132,075.31 #"/>
	"1 TO CONFIRM"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		<input type="text" value="\$ 66,098.06 #"/>
	"ENTER W/CENTS AMOUNT OF MEDICARE"			<input type="text" value="\$ 15,458.38 #"/>
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 50,518.87 #"/>
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	CHECK		<input type="text" value="\$ -"/>
	"1 TO CONFIRM"	★		<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

\*\*ENTER VOID CKS AS NEGATIVE NUMBERS\*\*

PAY PERIOD: BEGIN	6/30/2023	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	7/13/2023					
PAY DATE:	7/21/2023					
GROSS PAY:	\$ 567,412.86			\$ -		\$ 567,412.86
DEDUCTIONS:						
A/R	\$ 350.00					\$ 350.00
ADVANC						
BOOTS						
SUNLIFE CRITICAL ILLNESS	\$ 1,228.53					\$ 1,228.53
SUNLIFE ACCIDENT	\$ 749.24					\$ 749.24
SUNLIFE VISION						
SUNLIFE SHORT TERM DIS	\$ 1,943.16					\$ 1,943.16
BCBS VISION	\$ 998.37					\$ 998.37
CAFÉ-D	\$ 1,560.18					\$ 1,560.18
CAFÉ-H	\$ 23,567.65					\$ 23,567.65
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						
CANCER						
CHILD	\$ 161.19					\$ 161.19
CLINIC	\$ 165.00					\$ 165.00
COMBIN	\$ 271.83					\$ 271.83
CREDUN						
DENTAL						
DEP-LF						
SUNLIFE TERM LIFE	\$ 941.44					\$ 941.44
SUNLIFE HOSP INDEM	\$ 691.96					\$ 691.96
FED TAX	\$ 50,518.87					\$ 50,518.87
FICA-M	\$ 7,729.19					\$ 7,729.19
FICA-O	\$ 33,049.03					\$ 33,049.03
FIRST C						
FLEX S	\$ 3,200.33					\$ 3,200.33
FLX-FE						
GIFT S	\$ 35.99					\$ 35.99
GRP-IN						
GTL						
HOSP-I						
LEGAL	\$ 1,043.61					\$ 1,043.61
OTHER	\$ 611.54					\$ 611.54
NATIONAL FARM LIFE	\$ 1,611.57					\$ 1,611.57
MED SURCHARGE	\$ 420.00					\$ 420.00
PR FIN						
RELAY						
REPAY						
STONEDF	\$ 1,115.86					\$ 1,115.86
STONE						
STONE 2						
STUDEN						
TSA-R	\$ 39,285.65					\$ 39,285.65
UW/HOS						
TOTAL DEDUCTIONS:	\$ 171,250.19	\$ -	\$ -	\$ -	\$ -	\$ 171,250.19
NET PAY:	\$ 396,162.67	\$ -	\$ -	\$ -	\$ -	\$ 396,162.67

TOTAL CAFÉ 125 PLAN: \$ 34,363.32 Less Exempt: Exempt Amt:

	**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,729.22		
FICA - MED (EE)	1.45% \$ 7,729.22	\$ 7,729.19	\$ 0.03
FICA - SOC SEC (ER)	6.20% \$ 33,049.07		
FICA - SOC SEC (EE)	6.20% \$ 33,049.07	\$ 33,049.03	\$ 0.04
FED WITHHOLDING	\$ 50,518.87	\$ 50,518.87	

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

TAX DEPOSIT:	\$ 132,075.45	\$ 132,075.31	TOTAL: \$ -
FICA - MEDICARE	2.90% \$ 15,458.44	\$ 15,458.38	PREPARED BY: Caitlin Clevenger
FICA - SOCIAL SECURITY	12.40% \$ 66,098.14	\$ 66,098.06	PREPARED DATE: 7/17/2023
FED WITHHOLDING	\$ 50,518.87	\$ 50,518.87	
TOTAL TAX:	\$ 132,075.45	\$ 132,075.31	\$ 0.14

Run Date: 07/17/23  
Time: 12:18

MEMORIAL MEDICAL CENTER  
Payroll Register ( Bi-Weekly )  
Pay Period 06/30/23 - 07/13/23 Run# 1

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P2REG

Final Summary

*-- Pay Code Summary				*-- Deductions Summary			
PayCd	Description	Hrs	OT SH WE HO CB	Gross	Code	Amount	
1	REGULAR PAY-S1	8866.00	N N N	208086.52	A/R	350.00	A/R2 A/R3
1	REGULAR PAY-S1	1522.50	N N N N	71690.92	ADVANC	AWARDS	BCBSVI 998.37 ✓
1	REGULAR PAY-S1	255.00	N N Y	9649.79	BOOTS	CAPE H	CAPE-1
1	REGULAR PAY-S1	11294.05	Y N N	11294.05	CAPE-2	CAPE-3	CAPE-4
2	REGULAR PAY-S2	2432.50	N N N	67123.06	CAPE-5	CAPE-C	CAPE-D 1560.18 ✓
2	REGULAR PAY-S2	161.75	N N Y	7394.29	CAPE-F	CAPE-H	23567.65 ✓ CAPE-I
2	REGULAR PAY-S2	161.50	Y N N	7536.53	CAPE-L	CAPE-P	CANCER
3	REGULAR PAY-S3	1427.00	N N N	50318.76	CHILD	161.19 ✓ CLINIC	165.00 ✓ COMBIN 271.83 ✓
3	REGULAR PAY-S3	119.50	N N Y	6235.84	CREDUN	DD ADV	DENTAL
3	REGULAR PAY-S3	104.00	Y N N	5485.94	DEP-LF	DIS-LF	PAT
4	CALL BACK PAY	42.25	N 1 N N Y	1943.53	EATCSH	FEDTAX	50518.87 ✓ FICA-M 7729.19 ✓
4	CALL BACK PAY	32.50	N 2 N N Y	1144.53	FICA-O	33049.03 ✓ FIRSTC	FLEX S 3200.33 ✓
4	CALL BACK PAY	3.75	N 3 N N Y	190.71	FLX FE	FORT D	FUTA
4	CALL BACK PAY	1.50	Y 2 N N Y	118.28	GIFT S	35.99 ✓ GRANT	GRP-IN
4	CALL BACK PAY	.25	Y 3 N N Y	20.55	GTL	HOSP-I	ID TFT
C	CALL PAY	2349.50	N 1 N N	4699.00	LEAF	LEGAL	173.11 ✓ MASA 870.50 ✓
D	DOUBLE TIME	75.00	N 1 N N	5283.45	MEALS	611.54 ✓ METVIS	MISC
D	DOUBLE TIME	51.50	N 2 N N	3894.40	MISC/	MMCSHR	NATFML 1611.57 ✓
D	DOUBLE TIME	4.00	N 2 N Y	483.52	OTHER	FHI	FHI***
D	DOUBLE TIME	16.00	N 3 N N	1264.33	PR FIN	RELAY	REPAY
D	DOUBLE TIME	7.75	N 3 N Y	960.07	SAMS	SCRUBS	SIGNON
D	DOUBLE TIME	2.50	Y 2 N N	352.35	ST-TX	STONDF	1115.86 ✓ STONE
E	EXTRA WAGES		N N N N	27016.47	STONE2	STUDEN	SUNACC 749.24 ✓
E	EXTRA WAGES		N 1 N N N	2201.50	SUNILL	1228.53 ✓ SUNIND	691.96 ✓ SUNLIF 941.44 ✓
F	FUNERAL LEAVE	16.00	N 1 N N	358.08	SUNSTD	1943.16 ✓ SUNVIS	SURCHG 420.00 ✓
I	INSERVICE	13.50	N 1 N N	453.07	TSA-1	TSA-2	TSA-C
K	EXTENDED-ILLNESS-BANK	105.00	N 1 N N	4072.45	TSA-P	TSA-R	39285.65 ✓ TUTION
P	PAID-TIME-OFF	154.00	N N N N	4448.26	UNIFOR	UW/HOS	
P	PAID-TIME-OFF	2223.00	N 1 N N	61806.33			
X	CALL PAY 2	172.00	N 1 N N	344.00			
Y	YMCA/CURVES		N N N N	45.00			
Z	CALL PAY 3	72.00	N 1 N N	216.00			
p	PAID TIME OFF - PROBATION	60.00	N 1 N N	1281.28			

----- Grand Totals: 20769.25 ----- ( Gross: 567412.86 Deductions: 171250.19 Net: 396162.67 )  
 | Checks Count:- FT 201 PT 18 Other 36 Female 228 Male 25 Credit OverAmt 14 ZeroNet Term Total: 253 |

Run Date: 07/17/23  
Time: 12:47

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 06/30/23--07/13/23 Run: 1  
Type=NET 10000001 OPERATING - PROSPERITY

Page 1  
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
41269	BERENICE LUGO	697.38	00063328	07/21/23
50587	NANCI S GARCIA	699.71	00063329	07/21/23
50589	JASON J LOYA	1133.30	00063330	07/21/23
63458	VIRGINIA C BERNARDINO	690.89	00063331	07/21/23
00041	CARL LEE KING	1167.94	DD	07/21/23
00083	SYLVIA A VARGAS	1012.03	DD	07/21/23
00094	SYLVIA A MENDOZA	963.43	DD	07/21/23
00113	JACLYN CARREON	1126.15	DD	07/21/23
00132	SANDRA A BRAUN	929.98	DD	07/21/23
00192	BRENDA D PENA	2184.51	DD	07/21/23
00344	SANDRA LEE RUDDICK	2862.09	DD	07/21/23
00387	BILLIE F DUCKWORTH	3547.75	DD	07/21/23
00392	MONICA T CARR	2399.14	DD	07/21/23
00399	LINDA J TIJERINA	2332.49	DD	07/21/23
00401	VELMA J PINA	1628.60	DD	07/21/23
00417	SHERRY L KING	2578.11	DD	07/21/23
00423	DONN V STRINGO	2582.17	DD	07/21/23
00482	PAM FIKAC	1439.51	DD	07/21/23
00581	CYNTHIA L RUSHING	1782.56	DD	07/21/23
00681	RILLA RENEE WOOD	1796.20	DD	07/21/23
00697	MARIA C FARIAS	1177.96	DD	07/21/23
00707	KIMBERLY RESENDEZ	1695.70	DD	07/21/23
00895	EMILIE DIANE WILKEY	717.30	DD	07/21/23
01015	SUSAN B SMALLEY	2776.03	DD	07/21/23
01191	SHARON M SPARKS	978.41	DD	07/21/23
01234	JENISE N SVETLIK	2449.04	DD	07/21/23
01241	MANDY MACE	2232.11	DD	07/21/23
01367	MARILYN A SANDERS	766.34	DD	07/21/23
01543	JACKIE E WILLIAMS	1031.22	DD	07/21/23
01791	RAUSHANAH J MONDAY	2525.14	DD	07/21/23
02011	ERIN R CLEVENGER	3834.47	DD	07/21/23
02014	AGAPITA C CANTU	715.91	DD	07/21/23
02021	ERIKA OSORNIA-SANCHEZ	389.43	DD	07/21/23
02022	AMANDA J GRIGGS	2551.86	DD	07/21/23
02064	ANNA LAURA GARCIA	1823.94	DD	07/21/23
02099	TRACI M SHEFCIK	7462.80	DD	07/21/23
02112	LESLIE THOMAS	3244.37	DD	07/21/23
02132	JASMINE RUIZ	1941.86	DD	07/21/23
02136	TAMMY ESQUIVEL	372.24	DD	07/21/23
02152	TAMULA RICHARDS	1207.56	DD	07/21/23
02154	JUSTINE STREL CZYK	893.06	DD	07/21/23
02162	MIRIAM PALUKA	1097.76	DD	07/21/23
02168	JENSICA KNIGHT	2506.66	DD	07/21/23
02193	TIKI VENGLAR	2508.31	DD	07/21/23
02201	CORRINE VILLEGAS	503.59	DD	07/21/23
02202	SENON I SANCHEZ	74.20	DD	07/21/23
02271	DAWN J BUBENIK	2262.03	DD	07/21/23
02301	NICOLAS TIJERINA	1359.26	DD	07/21/23
02302	CATHERINE MARIE DECILOS	107.51	DD	07/21/23
02303	CONNIE M LUNA	4845.01	DD	07/21/23
02315	NINA M GREEN	2503.26	DD	07/21/23
02331	JESSICA B BIFFLE	1901.03	DD	07/21/23
02346	JEANETTE L FALCON	2063.64	DD	07/21/23

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MEMORIAL MEDICAL CENTER                      BI-WEEKLY  
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Num.	Name	Amount	CHECK NUM	DATE
02416	JANELLE SCOTT	1551.77	DD	07/21/23
02535	STEFANIE M SOLIZ	755.77	DD	07/21/23
02552	VERONICA RAGUSIN	1957.01	DD	07/21/23
02622	JESUSA MARIE VILLARREAL	1082.67	DD	07/21/23
02685	JULIANA TORRES	462.33	DD	07/21/23
02701	RONDA DAWNELLE GOHLKE	3092.44	DD	07/21/23
02719	DAWN M MCCLELLAND	2051.30	DD	07/21/23
02720	ELDA M LUERA	1139.98	DD	07/21/23
02733	ROBIN N PLEDGER	2802.55	DD	07/21/23
02735	ZANDRA A GARCIA	378.30	DD	07/21/23
02763	JESSICA MARQUEZ	2171.83	DD	07/21/23
02794	HENTHER L MUTCHLER	1976.82	DD	07/21/23
02812	BRITTANY N RUDDICK	1933.17	DD	07/21/23
02907	MARIA F LONGORIA	1262.82	DD	07/21/23
02927	MICHAEL L GAINES	12950.29	DD	07/21/23
02963	DOROTHY J RENDON	1137.62	DD	07/21/23
02970	DIANNE G ATKINSON	2233.66	DD	07/21/23
03864	JACQUELINE R HERRERA	1390.68	DD	07/21/23
05003	COURTNE D THURLKILL	4859.21	DD	07/21/23
05006	REGINA A MARTINEZ	2990.61	DD	07/21/23
05345	ERICA NGUYEN	1097.53	DD	07/21/23
05641	AMANDA R KEY	2589.48	DD	07/21/23
05757	SHARON T HOLDER	2035.35	DD	07/21/23
07007	URSULA S BRYAN	385.95	DD	07/21/23
07123	CYNTHIA GUERRA	1562.95	DD	07/21/23
07147	CHAD A VORCE	2191.33	DD	07/21/23
07878	DIANA C SAUCEDA	1161.95	DD	07/21/23
11197	CATHERINE A SAENZ	2940.37	DD	07/21/23
11412	COURTNEY L MORKOVSKY	1328.08	DD	07/21/23
12011	KIMBERLY J REYNA	770.61	DD	07/21/23
12115	LISA J HINOJOSA	973.65	DD	07/21/23
12129	MICHAEL HERMES	1803.85	DD	07/21/23
15097	KYLE L DANIEL	3438.69	DD	07/21/23
15131	SAVANNAH HARLEY	1573.91	DD	07/21/23
15139	KRISTEN NICOLE BALLARD	2037.04	DD	07/21/23
15163	KELSEY HEINOLD	5219.40	DD	07/21/23
15171	JESSICA BARRON	1734.86	DD	07/21/23
15286	DAWN M MAREK	2157.78	DD	07/21/23
15555	STEPHANIE MARTIN	1172.51	DD	07/21/23
15909	JULIE NGUYEN	2324.68	DD	07/21/23
15915	BRIANNE J KEY	3398.03	DD	07/21/23
20102	MAYA HAWKINS	1303.58	DD	07/21/23
20112	YULMA PATRICA RODRIGUEZ	1451.02	DD	07/21/23
20132	ALEXIS CARREON	363.63	DD	07/21/23
20144	SOPHIE M PECENA	535.92	DD	07/21/23
20156	ERIN ASHLEY WISDOM	2723.55	DD	07/21/23
20168	JOSHUA PEPPERS	763.95	DD	07/21/23
20178	AMY GARCIA	728.64	DD	07/21/23
20184	MELISSA ZAMORANO	695.83	DD	07/21/23
20206	KELLI B GOFF	1630.57	DD	07/21/23
20207	SHAWNA G HARTL	2781.46	DD	07/21/23
20243	MELANIE CORTEZ	394.32	DD	07/21/23
20272	ANGELA YEAGER	2265.89	DD	07/21/23
20294	JESSICA D WALTHER	858.97	DD	07/21/23

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Num.	Name	Amount	CHECK NUM	DATE
20324	PATRICIA STRIBLEY	2127.76	DD	07/21/23
20343	SAVANNAH N SOCARRAS	1067.00	DD	07/21/23
20351	MADISON N MEADE	789.12	DD	07/21/23
20419	KAREN N MCEUEN	318.30	DD	07/21/23
20456	SAYDI A ST CLAIR	579.25	DD	07/21/23
20650	JOSEPH OWUSU BOATENG	693.25	DD	07/21/23
20759	JAMIE SADLER	786.71	DD	07/21/23
20788	JAYLIN RAMIREZ	102.42	DD	07/21/23
20797	BETHANN M DIGGS	1771.90	DD	07/21/23
20977	CHERYL L TESCH	1933.53	DD	07/21/23
20980	SAVANA LENTO	710.68	DD	07/21/23
21450	DIANA E LEAL	1609.61	DD	07/21/23
26186	JANET ORDUNO	2823.15	DD	07/21/23
28034	KRISTINA A BUENGER	575.72	DD	07/21/23
28120	JESSICA V SELVERA	1508.71	DD	07/21/23
29199	KELLY A SCHOTT	1914.79	DD	07/21/23
31035	STACIE L EPLEY	2405.76	DD	07/21/23
31054	LORA L LAMBDEN	955.91	DD	07/21/23
31099	ARACELY Z GARCIA	2153.86	DD	07/21/23
31219	LAUREN PHILLIPS	1743.62	DD	07/21/23
31251	CYNTHIA L BIAS	2425.77	DD	07/21/23
31313	KATHERINE LYNN JIMENEZ	1989.85	DD	07/21/23
31319	STACY L FARMER	1823.07	DD	07/21/23
31463	EDWARD E MATULA	2830.40	DD	07/21/23
31508	RACHEL A HEFFNER	2251.13	DD	07/21/23
31821	KAYLA M ALVAREZ	1578.10	DD	07/21/23
31832	SHANE D KRESTA	828.21	DD	07/21/23
38118	KRYSTELLA F KISIAH	1035.76	DD	07/21/23
38168	MEGAN M CANO	715.72	DD	07/21/23
38188	MADELINE ANDERSON	981.55	DD	07/21/23
38702	ANNA VANESSA PENNELL	1010.40	DD	07/21/23
41112	ANASTASIA L PEREZ	575.50	DD	07/21/23
41171	TOMMIE M TREVINO	826.87	DD	07/21/23
41205	JEANETTE ALVARADO	745.00	DD	07/21/23
41225	LESLIE A CRAIGEN	1690.70	DD	07/21/23
41236	PAMELA K VANNOY	1577.81	DD	07/21/23
41251	SARA YBARBO	799.10	DD	07/21/23
41261	BERNICE AGUILAR	966.33	DD	07/21/23
41274	KAREN GANN	985.95	DD	07/21/23
41279	PAMELA R HARMON	758.10	DD	07/21/23
41347	ADRIANNA D STRAKOS	802.89	DD	07/21/23
41418	ANGEL M CASSEL	985.00	DD	07/21/23
41506	JOSEFAT LUGO TORRES	829.53	DD	07/21/23
41612	SONJA A GUAJARDO	828.84	DD	07/21/23
41617	JACQUELINE M MARTINEZ	899.17	DD	07/21/23
41896	RENAE MICHELLE EMERY	625.95	DD	07/21/23
41897	ROXANNA MUNOZ	880.43	DD	07/21/23
41901	JUANITA R MILLER	1207.73	DD	07/21/23
42106	CHRISTY SILVAS	1107.09	DD	07/21/23
42112	SOCORRO C GONZALES	876.83	DD	07/21/23
42122	LEI ANA CHAVANA	1739.26	DD	07/21/23
42125	LUCY CALZADA	783.44	DD	07/21/23
42304	MIMI T NGUYEN	2135.88	DD	07/21/23
42536	MARIAH A SOCARRAS	720.95	DD	07/21/23

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42820	MARIA D CHAVEZ	1100.78	DD	07/21/23
42842	SHAMNA S O DONNELL	3283.75	DD	07/21/23
50018	MICHELLE M MORALES	1425.23	DD	07/21/23
50022	REGINA A JOHNSON	1098.23	DD	07/21/23
50148	PENNY GOULDEN	3387.47	DD	07/21/23
50161	BRITNEY MICHELLE ZAMORA	238.77	DD	07/21/23
50248	MCKENNA VILLEGAS	457.71	DD	07/21/23
50282	JACOB W HAMILTON	2585.46	DD	07/21/23
50310	JASMINE GRIGSBY	746.37	DD	07/21/23
50546	MELANIE K SAMAYOA	2121.48	DD	07/21/23
50573	DEANA R DAVIS	1533.58	DD	07/21/23
50596	BETTY S DAVIS	1931.27	DD	07/21/23
50719	DEBRA K MUSTERED	2360.96	DD	07/21/23
50928	ADINA RODRIGUEZ	730.24	DD	07/21/23
53541	JACLYN B HARTL	1623.40	DD	07/21/23
54024	MONICA A ESCALANTE	1187.45	DD	07/21/23
55026	IRENE B PEREZ	644.01	DD	07/21/23
55127	APRIL N KUBALA	2395.93	DD	07/21/23
55382	SHANNON JACILDO	677.15	DD	07/21/23
55658	LAJUAN WILKE	802.22	DD	07/21/23
55945	KATIE L MOODY	1077.75	DD	07/21/23
58115	BECKY MARIE SALINAS	883.84	DD	07/21/23
58510	RITA L POLENSKY	900.57	DD	07/21/23
60112	ROBERT A RODRIQUEZ	1968.91	DD	07/21/23
60131	NORA OVALLE	500.43	DD	07/21/23
60156	DANIELLE M KALISEK	1217.58	DD	07/21/23
60165	TERESA A BENITEZ	1785.85	DD	07/21/23
60412	CHRISTOPHER GALINDO	1169.31	DD	07/21/23
60616	DOROTHY A LONGORIA	994.99	DD	07/21/23
62322	ALAN KNIGHT	1384.41	DD	07/21/23
63124	SANJUAN M GARCIA	1491.08	DD	07/21/23
63193	MICHAEL SOCARRAS	779.61	DD	07/21/23
65100	FELICITA BONUZ	706.17	DD	07/21/23
65125	MARTHA CUMPEAN	848.18	DD	07/21/23
65127	VERONICA ORTIZ	884.39	DD	07/21/23
65136	TINA KORANEK	1138.16	DD	07/21/23
65148	MARTA INIGUEZ	782.36	DD	07/21/23
65151	ELIA OLACHIA	1132.74	DD	07/21/23
65168	NORA MIRELES	1165.45	DD	07/21/23
65189	ELVIRA SANCHEZ	896.38	DD	07/21/23
65205	JUANA SANTILLAN	882.53	DD	07/21/23
65213	LEE SIMERLY	1029.19	DD	07/21/23
65269	NATALIE BAREFIELD	966.85	DD	07/21/23
65393	RAMONA A PEREZ	1249.63	DD	07/21/23
65453	AMALIA L FLORES	1179.91	DD	07/21/23
65463	MARIA I VELOZ	818.30	DD	07/21/23
65486	ROSA RODRIGUEZ	815.91	DD	07/21/23
65513	MARIA MORALES	988.67	DD	07/21/23
65705	DOMITILA HERRERA	889.45	DD	07/21/23
65715	MARIA R GOMEZ	951.79	DD	07/21/23
65865	MARIA F LEDEZMA	821.77	DD	07/21/23
68368	DOMITILA GARCIA	320.06	DD	07/21/23
68568	CHRISTOPHER RUTHERFORD	1067.57	DD	07/21/23
68792	NAZARIO DIAZ HERNANDEZ	2040.29	DD	07/21/23

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Num.	Name	Amount	CHECK NUM	DATE
70119	SARA N BLEDSOE	2486.33	DD	07/21/23
73749	GLORIA N REID	2547.66	DD	07/21/23
74159	CAROL VILLARREAL	1296.10	DD	07/21/23
75190	RIKA MILLER	1993.66	DD	07/21/23
76003	IRMA DELEON	677.60	DD	07/21/23
76115	JENNIFER R CARLOCK	644.80	DD	07/21/23
76120	RACHEL CANALES	1271.36	DD	07/21/23
76138	KAREN D GARCIA	639.69	DD	07/21/23
76196	REBECCA MURRAY	917.15	DD	07/21/23
76210	ZOE VILLARREAL	808.92	DD	07/21/23
76300	AIDA JIMENEZ	1157.31	DD	07/21/23
76313	PAMELA L BARTON	834.68	DD	07/21/23
76403	KATRINA A POKLUDA	1258.30	DD	07/21/23
76647	CHERYL A SEE	1040.15	DD	07/21/23
76706	GREGORY E MORALES	745.68	DD	07/21/23
76854	MARY PATTERSON	817.75	DD	07/21/23
76985	VANESSA TRISTAN	451.07	DD	07/21/23
77646	FAREN A GONZALES	1094.47	DD	07/21/23
78020	MISTY R PASSMORE	2901.36	DD	07/21/23
78072	DONNA M RAWLINGS	1153.87	DD	07/21/23
78128	ALEXA QUINTANILLA	791.65	DD	07/21/23
78186	ANDREA F COOK	324.86	DD	07/21/23
78287	MARISSA D ALMANZAR	2851.69	DD	07/21/23
78336	JESSICA L GLOVER	1851.91	DD	07/21/23
78566	MELISSA K GEE	703.68	DD	07/21/23
78764	ASHLEY D HADLEY	2153.83	DD	07/21/23
78781	KRISTEN R MACHICEK	2792.57	DD	07/21/23
78787	FARAH I JANAK	2707.36	DD	07/21/23
78897	DAYLE J ROBINSON	681.15	DD	07/21/23
80008	ADAM D BESIO	2751.60	DD	07/21/23
80141	JEANNIE ORTA	1783.08	DD	07/21/23
82227	CAITLIN A CLEVINGER	1301.27	DD	07/21/23
86452	MACY ELLEDGE	562.09	DD	07/21/23
86482	MEGAN M HARPER	824.76	DD	07/21/23
86576	ELSA HERRERA	818.03	DD	07/21/23
88125	LISA M TREVINO	1172.42	DD	07/21/23
88321	ANDREW DE LOS SANTOS	2651.53	DD	07/21/23
90320	ROSHANDA S THOMAS	5609.22	DD	07/21/23
93231	ANDRIE M FLORES	1369.92	DD	07/21/23
98756	ADRIANNA M GALVAN	1622.13	DD	07/21/23

396162.67



**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 10, 2023 - July 16, 2023**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
7/14/2023	PAY PLUS ACHTRANS 452579291 101000699894243	- 3rd Party Payor Fee	77.09	77.09 +
7/14/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 3408 Drug Program Expense	4,260.53 *	197.69 *
7/13/2023	PAY PLUS ACHTRANS 452579291 101000699078709	- 3rd Party Payor Fee	8.32	8.32 +
7/12/2023	PAY PLUS ACHTRANS 452579291 101000698130003	- 3rd Party Payor Fee	104.32	104.32 +
7/11/2023	PAY PLUS ACHTRANS 452579291 101000697044749	- 3rd Party Payor Fee	7.56	7.56 +
7/11/2023	MCKESSON DRUG AUTO ACH ACH05569975 910000130	- 3408 Drug Program Expense	7,532.00 *	0.40 +
7/10/2023	PAY PLUS ACHTRANS 452579291 101000696001725	- 3rd Party Payor Fee	0.40	118.20 *
7/10/2023	CLEARGAGE LLC CLEARGAGE, 824W48U32YB0U8H 242	- Patient Financing Service	118.20	Cleargag
7/10/2023	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	938.07	118.20 +
7/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee	25.90	CC Fees
7/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	1,828.29	938.07 +
7/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	1,070.36	25.90 +
7/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	276.98	1,828.29 +
7/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	483.86	1,070.36 +
7/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee	266.50	276.98 +
7/10/2023	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00	483.86 +
7/10/2023	IRS USATAXPYMT 270359125003565 6103601002593	- Payroll Taxes	116,562.12 **	266.50 +
				129.00 +
			<u>133,689.50</u>	5,018.96 *

*Andrew De Los Santos*

July 17, 2023

ANDREW DE LOS SANTOS  
Memorial Medical Center

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

\* Approved 07.12.23 CC  
\* \* Approved 07.05.23 CC

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
7/20/2023	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,773.67	133,689.50 *
				4,260.53 -
				7,532.00 -
			<u>1,773.67</u>	116,562.12 -

*Andrew De Los Santos*

July 17, 2023


ANDREW DE LOS SANTOS  
Memorial Medical Center

APPROVED ON

JUL 17 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Pay Plus  
77.09 +  
8.32 +  
104.32 +  
7.56 +  
0.40 +  
197.69 \*  
Cleargag  
118.20 +  
118.20 \*  
CC Fees  
938.07 +  
25.90 +  
1,828.29 +  
1,070.36 +  
1,070.36 +  
276.98 +  
483.86 +  
266.50 +  
129.00 +  
266.50 +  
129.00 +  
5,018.96 \*  
197.69 +  
118.20 +  
5,018.96 +  
5,334.85 \*  
133,689.50 \*  
4,260.53 -  
7,532.00 -  
116,562.12 -  
5,334.85 \*  
5,334.85 +  
5,334.85 -  
0.00 \*

 Confirmation: You Have Filed Successfully

**Sales and Use Tax** Period Ending 06/30/2023 (2306)

<b>Taxpayer ID:</b>	<b>Taxpayer Name:</b>	<b>Entered By:</b>
<b>User ID:</b>	MEMORIAL MEDICAL CENTER ✓	<b>Email Address:</b>
<b>Reference Number:</b>	<b>Taxpayer Address:</b>	<b>Telephone Number:</b> (361) 552-0342
<b>Date and Time of Filing:</b>	815 N VIRGINIA ST PORT LAVACA, TX	
07/11/2023, 09:18:17 AM	77979-3025	
	<b>IP Address:</b>	

**PAYMENT SUMMARY**

<b>Electronic Check</b>	<b>Payment Reference Number:</b>	<b>Type of Bank Account:</b> Checking
<b>State Amount:</b> \$1,343.69 ✓	<b>Trace Number:</b>	<b>Accountholder Name:</b>
<b>Local Amount:</b> \$429.98 ✓		<b>Bank Routing Number:</b> ****
<b>Amount to Pay:</b> \$1,773.67 ✓		<b>Bank Account Number:</b> *****
<b>Electronic Check:</b> \$1,773.67 ✓		<b>Payment Effective Date:</b> 07/20/2023

**CREDIT SUMMARY**

**Credits Taken**

Are you taking credit to reduce taxes due on this return? No

**Licensed Customs Broker Exported Sales**

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

**LOCATION SUMMARY**

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	21607	21607	0	21607	1350.44	21607	0.02	432.14
<b>SubTotal</b>	<b>21607</b>	<b>21607</b>	<b>0</b>	<b>21607</b>	<b>1350.44</b>	<b>21607</b>		<b>432.14</b>

**Total Tax for Locations** **\$1,782.58**

Total Tax Due:	\$1,782.58
Timely Filing Discount:	- \$8.91
Balance Due:	\$1,773.67
Pending Payments:	- \$0.00

**Total Amount Due and Payable:** **\$1,773.67** ✓  
 ( State amount due is \$1,343.69 ) ( Local amount due is \$429.98 ) ✓

**MMC SALES AND USE TAX REPORTING 2023**

**DUE EACH 20TH OF THE MONTH**

SUBMITTED DATE:	2023											
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
<b>Reporting Month</b>	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
<b>Acct #20300000</b>												
<b>Ending Balance</b>	3,190.49	1,596.82	1,827.62	1,825.46	1,825.91	1,782.60						
<b>DIVIDE BY :</b>	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%	8.25%
<b>TOTAL TAXABLE SALES</b>	38,672.61	19,355.39	22,152.97	22,126.79	22,132.24	21,607.27	-	-	-	-	-	-
<b>STATE TAX RATE</b>	0.0625	2,417.04	1,209.71	1,384.56	1,382.92	1,383.27	1,350.45	-	-	-	-	-
<b>LOCAL TAX RATE</b>	0.02	773.45	387.11	443.06	442.54	442.64	432.15	-	-	-	-	-
<b>TOTAL TAX DUE</b>	<b>3,190.49</b>	<b>1,596.82</b>	<b>1,827.62</b>	<b>1,825.46</b>	<b>1,825.91</b>	<b>1,782.60</b>	-	-	-	-	-	-

RUN DATE: 07/11/23  
TIME: 09:14

MEMORIAL MEDICAL CENTER  
GL SINGLE ACCOUNT DETAIL REPORT  
FOR: 06/01/23 - 06/30/23

PAGE 1  
GLSAD

ACCOUNT NUMBER & DESCRIPTION	DATE	MEMO	REFERENCE	JOURNAL	CSNUM	BATCH	SEQ.	AMOUNT
20300000 ACCR STATE SALES TAX-ACCRUED		BEGINNING BALANCE AS OF:	06/01/23					-1,825.91
	06/21/23	WEBFILE TAX PYMT	A/P 700106	CD	74	632	3	1,825.88
	06/30/23	RECEIPTS 06/30/23		CR	74	635	108	-1,782.57
		06/30 ACTIVITY/END BALANCE:		43.31				-1,782.60
		ENDING BALANCE:						-1,782.60

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COUNTY AUDITOR ON

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07/13/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap\_open\_invoice.template

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
070623		07/12/20	07/06/20	08/06/20		1,400.00	0.00	0.00	1,400.00 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>							
071223		07/13/20	07/12/20	08/12/20		1,785.00	0.00	0.00	1,785.00 ✓
	TRANSFER "	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	3,185.00	0.00	0.00	3,185.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,185.00	0.00	0.00	3,185.00

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CALHOUN COUNTY, TEXAS

CL# 20124

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CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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
071023		07/11/20	07/10/20	08/10/20		8,100.89	0.00	0.00	8,100.89 ✓
071123A	TRANSFER <i>NH insurance pymt deposited into mme operating</i>	07/13/20	07/11/20	08/11/20		395.00	0.00	0.00 ✓	395.00 ✓
071123	TRANSFER "	07/13/20	07/11/20	08/11/20		43,808.13	0.00	0.00 ✓	43,808.13 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HEALTHCARE	52,304.02	0.00	0.00	52,304.02

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	52,304.02	0.00	0.00	52,304.02

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BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL#100125

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07/13/2023  
CALHOUN COUNTY, TEXAS  
11:58

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071123A		07/13/20	07/11/20	08/11/20		1,785.00	0.00	0.00	1,785.00 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>							
071123		07/13/20	07/11/20	08/11/20		4,039.23	0.00	0.00 ✓	4,039.23 ✓
	TRANSFER	<i>u</i>							
		<i>"</i>							
Vendor Totals						Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA					5,824.23	0.00	0.00	5,824.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,824.23	0.00	0.00	5,824.23

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JUL 13 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*CK# 200124*

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07/13/2023

11:59

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

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
070623		07/11/20	07/06/20	08/06/20		9,322.47	0.00	0.00	9,322.47 ✓
	TRANSFER	<i>NH insurance pymt deposited into mme operating</i>							
071023		07/11/20	07/10/20	08/10/20		6,650.00	0.00	0.00	6,650.00 ✓
	TRANSFER	"							
071023A		07/12/20	07/10/20	08/10/20		400.00	0.00	0.00	400.00 ✓
	TRANSFER	"							
071023B		07/13/20	07/10/20	08/10/20		10,080.00	0.00	0.00	10,080.00 ✓
	TRANSFER	"							
071123		07/13/20	07/11/20	08/11/20		3,000.00	0.00	0.00	3,000.00 ✓
	TRANSFER	"							
071123A		07/13/20	07/11/20	08/11/20		770.00	0.00	0.00	770.00 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	30,222.47	0.00	0.00	30,222.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,222.47	0.00	0.00	30,222.47

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BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck# 200127



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11:58

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

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Dates Through:

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
070623		07/11/20	07/06/20	08/06/20		5,800.00	0.00	0.00	5,800.00 ✓		
	TRANSFER										
070723B		07/11/20	07/07/20	08/07/20		4,909.42	0.00	0.00	4,909.42 ✓		
	TRANSFER							"			
070723		07/11/20	07/07/20	08/07/20		22.20	0.00	0.00	22.20 ✓		
	TRANSFER							"			
070723A		07/11/20	07/07/20	08/07/20		4,180.40	0.00	0.00	4,180.40 ✓		
	TRANSFER							"			
070723D		07/11/20	07/07/20	08/07/20		1,000.00	0.00	0.00	1,000.00 ✓		
	TRANSFER							"			
070723C		07/11/20	07/07/20	08/07/20		3,400.00	0.00	0.00	3,400.00 ✓		
	TRANSFER							"			
071023		07/11/20	07/10/20	08/10/20		3,842.09	0.00	0.00	3,842.09 ✓		
	TRANSFER							"			
071123		07/13/20	07/11/20	08/11/20		16,135.65	0.00	0.00	16,135.65 ✓		
	TRANSFER							"			
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
12792						BETHANY SENIOR LIVING	39,289.76	0.00	0.00	39,289.76	

*MT insurance pymt deposited into MMEC operating*

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	39,289.76	0.00	0.00	39,289.76

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JUL 13 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*ck# 20123*

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RUN DATE:07/14/23  
 TIME:12:03

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 07/19/23 THRU 07/19/23

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	200033	07/19/23	3,683.35	AIRGAS USA, LLC - CENTRAL DIV
A/P	200034	07/19/23	103.35	ALPHA TEC SYSTEMS INC
A/P	200035	07/19/23	10,680.00	AUTHORITYRX
A/P	200036	07/19/23	594.00	AZALEA HEALTH
A/P	200037	07/19/23	2,380.74	BAXTER HEALTHCARE
A/P	200038	07/19/23	1,104.08	BAYER HEALTHCARE
A/P	200039	07/19/23	.00	VOIDED
A/P	200040	07/19/23	37,476.73	BECKMAN COULTER INC
A/P	200041	07/19/23	398.00	BEEKLEY CORPORATION
A/P	200042	07/19/23	60,314.31	BIOMERIEUX, INC
A/P	200043	07/19/23	153.18	BLUE CROSS BLUE SHIELD
A/P	200044	07/19/23	755.00	BOSTON SCIENTIFIC CORPORATION
A/P	200045	07/19/23	35,596.93	CALHOUN COUNTY
A/P	200046	07/19/23	2,640.00	CALHOUN COUNTY EMS
A/P	200047	07/19/23	10.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	200048	07/19/23	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	200049	07/19/23	1,699.00	CERVEY, LLC
A/P	200050	07/19/23	57,881.65	CITIZENS MEDICAL CENTER
A/P	200051	07/19/23	17,038.34	CLINICAL PATHOLOGY LABS
A/P	200052	07/19/23	654.37	COCA COLA SOUTHWEST BEVERAGES
A/P	200053	07/19/23	14,542.43	COMMUNITY INFUSION SOLUTIONS
A/P	200054	07/19/23	453.64	DETAR HOSPITAL
A/P	200055	07/19/23	866.90	DEWITT POTH & SON
A/P	200056	07/19/23	50.48	DSHS CENTRAL LAB MC2004
A/P	200057	07/19/23	53,922.50	EMERGENCY STAFFING SOLUTIONS
A/P	200058	07/19/23	5,633.35	EVOQUA WATER TECHNOLOGIES LLC
A/P	200059	07/19/23	228.12	FILTER TECHNOLOGY CO, INC
A/P	200060	07/19/23	.00	VOIDED
A/P	200061	07/19/23	.00	VOIDED
A/P	200062	07/19/23	9,429.74	FISHER HEALTHCARE
A/P	200063	07/19/23	45,150.00	FORVIS
A/P	200064	07/19/23	1,208.23	FRONTIER
A/P	200065	07/19/23	12,693.41	GE PRECISION HEALTHCARE, LLC
A/P	200066	07/19/23	541.90	GETINGE USA
A/P	200067	07/19/23	530.64	GRAINGER
A/P	200068	07/19/23	10,657.62	GREAT AMERICA FINANCIAL SVCS
A/P	200069	07/19/23	700.00	GUERBET, LLC
A/P	200070	07/19/23	911.37	GULF COAST PAPER COMPANY
A/P	200071	07/19/23	355.00	HEALTHCARE CODING & CONSULTING
A/P	200072	07/19/23	6,407.96	HEALTHCARE FINANCIAL SERVICES
A/P	200073	07/19/23	916.96	HCB CREDIT RECEIVABLES DEPT308
A/P	200074	07/19/23	14,575.39	HUNTER PHARMACY SERVICES
A/P	200075	07/19/23	982.38	IRON MOUNTAIN
A/P	200076	07/19/23	27,801.75	ITA RESOURCES INC
A/P	200077	07/19/23	9,000.00	JINDAL X LLC
A/P	200078	07/19/23	800.94	LABCORP OF AMERICA HOLDINGS
A/P	200079	07/19/23	105.00	LAERDAL MEDICAL CORPORATION
A/P	200080	07/19/23	877.07	LOWE'S BUSINESS ACCT/SYNCB
A/P	200081	07/19/23	73.20	MEDELA INC
A/P	200082	07/19/23	3,077.23	MEDICAL DATA SYSTEMS, INC.

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MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
07/19/23 THRU 07/19/23

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CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	200083	07/19/23	9,640.34	MEDICAL TECHNOLOGY ASSOCIATES
A/P	200084	07/19/23	28.91	MEDIMPACT HEALTHCARE SYS, INC.
A/P	200085	07/19/23	.00	VOIDED
A/P	200086	07/19/23	.00	VOIDED
A/P	200087	07/19/23	7,269.50	MEDLINE INDUSTRIES INC
A/P	200088	07/19/23	.00	VOIDED
A/P	200089	07/19/23	.00	VOIDED
A/P	200090	07/19/23	8,975.90	MORRIS & DICKSON CO, LLC
A/P	200091	07/19/23	250.81	MXR IMAGING, INC
A/P	200092	07/19/23	986.96	NATUS MEDICAL INC
A/P	200093	07/19/23	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	200094	07/19/23	502.11	OCCUPRO LLC
A/P	200095	07/19/23	969.96	OFFICE DEPOT
A/P	200096	07/19/23	1,148.18	ORTHO CLINICAL DIAGNOSTICS
A/P	200097	07/19/23	3,084.00	PARAREV
A/P	200098	07/19/23	869.26	PARTSSOURCE, LLC
A/P	200099	07/19/23	63,856.44	PFIZER INC.
A/P	200100	07/19/23	98.02	POWER HARDWARE
A/P	200101	07/19/23	2,729.72	PRESS GANEY ASSOCIATES, INC.
A/P	200102	07/19/23	1,583.67	PRO ENERGY PARTNERS LLC
A/P	200103	07/19/23	60.00	RX WASTE SYSTEMS LLC
A/P	200104	07/19/23	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	200105	07/19/23	272.75	SINGLETON ASSOCIATES PA
A/P	200106	07/19/23	14,266.66	SINGLETON ASSOCIATES, P.A.
A/P	200107	07/19/23	2,582.56	SMITH & NEPHEW, INC.
A/P	200108	07/19/23	1,212.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	200109	07/19/23	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	200110	07/19/23	928.00	SOUTHEASTERN BIOMEDICAL ASSOC
A/P	200111	07/19/23	9,458.59	SPBS CLINICAL EQUIPMENT SRVC
A/P	200112	07/19/23	1,294.26	STRYKER FLEX FINANCIAL
A/P	200113	07/19/23	839.91	STRYKER SALES CORP
A/P	200114	07/19/23	1,954.00	TEXAS BURNER & BOILER SERVICES
A/P	200115	07/19/23	8,167.50	TEXAS SELECT STAFFING
A/P	200116	07/19/23	6,787.50	THE COMPLIANCE TEAM, INC
A/P	200117	07/19/23	3,922.78	TORCH
A/P	200118	07/19/23	137.99	TRI-ANIM HEALTH SERVICES INC
A/P	200119	07/19/23	7,053.18	UNIFIRST HOLDINGS INC
A/P	200120	07/19/23	2,908.42	UPDOX LLC
A/P	200121	07/19/23	1,950.00	US MED-EQUIP, LLC
A/P	200122	07/19/23	1,750.76	WERPEN USA LLC
A/P	200123	07/19/23	39,289.76	BETHANY SENIOR LIVING
A/P	200124	07/19/23	3,185.00	FORTBEND HEALTHCARE CENTER
A/P	200125	07/19/23	52,304.02	GOLDENCREEK HEALTHCARE
A/P	200126	07/19/23	5,824.23	GULF POINTE PLAZA
A/P	200127	07/19/23	30,222.47	TUSCANY VILLAGE
A/P	200128	07/19/23	107.64	
A/P	200129	07/19/23	13.10	
A/P	200130	07/19/23	507.40	
A/P	200131	07/19/23	39.87	
A/P	200132	07/19/23	100.00	
A/P	200133	07/19/23	50.00	

RUN DATE:07/14/23  
TIME:12:03

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
07/19/23 THRU 07/19/23

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CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	200134	07/19/23	165.00	
A/P	200135	07/19/23	172.94	
A/P	200136	07/19/23	333.04	
A/P	200137	07/19/23	150,000.00	CALHOUN COUNTY
TOTALS:			917,339.59	

<i>Payables</i>	635,025.12	+
<i>Patient refunds</i>	1,488.99	+
<i>re-payment</i>	150,000.00	+
<i>Net Masters</i>	130,825.48	+
	917,339.59	*

APPROVED ON

JUL 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 7/17/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Ashford Gardens</b>		129,787.42 ✓	129,651.44 ✓	179,061.49 ✓		179,197.47 ✓	134,762.81
						Bank Balance	179,197.47 ✓
						Variance	-
						Leave in Balance	100.00
						Molina May	15,387.72 ✓
						Amerigroup May	28,826.80 ✓
						April Interest	43.61 ✓
						May Interest	51.52 ✓
						June Interest	25.01 ✓
						Adjust Balance/Transfer Amt	134,762.81
<b>Broadmoor</b>		70,336.13 ✓	70,152.36 ✓	105,850.15 ✓		106,033.92 ✓	89,494.48
						Bank Balance	106,033.92 ✓
						Variance	-
						Leave in Balance	100.00
						Molina May	10,663.55 ✓
						Amerigroup May	5,692.12 ✓
						April Interest	31.15 ✓
						May Interest	35.07 ✓
						June Interest	17.55 ✓
						Adjust Balance/Transfer Amt	89,494.48
<b>Crescent</b>		124,527.35 ✓	120,530.29 ✓	137,103.01 ✓		141,100.07 ✓	125,017.75
						Bank Balance	141,100.07 ✓
						Variance	-
						Leave in Balance	100.00
						Molina May	4,206.28 ✓
						Amerigroup May	7,878.98 ✓
						Claim payment transfer	3,780.00
						April Interest	34.57 ✓
						May Interest	48.79 ✓
						June Interest	33.70 ✓
						Adjust Balance/Transfer Amt	125,017.75
<b>Fort Bend</b>		38,339.07 ✓	38,184.94 ✓	48,289.39 ✓		48,443.52 ✓	34,453.06
						Bank Balance	48,443.52 ✓
						Variance	-
						Leave in Balance	100.00
						Molina May	4,815.46 ✓
						Amerigroup May	9,020.87 ✓
						April Interest	17.85 ✓
						May Interest	22.20 ✓
						June Interest	14.08 ✓
						Adjust Balance/Transfer Amt	34,453.06
<b>Solera at W Houston</b>		147,558.09 ✓	147,334.43 ✓	112,663.99 ✓		112,887.65 ✓	99,432.46
						Bank Balance	112,887.65 ✓
						Variance	-
						Leave in Balance	100.00
						Molina May	4,604.93 ✓
						Amerigroup May	8,626.60 ✓
						April Interest	40.22 ✓
						May Interest	49.69 ✓
						June Interest	33.75 ✓
						Adjust Balance/Transfer Amt	99,432.46
<p>134,762.81 + <u>Ston / Fort Bend / Broadmoor</u></p> <p>89,494.48 +</p> <p>125,017.75 +</p> <p>34,453.06 +</p> <p>99,432.46 +</p> <p><b>483,160.56</b> * to the nursing home.                      MMC deposited to open account.</p>							
<p><b>TOTAL TRANSFERS</b></p> <p>Approved: <i>Andrew De Los Santos</i>                      ANDREW DE LOS SANTOS</p>							<p><b>483,160.56</b></p> <p>7/17/2023</p>

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

		MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
7/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	137.50	
7/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	-	-	-	-	-	217.60	
7/12/2023	1208	30,451.96	-	-	-	-	-	
7/12/2023 MOLINA HEALTHCAR MOLINAACH 01205259 42000018	-	17,184.76	14,617.56	2,567.20	-	15,387.72	1,797.04	
7/12/2023 Amerigroup TXSC HCCLAIMPMT 3215682325 111000	-	40,908.80	-	-	-	-	40,908.80	
7/13/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	99,115.32	-	-	-	-	-	-	
7/13/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225816	-	6,300.87	-	-	-	-	6,300.87	
7/14/2023 Enhanced Analysis Ch	84.16	-	-	-	-	-	-	
7/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000264437	-	729.21	-	-	-	-	729.21	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	20,505.97	-	-	-	-	20,505.97	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	51,297.47	-	-	-	-	51,297.47	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,602.54	-	-	-	-	9,602.54	
7/14/2023 AMERIGROUP CORPO E-PAYMENT EES2618151 111000	-	32,176.77	27,391.10	4,785.67	-	28,826.80	3,349.97	
		129,651.44	179,061.49	42,008.66	7,352.87	-	44,214.52	
							134,846.97	

		MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
7/14/2023 MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	1,200.00	-	-	-	-	1,200.00	
7/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000264437	-	3,730.07	-	-	-	-	3,730.07	
7/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000264437	-	14,776.54	-	-	-	-	14,776.54	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,650.72	-	-	-	-	1,650.72	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,848.26	-	-	-	-	9,848.26	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	138.45	-	-	-	-	138.45	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	314.08	-	-	-	-	314.08	
7/14/2023 HUMANA CHA DISB HCCLAIMPMT 25033799 42000016	-	7,040.00	-	-	-	-	7,040.00	
7/14/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	530.01	-	-	-	-	530.01	
7/14/2023 AMERIGROUP CORPO E-PAYMENT EES2618151 111000	-	11,898.45	10,154.30	1,764.15	-	10,663.55	1,234.91	
7/13/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	58,946.18	-	-	-	-	-	-	
7/12/2023	240	11,206.18	-	-	-	-	-	
7/12/2023 MOLINA HEALTHCAR MOLINAACH 01205798 42000018	-	6,354.41	5,408.28	946.13	-	5,692.12	662.29	
7/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288956	-	6,321.64	-	-	-	-	6,321.64	
7/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,931.98	-	-	-	-	14,931.98	
7/11/2023 MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	8,531.00	-	-	-	-	8,531.00	
7/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000252575	-	2,950.10	-	-	-	-	2,950.10	
7/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,072.40	-	-	-	-	5,072.40	
7/11/2023 HUMANA INS CO HCCLAIMPMT 24556965 8300005432	-	5,925.00	-	-	-	-	5,925.00	
7/10/2023 MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	4,245.00	-	-	-	-	4,245.00	
7/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000204783	-	392.04	-	-	-	-	392.04	
		70,152.36	105,850.19	15,542.58	2,710.28	-	16,355.66	
							89,494.49	

		MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
7/14/2023 MANAGEANDNET1718 MNS PMNT 00000000003258 41	-	6,704.00	-	-	-	-	6,704.00	
7/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000264437	-	170.24	-	-	-	-	170.24	
7/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000263903	-	6,831.30	-	-	-	-	6,831.30	
7/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000263903	-	1,862.19	-	-	-	-	1,862.19	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,373.25	-	-	-	-	14,373.25	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,485.05	-	-	-	-	2,485.05	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	179.62	-	-	-	-	179.62	
7/14/2023 HUMANA INS CO HCCLAIMPMT 24991623 8300005617	-	11,437.22	-	-	-	-	11,437.22	
7/14/2023 AMERIGROUP CORPO E-PAYMENT EES2618151 111000	-	8,646.94	7,549.85	1,097.09	-	7,878.98	767.96	
7/14/2023 AARP Supplementa HCCLAIMPMT 746003411 124384	-	200.00	-	-	-	-	200.00	
7/13/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	112,215.99	-	-	-	-	-	-	
7/13/2023 DEVOTED HEALTH P HCCLAIMPMT 121140394017789	-	231.40	-	-	-	-	231.40	
7/12/2023	289	8,314.30	-	-	-	-	-	
7/12/2023 MOLINA HEALTHCAR MOLINAACH 01205760 42000018	-	4,619.78	4,029.06	590.72	-	4,206.28	413.50	
7/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000289274	-	375.95	-	-	-	-	375.95	
7/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	8,550.20	-	-	-	-	8,550.20	
7/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000251985	-	579.54	-	-	-	-	579.54	
7/11/2023 HUMANA INS CO HCCLAIMPMT 24656919 8300005432	-	11,850.00	-	-	-	-	11,850.00	
7/11/2023 HUMANA CHA DISB HCCLAIMPMT 24792158 42000012	-	3,555.00	-	-	-	-	3,555.00	
7/11/2023 DEVOTED HEALTH P HCCLAIMPMT 121140392309635	-	9,045.00	-	-	-	-	9,045.00	
7/11/2023 DEVOTED HEALTH P HCCLAIMPMT 121140392309633	-	15,550.00	-	-	-	-	15,550.00	
7/11/2023 DEVOTED HEALTH P HCCLAIMPMT 121140392309631	-	4,050.00	-	-	-	-	4,050.00	
7/11/2023 AARP Supplementa HCCLAIMPMT 746003411 124384	-	1,000.00	-	-	-	-	1,000.00	
7/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000204783	-	12,937.32	-	-	-	-	12,937.32	
7/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000204765	-	11,869.01	-	-	-	-	11,869.01	
		120,530.29	137,103.01	11,578.91	1,687.81	-	12,085.25	
							125,017.76	

		MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
7/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000264437	-	161.99	-	-	-	-	161.99	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	27,084.99	-	-	-	-	27,084.99	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,902.20	-	-	-	-	2,902.20	
7/14/2023 AMERIGROUP CORPO E-PAYMENT EES2618150 111000	-	10,126.58	8,547.00	1,579.58	-	9,020.87	1,105.71	
7/13/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	28,653.25	-	-	-	-	-	-	
7/12/2023	215	9,531.69	-	-	-	-	-	
7/12/2023 MOLINA HEALTHCAR MOLINAACH 01295409 42000018	-	5,408.73	4,561.20	847.53	-	4,815.46	593.27	
7/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,604.90	-	-	-	-	2,604.90	
		38,184.94	48,289.39	13,106.20	2,427.11	-	13,836.33	
							34,453.06	

		MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
7/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000264437	-	28.39	-	-	-	-	28.39	
7/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000264437	-	28.39	-	-	-	-	28.39	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	29,979.16	-	-	-	-	29,979.16	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,535.55	-	-	-	-	1,535.55	
7/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,756.30	-	-	-	-	4,756.30	
7/14/2023 HUMANA CHA DISB HCCLAIMPMT 25028738 42000016	-	5,115.00	-	-	-	-	5,115.00	
7/14/2023 AMERIGROUP CORPO E-PAYMENT EES2618152 111000	-	9,619.56	8,201.05	1,418.51	-	8,626.60	992.96	
7/14/2023 AARP Supplementa HCCLAIMPMT 746003411 124384	-	800.00	-	-	-	-	800.00	
7/13/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	138,242.74	-	-	-	-	-	-	
7/13/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	5,850.00	-	-	-	-	5,850.00	
7/12/2023	1272	9,091.69	-	-	-	-	-	
7/12/2023 MOLINA HEALTHCAR MOLINAACH 01205719 42000018	-	5,137.76	4,376.58	761.18	-	4,604.93	532.83	
7/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288956	-	7,938.81	-	-	-	-	7,938.81	
7/12/2023 Amerigroup TXSC HCCLAIMPMT 3215682326 111000	-	19,687.07	-	-	-	-	19,687.07	

7/12/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,810.16	-	-	11,810.16		
7/12/2023	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,230.30	-	-	1,230.30		
7/11/2023	MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	600.00	-	-	600.00		
7/11/2023	HUMANA INS CO HCCLAIMPMT 24663778 8300005432	-	3,255.00	-	-	3,255.00		
7/10/2023	HNB - ECHO HCCLAIMPMT 746003411 440000204795	-	5,292.54	-	-	5,292.54		
<b>TOTALS</b>		<b>147,334.43</b>	<b>112,663.99</b>	<b>12,577.63</b>	<b>2,179.69</b>	<b>-</b>	<b>13,231.54</b>	<b>99,432.45</b>
		<b>505,853.46</b>	<b>582,968.03</b>	<b>94,815.98</b>	<b>16,357.76</b>	<b>-</b>	<b>99,723.31</b>	<b>483,244.72</b>

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DDA (15)

DDA (15)

Prior Day Balance: \$4,336,845.27 | Collected Balance: \$4,560,877.94 | Available Balance: \$5,214,242.39 | Current Balance: \$4,560,877.94

Sort | Display Name

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance: \$1,697,693.69 | Collected Balance: \$1,697,693.69  
Available Balance: \$2,236,946.11 | Prior Day Balance: \$1,827,063.62

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365

Current Balance: \$537.66 | Collected Balance: \$537.66  
Available Balance: \$537.66 | Prior Day Balance: \$537.66

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373

Current Balance: \$432.85 | Collected Balance: \$432.85  
Available Balance: \$432.85 | Prior Day Balance: \$432.85

MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381 ✓

Current Balance: \$179,197.47 ✓ | Collected Balance: \$179,197.47  
Available Balance: \$201,525.36 | Prior Day Balance: \$64,969.67

MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403 ✓

Current Balance: \$106,033.92 ✓ | Collected Balance: \$106,033.92  
Available Balance: \$115,113.57 | Prior Day Balance: \$54,907.34

MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411 ✓

Current Balance: \$141,100.07 ✓ | Collected Balance: \$141,100.07  
Available Balance: \$182,238.76 | Prior Day Balance: \$88,210.26

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

Current Balance: \$112,887.65 ✓ | Collected Balance: \$112,887.65  
Available Balance: \$137,979.72 | Prior Day Balance: \$61,025.30

MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446 ✓

Current Balance: \$48,443.52 ✓ | Collected Balance: \$48,443.52  
Available Balance: \$48,443.52 | Prior Day Balance: \$8,167.76

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454

Current Balance: \$18,629.44 | Collected Balance: \$18,629.44  
Available Balance: \$22,430.60 | Prior Day Balance: \$16,697.21

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

Current Balance: \$45,895.29 | Collected Balance: \$45,895.29  
Available Balance: \$45,910.97 | Prior Day Balance: \$39,975.29

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

Current Balance: \$51,505.11 | Collected Balance: \$51,505.11  
Available Balance: \$51,505.11 | Prior Day Balance: \$50,080.91

MMC -NH BETHANY SENIOR LIVING \*5506

Current Balance: \$33,087.30 | Collected Balance: \$33,087.30  
Available Balance: \$45,644.19 | Prior Day Balance: \$33,087.30

MMC -NH TUSCANY VILLAGE \*3407

Current Balance: \$53,813.50 | Collected Balance: \$53,813.50  
Available Balance: \$53,813.50 | Prior Day Balance: \$19,169.63

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: \$2,071,520.47 | Collected Balance: \$2,071,520.47  
Available Balance: \$2,071,520.47 | Prior Day Balance: \$2,071,520.47



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 7/17/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		130,099.22	129,892.85	18,423.07		18,629.44	18,423.07
						Bank Balance	18,629.44
						Variance	-
						Leave in Balance	100.00
						April Interest	38.02
						May Interest	46.48
						June Interest	21.87
						<del>106.37</del>	
						Adjust Balance/Transfer Amt	18,423.07

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 7/17/2023

APPROVED ON  
 JUL 17 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Golden Creek** ✓

7/14/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91  
 7/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000263903  
 7/13/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC  
 7/13/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91  
 7/12/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2  
 7/11/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001779  
 7/10/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91  
 7/10/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001464

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	882.47	-	-	-	-	-	882.47
-	1,049.76	-	-	-	-	-	1,049.76
129,892.85	-	-	-	-	-	-	-
-	1,300.00	-	-	-	-	-	1,300.00
-	5,033.54	-	-	-	-	-	5,033.54
-	4,196.14	-	-	-	-	-	4,196.14
-	285.98	-	-	-	-	-	285.98
-	5,675.18	-	-	-	-	-	5,675.18
<b>129,892.85</b>	<b>18,423.07</b>	-	-	-	-	-	<b>18,423.07</b>

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[DDA \(15\)](#)

DDA (15)

Prior Day Balance: \$4,336,845.27 | Collected Balance: \$4,560,877.94 | Available Balance: \$5,214,242.39 | Current Balance: \$4,560,877.94

Sort: Display Name

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance: \$1,697,693.69 | Collected Balance: \$1,697,693.69  
 Available Balance: \$2,236,946.11 | Prior Day Balance: \$1,827,063.62

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365

Current Balance: \$537.66 | Collected Balance: \$537.66  
 Available Balance: \$537.66 | Prior Day Balance: \$537.66

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373

Current Balance: \$432.85 | Collected Balance: \$432.85  
 Available Balance: \$432.85 | Prior Day Balance: \$432.85

MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381

Current Balance: \$179,197.47 | Collected Balance: \$179,197.47  
 Available Balance: \$201,625.36 | Prior Day Balance: \$64,969.67

MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403

Current Balance: \$106,033.92 | Collected Balance: \$106,033.92  
 Available Balance: \$115,113.57 | Prior Day Balance: \$54,907.34

MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411

Current Balance: \$141,100.07 | Collected Balance: \$141,100.07  
 Available Balance: \$182,238.76 | Prior Day Balance: \$88,210.26

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON \*4438

Current Balance: \$112,887.65 | Collected Balance: \$112,887.65  
 Available Balance: \$137,979.72 | Prior Day Balance: \$61,025.30

MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446

Current Balance: \$48,443.52 | Collected Balance: \$48,443.52  
 Available Balance: \$48,443.52 | Prior Day Balance: \$8,167.76

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454 ✓

Current Balance: \$18,629.44 ✓ | Collected Balance: \$18,629.44  
 Available Balance: \$22,430.60 | Prior Day Balance: \$16,697.21

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

Current Balance: \$45,895.29 | Collected Balance: \$45,895.29  
 Available Balance: \$45,910.97 | Prior Day Balance: \$39,975.29

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

Current Balance: \$51,505.11 | Collected Balance: \$51,505.11  
 Available Balance: \$51,505.11 | Prior Day Balance: \$50,980.91

MMC -NH BETHANY SENIOR LIVING \*5506

Current Balance: \$33,087.30 | Collected Balance: \$33,087.30  
 Available Balance: \$45,644.19 | Prior Day Balance: \$33,087.30

MMC -NH TUSCANY VILLAGE \*3407

Current Balance: \$53,813.50 | Collected Balance: \$53,813.50  
 Available Balance: \$53,813.50 | Prior Day Balance: \$19,169.63

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: \$2,071,520.47 | Collected Balance: \$2,071,520.47  
 Available Balance: \$2,071,520.47 | Prior Day Balance: \$2,071,520.47

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 7/17/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		669.24	-	45,226.05			45,895.29	45,764.84
						Bank Balance	45,895.29	
						Variance	-	
						Leave in Balance	100.00	
						April Interest	11.81	
						May Interest	14.63	
						June Interest	4.01	
						Adjust Balance/Transfer Amt	45,764.84	
Gulf Pointe Plaza-Medicare/Medicaid		89,874.85	89,724.02	51,354.28			51,505.11	51,237.30
						Bank Balance	51,505.11	
						Variance	-	
						Leave in Balance	100.00	
						Claim payment owed to MMC	116.98	
						April Interest	18.21	
						May Interest	18.86	
						June Interest	13.76	
						Adjust Balance/Transfer Amt	51,237.30	
<b>TOTAL TRANSFERS</b>							<b>97,002.14</b>	

Routine Information for Gulf Pointe Plaza:

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

Approved: Andrew De Los Santos  
 ANDREW DE LOS SANTOS 7/17/2023

**Gulf Pointe Plaza-Private Pay**

7/14/2023 HUMANA INS CO HCCLAIMPMT 24991764 8300005614  
 7/13/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225816  
 7/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000289192  
 7/12/2023 HUMANA CHA DISB HCCLAIMPMT 24877292 42000012  
 7/11/2023 NDC SWEEP FAC H261 21000021764049 SWEEP FR  
 7/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000252575  
 7/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000252575

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp		QIPP/Comp4		QIPP TI	
		QIPP/Comp1	2	QIPP/Comp3	&Lapse		
0	5,920.00	-	-	-	-	5,920.00	
0	23.52	-	-	-	-	23.52	
0	269.93	-	-	-	-	269.93	
0	23,480.63	-	-	-	-	23,480.63	
0	15,358.17	-	-	-	-	15,358.17	
0	132.67	-	-	-	-	132.67	
0	41.13	-	-	-	-	41.13	
-	45,226.05	-	-	-	-	45,226.05	

**Gulf Pointe Plaza-Medicare/Medicaid**

7/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000263903  
 7/13/2023 WIRE OUT HMG Rockport SNF, LP - Commerical  
 7/12/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 7/12/2023 CENTENE CORP HCCLAIMPMT 53101128354984  
 7/10/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 7/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000204783

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp		QIPP/Comp4		QIPP TI	
		QIPP/Comp1	2	QIPP/Comp3	&Lapse		
-	524.20	-	-	-	-	524.20	
89,724.02	-	-	-	-	-	-	
-	220.00	-	-	-	-	220.00	
-	1,233.14	-	-	-	-	1,233.14	
-	5,625.02	-	-	-	-	5,625.02	
-	43,751.92	-	-	-	-	43,751.92	
89,724.02	51,354.28	-	-	-	-	51,354.28	
89,724.02	96,580.33	-	-	-	-	96,580.33	

Accounts

Quick View Transaction Search Account Groups

Account Balances Card View Table View

Search Accounts

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

DDA (15)

DDA (15)

Prior Day Balance \$4,336,845.27 Collected Balance \$4,560,877.94 Available Balance \$5,214,242.39 Current Balance \$4,560,877.94

Sort Display Name

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance \$1,697,693.69 Collected Balance \$1,697,693.69
Available Balance \$2,236,946.11 Prior Day Balance \$1,827,063.02

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365

Current Balance \$537.66 Collected Balance \$537.66
Available Balance \$537.66 Prior Day Balance \$537.66

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373

Current Balance \$432.85 Collected Balance \$432.85
Available Balance \$432.85 Prior Day Balance \$432.85

MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381

Current Balance \$179,197.47 Collected Balance \$179,197.47
Available Balance \$201,625.36 Prior Day Balance \$64,969.67

MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403

Current Balance \$106,033.92 Collected Balance \$106,033.92
Available Balance \$115,113.57 Prior Day Balance \$54,907.34

MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411

Current Balance \$141,100.07 Collected Balance \$141,100.07
Available Balance \$162,238.76 Prior Day Balance \$88,210.26

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON \*4438

Current Balance \$112,887.65 Collected Balance \$112,887.65
Available Balance \$137,979.72 Prior Day Balance \$61,025.30

MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446

Current Balance \$48,443.52 Collected Balance \$48,443.52
Available Balance \$48,443.52 Prior Day Balance \$8,167.76

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454

Current Balance \$18,629.44 Collected Balance \$18,629.44
Available Balance \$22,430.60 Prior Day Balance \$16,697.21

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

Current Balance \$45,895.29 Collected Balance \$45,895.29
Available Balance \$45,910.97 Prior Day Balance \$39,975.29

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

Current Balance \$51,505.11 Collected Balance \$51,505.11
Available Balance \$51,505.11 Prior Day Balance \$50,920.91

MMC -NH BETHANY SENIOR LIVING \*5506

Current Balance \$33,087.30 Collected Balance \$33,087.30
Available Balance \$45,644.19 Prior Day Balance \$33,087.30

MMC -NH TUSCANY VILLAGE \*3407

Current Balance \$53,813.50 Collected Balance \$53,813.50
Available Balance \$53,813.50 Prior Day Balance \$19,169.65

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 \$2,071,520.47 Collected Balance \$2,071,520.47
Available Balance \$2,071,520.47 Prior Day Balance \$2,071,520.47

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 7/17/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		201,357.91	201,257.91	53,713.50			53,813.50	26,884.39
						Bank Balance Variance	53,813.50	
						Leave in Balance	100.00	
						Amerigroup May	17,489.78	
						Molina May	9,339.33	
						Adjust Balance/Transfer Amt	26,884.39	

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* 7/17/2023  
 ANDREW DE LOS SANTOS

APPROVED ON

JUL 17 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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

Tuscany Village ✓		Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
7/14/2023	HNB - ECHO HCCLAIMPMT 746003411 440000263903	-	15,862.92	-	-	-	-	-	15,862.92
7/14/2023	AMERIGROUP CORPO E-PAYMENT EES2618155 111000	-	18,780.95	16,198.60	2,582.35	-	-	17,489.78	1,291.18
7/13/2023	WIRE OUT LINBAR ENTERPRISES, LLC	183,383.78	-	-	-	-	-	-	-
7/12/2023	1129	17,874.13	-	-	-	-	-	-	-
7/12/2023	MOLINA HEALTHCAR MOLINAACH 01205792 42000018	-	10,034.09	8,644.56	1,389.53	-	-	9,339.33	694.76
7/11/2023	HNB - ECHO HCCLAIMPMT 746003411 440000252575	-	9,035.54	-	-	-	-	-	9,035.54
		201,257.91	53,713.50	24,843.16	3,971.88	-	-	26,829.10	26,884.40



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

DDA (15)

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$4,336,845.27	\$4,560,877.94	\$5,214,242.39	\$4,560,877.94

Sort: Display Name

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

Current Balance	\$1,697,693.69	Collected Balance	\$1,697,693.69
Available Balance	\$2,236,946.11	Prior Day Balance	\$1,827,062.62

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

Current Balance	\$537.66	Collected Balance	\$537.66
Available Balance	\$537.66	Prior Day Balance	\$537.66

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

Current Balance	\$432.85	Collected Balance	\$432.85
Available Balance	\$432.85	Prior Day Balance	\$432.85

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

Current Balance	\$179,197.47	Collected Balance	\$179,197.47
Available Balance	\$201,625.36	Prior Day Balance	\$64,969.67

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

Current Balance	\$106,033.92	Collected Balance	\$106,033.92
Available Balance	\$115,113.57	Prior Day Balance	\$54,907.34

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

Current Balance	\$141,100.07	Collected Balance	\$141,100.07
Available Balance	\$182,238.76	Prior Day Balance	\$88,210.26

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

Current Balance	\$112,887.65	Collected Balance	\$112,887.65
Available Balance	\$127,979.72	Prior Day Balance	\$61,025.30

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

Current Balance	\$48,443.52	Collected Balance	\$48,443.52
Available Balance	\$48,443.52	Prior Day Balance	\$6,167.76

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

Current Balance	\$18,629.44	Collected Balance	\$18,629.44
Available Balance	\$22,430.60	Prior Day Balance	\$16,697.21

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

Current Balance	\$45,895.29	Collected Balance	\$45,895.29
Available Balance	\$45,910.97	Prior Day Balance	\$39,975.29

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

Current Balance	\$51,505.11	Collected Balance	\$51,505.11
Available Balance	\$51,505.11	Prior Day Balance	\$50,980.91

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

Current Balance	\$33,087.30	Collected Balance	\$33,087.30
Available Balance	\$45,644.19	Prior Day Balance	\$23,087.30

**MMC -NH TUSCANY VILLAGE \*3407** ✓

Current Balance	\$53,813.50	Collected Balance	\$53,813.50
Available Balance	\$53,813.50	Prior Day Balance	\$19,169.62

**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	\$2,071,520.47	Collected Balance	\$2,071,520.47
Available Balance	\$2,071,520.47	Prior Day Balance	\$2,071,520.47

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 7/17/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		232,749.34	232,649.00	38,986.96			33,087.30	32,805.96
						Bank Balance	33,087.30	
						Variance		
						Leave in Balance	100.00	
						April Interest	68.71	
						May Interest	63.02	
						June Interest	49.61	
						Adjust Balance/Transfer Amt	32,805.96	

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 7/17/2023

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

**Bethany Senior Living**

7/13/2023 WIRE OUT PORT LAVACA NH, LLC  
 7/13/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225816  
 7/13/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225816  
 7/13/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000159  
 7/12/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000153  
 7/11/2023 ck3257  
 7/11/2023 Deposit  
 7/11/2023 Deposit

*Returned check*

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
232,468.00							-
	114.50						114.50
	68.91						68.91
	8,328.91						8,328.91
	4,620.35						4,620.35
181.00							-
	16,169.07						16,169.07
	3,685.22						3,685.22
							-
<b>232,649.00</b>	<b>32,986.96</b>						<b>32,986.96</b>

Accounts

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Search Accounts

Make my Default View

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
\$4,336,845.27	\$4,560,877.94	\$5,214,242.39	\$4,560,877.94

Sort: Display Name

MEMORIAL MEDICAL CENTER - OPERATING \*4357

Current Balance	\$1,697,693.69	Collected Balance	\$1,697,693.69
Available Balance	\$2,236,946.11	Prior Day Balance	\$1,827,063.62

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 \*4365

Current Balance	\$537.66	Collected Balance	\$537.66
Available Balance	\$537.66	Prior Day Balance	\$537.66

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING \*4373

Current Balance	\$432.85	Collected Balance	\$432.85
Available Balance	\$432.85	Prior Day Balance	\$432.85

MEMORIAL MEDICAL CENTER / NH ASHFORD \*4381

Current Balance	\$179,197.47	Collected Balance	\$179,197.47
Available Balance	\$201,625.36	Prior Day Balance	\$64,969.67

MEMORIAL MEDICAL CENTER / NH BROADMOOR \*4403

Current Balance	\$106,033.92	Collected Balance	\$106,033.92
Available Balance	\$115,113.57	Prior Day Balance	\$54,907.34

MEMORIAL MEDICAL CENTER / NH CRESCENT \*4411

Current Balance	\$141,100.07	Collected Balance	\$141,100.07
Available Balance	\$162,236.76	Prior Day Balance	\$8,210.26

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON \*4438

Current Balance	\$112,887.65	Collected Balance	\$112,887.65
Available Balance	\$137,979.72	Prior Day Balance	\$61,025.30

MEMORIAL MEDICAL CENTER / NH FORT BEND \*4446

Current Balance	\$48,443.52	Collected Balance	\$48,443.52
Available Balance	\$48,443.52	Prior Day Balance	\$8,167.76

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE \*4454

Current Balance	\$18,629.44	Collected Balance	\$18,629.44
Available Balance	\$22,430.60	Prior Day Balance	\$16,697.21

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

Current Balance	\$45,895.29	Collected Balance	\$45,895.29
Available Balance	\$45,910.97	Prior Day Balance	\$39,975.29

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

Current Balance	\$51,505.11	Collected Balance	\$51,505.11
Available Balance	\$51,505.11	Prior Day Balance	\$50,960.61

MMC -NH BETHANY SENIOR LIVING \*5506 ✓

Current Balance	\$33,087.30 ✓	Collected Balance	\$33,087.30
Available Balance	\$45,644.19	Prior Day Balance	\$33,087.30

MMC -NH TUSCANY VILLAGE \*3407

Current Balance	\$53,813.50	Collected Balance	\$53,813.50
Available Balance	\$53,813.50	Prior Day Balance	\$19,169.63

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	\$2,071,520.47	Collected Balance	\$2,071,520.47
Available Balance	\$2,071,520.47	Prior Day Balance	\$2,071,520.47

Ashford ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 7/17/23

APPROVED ON

JUL 17 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 001211

FOR ACCT. USE ONLY

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

AMOUNT 44,214.52 ✓

G/L NUMBER: 10255040 ✓

EXPLANATION: Amerigroup and Molina May Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew E. Polster

7/17/23

Broadmoor ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 7/17/23

APPROVED ON  
JUL 17 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
ck# 000241

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 16,355.67 ✓

G/L NUMBER: 10255040 ✓

EXPLANATION: Amerigroup and Molina May Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLaSanta

7/17/23

Crescent ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 7/17/23

APPROVED ON  
JUL 17 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 000291

FOR ACCT. USE ONLY

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

AMOUNT 12,085.26 ✓

G/L NUMBER: 10255040 ✓

EXPLANATION: Amerigroup and Molina May Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLos Santos

7/17/23

Furt Bend ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC \_\_\_\_\_

Date Requested: 7/17/23

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON  
JUL 17 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK#000217

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 13,836.33 ✓

G/L NUMBER: 10255040 ✓

EXPLANATION: Amerigroup and Molina May Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Delasanta

7/17/23



Solera ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 7/17/23

APPROVED ON  
JUL 17 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CHK# 001213

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 13,231.53 ✓

G/L NUMBER: 10255040 ✓

EXPLANATION: Amerigroup and Molina May Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DeLoe*

7/17/23

Tuscany ✓

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P MMC \_\_\_\_\_

Date Requested: 7/17/23

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON

JUL 17 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 1170

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT 26,829.11 ✓

G/L NUMBER: 10255040 ✓

EXPLANATION: Amerigroup and Molina May Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Dela Santa

7/17/23

MP

MEMORIAL MEDICAL CENTER

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001211

Date 7-19-23 88-2265/1131

PAY

TO THE ORDER OF MMC Operating \$ 44,214.<sup>52</sup>/<sub>100</sub>

Forty-four thousand, two hundred fourteen dollars <sup>3</sup>/<sub>100</sub> DOLLARS



FOR Amerigroup; Molina AIPP

Security features are included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000241

Date 7-19-23 88-2265/1131

PAY

TO THE ORDER OF MMC Operating \$ 16,355.<sup>67</sup>/<sub>100</sub>

Sixteen thousand, three hundred fifty-five dollars <sup>3</sup>/<sub>100</sub> DOLLARS



FOR Amerigroup; Molina AIPP May

Security features are included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000291

Date 7-19-23 88-2265/1131

PAY

TO THE ORDER OF MMC Operating \$ 12,085.<sup>24</sup>/<sub>100</sub>

Twelve thousand, eighty-five dollars <sup>3</sup>/<sub>100</sub> DOLLARS



FOR Amerigroup; Molina May

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000217

Date 7-19-23

88-2265/1131

PAY

TO THE ORDER OF MMC Operating

\$ 13,836.<sup>33</sup>/<sub>100</sub>

Thirteen thousand, eight hundred thirty-six dollars <sup>33</sup>/<sub>100</sub>

DOLLARS



FOR Amerigroup & Molina May AIPP

Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001273

Date 7-19-23

88-2265/1131

PAY

TO THE ORDER OF MMC Operating

\$ 13,231.<sup>53</sup>/<sub>100</sub>

Thirteen thousand, two hundred thirty-one dollars <sup>53</sup>/<sub>100</sub>

DOLLARS



FOR Amerigroup & Molina May

Security features are included. Details on back.

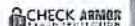
MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

PH 361-653-4618  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1130

88-2265/1131-87

DATE 7-19-23



PAY TO THE ORDER OF

MMC Operating

\$ 26,829.<sup>11</sup>/<sub>100</sub>

Twenty-six thousand, eight hundred twenty-nine dollars <sup>11</sup>/<sub>100</sub>

DOLLARS



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

FOR Amerigroup & Molina May AIPP



MP

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

7/19/2023

NH Name	From Bank Acct #	Ck #	Payee	GL #	Amerigroup May	Molina May					TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	28,826.80	15,387.72					44,214.52	7/19/2023
Broadmoor ✓	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	10,663.55	5,692.12					16,355.67	7/19/2023
Crescent ✓	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,878.98	4,206.28					12,085.26	7/19/2023
Fort Bend ✓	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	9,020.87	4,815.46					13,836.33	7/19/2023
Solera ✓	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	8,626.60	4,604.93					13,231.53	7/19/2023
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040							-	7/19/2023
Gulf Pointe-PP	10000114 - Prosperity		MMC -Prosperity Operating #10000001	10255040							-	7/19/2023
Gulf Pointe-MM	10000025 - Prosperity		MMC -Prosperity Operating #10000001	10255040							-	7/19/2023
Bethany			MMC -Prosperity Operating #10000001	10255040							-	7/19/2023
Tuscany ✓			MMC -Prosperity Operating #10000001	10255040	17,489.78	9,339.33					26,829.11	7/19/2023
				Total:	82,506.58	44,045.84	-	-	-	-	126,552.42	

Note:

Approved:   
 ANDREW DE LOS SANTOS 7/17/2023

☒

RUN DATE:07/19/23  
TIME:10:42

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
07/19/23 THRU 07/19/23

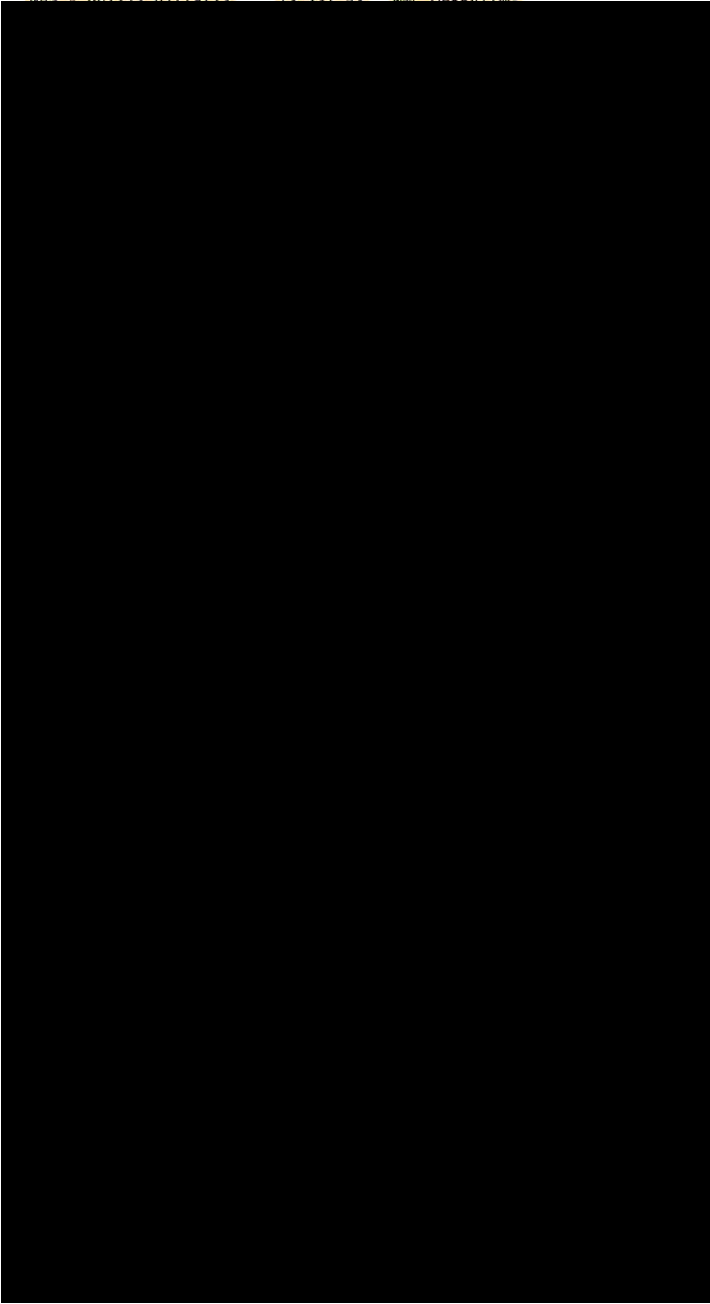
PAGE 1  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

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NHF *	000217	07/19/23	13,836.33	MMC OPERATING
NHB *	000241	07/19/23	16,355.67	MMC OPERATING
NHC *	000291	07/19/23	12,085.26	MMC OPERATING
GPM *	001012	07/19/23	116.98	MMC OPERATING
TUS *	001130	07/19/23	26,829.11	MMC OPERATING
NHA *	001211	07/19/23	44,214.52	MMC OPERATING
NHS *	001277	07/19/23	13,221.52	MMC OPERATING



MEMORIAL MEDICAL CENTER

CHECK REQUEST *guif Pointe - MM*

P \_\_\_\_\_  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 7/17/23

APPROVED ON

JUL 17 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
*CK#1012*

FOR ACCT. USE ONLY

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

AMOUNT 116.98 ✓

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

EXPLANATION: Claim payment owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew D. [Signature]*

*7/17/23*

Transfer from GP → MMC

*Electronic Payment Clearinghouse*

Settlement Certification

**Draft Status**

<b>Draft No:</b> 1079552984	<b>Cleared:</b> 04/10/2023
<b>Date Issued:</b> 04/05/2023	<b>Status:</b> Cleared
<b>Amount:</b> \$116.98 ✓	
<b>Payee:</b> MEMORIAL MEDICAL CENTER ✓ PO BOX 25 815 N VIR PORT LAVACA TX 77979	
<b>Remarks:</b>	
<b>Payment sent to bank account ending with:</b> 5433	Gulf Pointe ✓

*Draft image not available; Funds sent VIA ACH*

**No Image Available**



MEMORIAL MEDICAL CENTER  
NH GULF POINTE PLAZA  
MEDICARE/MEDICAID 361-553-4618  
1815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1012

88-2265/1131-87

DATE 7-19-23

CHECK NUMBER

PAY  
TO THE  
ORDER OF

MMC Operating

\$ 116  $\frac{98}{100}$

One hundred Sixteen dollars  $\frac{98}{100}$

DOLLARS

Printed  
Safe  
Deposit  
Return of Cash



**PROSPERITY BANK**

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

FOR Claim pymt transfer

MP

14884 UNITED HEALTHCARE  
 ATTN CLAIM REFUND, DALLAS, TX 75320-9011  
 MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

200138

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
162678	03/02/21	437.00			437.00
CHECK NO. 200138 07/19/23		<b>TOTALS</b>		<b>TOTALS</b>	437.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

200138

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
162678	03/02/21	437.00			437.00
CHECK NO. 200138		<b>TOTALS</b>		<b>TOTALS</b>	437.00

**MEMORIAL**  
 MEDICAL  CENTER

Operating  
 815 N. Virginia St.  
 Port Lavaca, TX 77979

PROSPERITY BANK

88-2265  
 1131

200138

14884 200138  
 DATE AMOUNT  
 07/19/23 \$437.00

Four Hundred Thirty-Seven Dollars and No Cents

PAY TO THE ORDER OF  
 UNITED HEALTHCARE  
 ATTN CLAIM REFUND  
 PO BOX 209011  
 DALLAS, TX 75320-9011

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

14884 UNITED HEALTHCARE  
 ATTN CLAIM APPEAL, BLUE BELL, PA 19422  
 MEMORIAL MEDICAL CENTER - PORT LAVACA, TEXAS 77979

199347

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
162678	03/02/21	437.00			437.00
CHECK NO. 199347 051723		TOTALS		TOTALS	437.00
		437.00		437.00	

MEMORIAL MEDICAL CENTER - PORT LAVACA, TEXAS 77979

199347

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
162678	03/02/21	437.00			437.00
CHECK NO. 199347		TOTALS		TOTALS	437.00
		437.00		437.00	

void & reissue  
 address  
 incorrect

**MEMORIAL**  
 MEDICAL  CENTER

Operating  
 815 N. Virginia St.  
 Port Lavaca, TX 77979

PROSPERITY BANK  
 88-2265  
 1131

199347

14884	199347
DATE	AMOUNT
05/17/23	\$437.00

Four Hundred Thirty-Seven Dollars and No Cents

PAY  
 TO THE  
 ORDER  
 OF  
 UNITED HEALTHCARE  
 ATTN CLAIM APPEAL  
 C/O COTIVITI-7015  
 731 ARBOR WAY  
 BOX 12019  
 BLUE BELL, PA 19422