

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 16, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,119,868.59
TOTAL TRANSFERS BETWEEN FUNDS	\$ 54,359.89
TOTAL NURSING HOME UPL EXPENSES	\$ 1,081,909.90
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED August 16, 2023	\$ 2,256,138.38

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---August 16, 2023

PAYABLES AND PAYROLL

8/10/2023 Weekly Payables	399,664.71
8/10/2023 Citibank Credit Card-see attached	5,602.42
8/15/2023 McKesson-340B Prescription Expense	7,824.45
8/15/2023 Amerisource Bergen-340B Prescription Expense	1,408.50
8/15/2023 Payroll Liabilities -Payroll Taxes	123,220.81
8/15/2023 Payroll	380,387.84
8/15/2023 Health Equity-Wage works employee FSA	9,242.98

Prosperity Electronic Bank Payments

8/7-8/10/23 Credit Card & Lease Fees	5,251.30
8/20/2023 TCDRS July Retirement	187,071.85
8/9/2023 Clearage-Patient Financing Service	117.37
8/7-8/11/23 Pay Plus-Patient Claims Processing Fee	76.36

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,119,868.59**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

8/10/2023 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating	3,000.00
8/10/2023 MMC Operating to Fort bend-correction of NH insurance payment deposited into MMC Operating	8,400.00
8/10/2023 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	4,800.00
8/10/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	1,862.60
8/10/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	1,200.00
8/10/2023 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	13,000.00
8/10/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating	22,097.29
MMC Operating to Bethany DACA-Opening deposit for new account	

TOTAL TRANSFERS BETWEEN FUNDS **\$ 54,359.89**

NURSING HOME UPL EXPENSES

8/15/2023 Nursing Home UPL-Cantex Transfer	608,892.92
8/15/2023 Nursing Home UPL-Nexion Transfer	80,321.67
8/15/2023 Nursing Home UPL-HMG Transfer	96,468.43
8/15/2023 Nursing Home UPL-Tuscany Transfer	106,775.66
8/15/2023 Nursing Home UPL-HSL Transfer	186,314.16

Nursing Home Electronic Bank Payments

8/11/2023 Bethany-returned check	1,000.00
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QIPP CHECKS TO MMC

8/15/2023 Ashford	657.41
8/15/2023 Broadmoor	269.35
8/15/2023 Crescent	205.74
8/15/2023 Fort Bend	276.66
8/15/2023 Solera	270.43
8/15/2023 Tuscany	457.47

TOTAL NURSING HOME UPL EXPENSES **\$ 1,081,909.90**

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

GRAND TOTAL DISBURSEMENTS APPROVED August 16, 2023 **\$ 2,256,138.38**

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 10 2023

08/10/2023
12:36
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Due Dates Through: 09/01/2023

Vendor#	Vendor Name	Class	Pay Code							
T2900	3M COMPANY ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
SC00113328 ✓		07/31/20	06/16/20	07/11/20		16,984.51	0.00	0.00	16,984.51 ✓	
SOFTWARE RENEWAL										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	T2900	3M COMPANY				16,984.51	0.00	0.00	16,984.51	
11283	ACE HARDWARE 15521 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
073123		07/31/20	07/31/20	08/25/20		1,623.39	0.00	0.00	1,623.39 ✓	
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11283	ACE HARDWARE 15521				1,623.39	0.00	0.00	1,623.39	
10950	ACUTE CARE INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV1393 ✓		08/09/20	08/04/20	08/20/20		1,400.00	0.00	0.00	1,400.00 ✓	
RFID FEE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10950	ACUTE CARE INC				1,400.00	0.00	0.00	1,400.00	
16180	AIRGAS USA, LLC - CENTRAL DIV ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5501217141 ✓		07/31/20	07/31/20	08/25/20		239.10	0.00	0.00	239.10 ✓	
OXYGEN										
5501217140 ✓		07/31/20	07/31/20	08/25/20		1,112.73	0.00	0.00	1,112.73 ✓	
OXYGEN										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A1680	AIRGAS USA, LLC - CENTRAL DIV				1,351.83	0.00	0.00	1,351.83	
11360	AMERISOURCEBERGEN DRUG CORP ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3142119409 ✓		08/02/20	08/02/20	08/08/20		292.48	0.00	0.00	292.48 ✓	
INVENTORY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A1360	AMERISOURCEBERGEN DRUG CORP				292.48	0.00	0.00	292.48	
2218	AQUA BEVERAGE COMPANY ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
103683 ✓		07/31/20	07/31/20	08/25/20		26.98	0.00	0.00	26.98 ✓	
WATER										
103686 ✓		07/31/20	07/31/20	08/25/20		76.93	0.00	0.00	76.93 ✓	
WATER										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A2218	AQUA BEVERAGE COMPANY				103.91	0.00	0.00	103.91	
12800	AUTHORITYRX ✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1878 ✓		08/09/20	08/04/20	08/05/20		5,990.00	0.00	0.00	5,990.00 ✓		
	340B										
1897 ✓		08/09/20	08/06/20	08/07/20		912.00	0.00	0.00	912.00 ✓		
	CVS 340B										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12800	AUTHORITYRX	6,902.00	0.00	0.00	6,902.00
Vendor#	Vendor Name				Class	Pay Code					
A2600	AUTO PARTS & MACHINE CO. ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
010171 ✓		08/10/20	07/03/20	07/18/20		29.38	0.00	0.00	29.38 ✓		
	SUPPLIES										
010216 ✓		08/10/20	07/05/20	07/20/20		124.12	0.00	0.00	124.12 ✓		
	SUPPLIES										
010833 ✓		08/10/20	07/14/20	07/29/20		143.07	0.00	0.00	143.07 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A2600	AUTO PARTS & MACHINE CO.	296.57	0.00	0.00	296.57
Vendor#	Vendor Name				Class	Pay Code					
11756	AYA HEALTHCARE INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3380242		08/08/20	08/03/20	09/01/20		3,969.00	0.00	0.00	3,969.00 ✓		
	KARIANN DUNN (LVN- 7/24- 7/27/23)										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11756	AYA HEALTHCARE INC	3,969.00	0.00	0.00	3,969.00
Vendor#	Vendor Name				Class	Pay Code					
14088	AZALEA HEALTH ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
92347 ✓		08/01/20	08/01/20	08/02/20		594.00	0.00	0.00	594.00 ✓		
	MONTHLY PROCESSING FEES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14088	AZALEA HEALTH	594.00	0.00	0.00	594.00
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		
110017022 ✓		08/10/20	07/13/20	08/07/20		67.93	0.00	0.00	67.93 ✓		
	SUPPLIES										
110016530 ✓		08/10/20	07/13/20	08/07/20		46.00	0.00	0.00	46.00 ✓		
	SUPPLIES										
110013198 ✓		08/10/20	07/13/20	08/07/20		21.32	0.00	0.00	21.32 ✓		
	SUPPLIES										
109941930 ✓		08/10/20	06/08/20	07/03/20		114.97	0.00	0.00	114.97 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1220	BECKMAN COULTER INC	250.22	0.00	0.00	250.22
Vendor#	Vendor Name				Class	Pay Code					
11072	BIO-RAD LABORATORIES, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
906490269 ✓		07/31/20	07/25/20	08/25/20		1,030.60	0.00	0.00	1,030.60 ✓		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

	11072	BIO-RAD LABORATORIES, INC				1,030.60	0.00	0.00	1,030.60
Vendor#	Vendor Name		Class	Pay Code					
B1680	BOUND TREE MEDICAL, LLC ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
85043785 ✓		08/08/20	08/02/20	08/31/20		184.68	0.00	0.00	184.68 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC				184.68	0.00	0.00	184.68
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
080423		08/08/20	08/04/20	08/15/20		150,000.00	0.00	0.00	150,000.00 ✓
	LOAN PMT 2 OF 18								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY				150,000.00	0.00	0.00	150,000.00
Vendor#	Vendor Name		Class	Pay Code					
C1992	CDW GOVERNMENT, INC. ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
KW03596 ✓		07/31/20	07/24/20	08/23/20		198.33	0.00	0.00	198.33 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.				198.33	0.00	0.00	198.33
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
23646 ✓		08/09/20	08/05/20	08/30/20		1,699.00	0.00	0.00	1,699.00 ✓
	MONTHLY LICENSE								
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
073123		07/31/20	07/31/20	08/31/20		61,011.48	0.00	0.00	61,011.48 ✓
	CRNA COVERAGE JULY 23								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER				61,011.48	0.00	0.00	61,011.48
Vendor#	Vendor Name		Class	Pay Code					
C1166	COASTAL OFFICE SOLUTONS ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
OE-QT-23933-1 ✓		08/01/20	07/26/20	08/05/20		3,505.50	0.00	0.00	3,505.50 ✓
	DESK								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS				3,505.50	0.00	0.00	3,505.50
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
202308-16 ✓		08/08/20	08/03/20	08/13/20		13,155.05	0.00	0.00	13,155.05 ✓
	INFUSION SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	13572	COMMUNITY INFUSION SOLUTIONS				13,155.05	0.00	0.00	13,155.05
Vendor#	Vendor Name		Class	Pay Code					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11368	CYRACOM LLC ✓								
2023007079 ✓		08/08/20	01/01/20	01/31/20		257.54	0.00	0.00	257.54 ✓
	INTERPRETATION SRV (1/1/23-1/31/23)								
2023015886 ✓		08/08/20	02/28/20	03/30/20		235.42	0.00	0.00	235.42 ✓
	INTERPRETATION SERV (2/1/23-2/28/23)								
2023022657 ✓		08/08/20	03/31/20	04/30/20		267.81	0.00	0.00	267.81 ✓
	INTERPRETATION SERV (3/1/23-3/31/23)								
2023032113 ✓		08/08/20	04/01/20	05/01/20		247.59	0.00	0.00	247.59 ✓
	INTERPRETATION SERV (4/1/23-4/30/23)								
2023036467 ✓		08/08/20	05/31/20	06/30/20		443.19	0.00	0.00	443.19 ✓
	INTERPRETATION SERV (5/1/23-5/31/23)								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	11368 CYRACOM LLC					1,451.55	0.00	0.00	1,451.55

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON ✓								
725618-0 ✓		07/31/20	07/28/20	08/22/20		52.50	0.00	0.00	52.50 ✓
	SUPPLIES								
725969-0 ✓		07/31/20	08/02/20	08/27/20		457.81	0.00	0.00	457.81 ✓
	SUPPLIES								
726085-0 ✓		08/08/20	08/03/20	08/28/20		91.23	0.00	0.00	91.23 ✓
	SUPPLIES								
726346-0 ✓		08/08/20	08/04/20	08/29/20		121.43	0.00	0.00	121.43 ✓
	SUPPLIES								
726351-0 ✓		08/08/20	08/04/20	08/29/20		53.24	0.00	0.00	53.24 ✓
	SUPPLIES								
724913-0 ✓		08/10/20	07/20/20	08/14/20		361.13	0.00	0.00	361.13 ✓
	SUPLIES								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	10368 DEWITT POTH & SON					1,137.34	0.00	0.00	1,137.34

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10842	DOOR CONTROL SERVICES, INC ✓								
SMINV348377 ✓		07/31/20	06/08/20	07/08/20		3,084.54	0.00	0.00	3,084.54 ✓
	FRONT DOOR Repair								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	10842 DOOR CONTROL SERVICES, INC					3,084.54	0.00	0.00	3,084.54

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12044	DRIESSEN WATER INC. (CULLIGAN) ✓								
14302703-05312023 053123 ✓		08/10/20	05/31/20	06/30/20		375.10	0.00	0.00	375.10 ✓
	WATER								
14302703-07312023 07312028 ✓		08/10/20	07/31/20	08/22/20		34.65	0.00	0.00	34.65 ✓
	WATER								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	12044 DRIESSEN WATER INC. (CULLIGAN)					409.75	0.00	0.00	409.75

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11284	EMERGENCY STAFFING SOLUTIONS ✓								
42361A ✓		07/31/20	06/30/20	07/10/20		200.00	0.00	0.00	200.00 ✓

42425	✓	CAPEK/THOMPSON REVISED					11,182.50	0.00	0.00	11,182.50	✓
			07/31/20	07/31/20	08/10/20						
		CAPEK/THOMPSON									
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net	
		11284 EMERGENCY STAFFING SOLUTIONS					11,382.50	0.00	0.00	11,382.50	
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	
4869800	✓		07/31/20	07/26/20	08/20/20		171.04	0.00	0.00	171.04	✓
		SUPPLIES									
4908847	✓		07/31/20	07/27/20	08/21/20		112.59	0.00	0.00	112.59	✓
		SUPPLIES									
4944615	✓		07/31/20	07/28/20	08/22/20		378.90	0.00	0.00	378.90	✓
		SUPPLIES									
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net	
		F1400 FISHER HEALTHCARE					662.53	0.00	0.00	662.53	
Vendor#		Vendor Name					Class	Pay Code			
11183		FRONTIER									
Invoice#	✓	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
080223	✓		08/09/20	08/02/20	08/28/20		1,150.20	0.00	0.00	1,150.20	✓
		PHONE									
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net	
		11183 FRONTIER					1,150.20	0.00	0.00	1,150.20	
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	
6002460684	✓		08/09/20	08/01/20	08/31/20		3,588.58	0.00	0.00	3,588.58	✓
		CONTRACT									
6002460685	✓		08/09/20	08/01/20	08/31/20		86.67	0.00	0.00	86.67	✓
		CONTRACT									
6002460686	✓		08/09/20	08/01/20	08/31/20		2,422.50	0.00	0.00	2,422.50	✓
		CONTRACT									
6002460687	✓		08/09/20	08/01/20	08/31/20		61.67	0.00	0.00	61.67	✓
		CONTRACT									
6002460702	✓		08/09/20	08/01/20	08/31/20		5,665.83	0.00	0.00	5,665.83	✓
		CONTRACT									
6002460820	✓		08/09/20	08/01/20	08/31/20		868.16	0.00	0.00	868.16	✓
		CONTRACT									
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			
W1300		GRAINGER					M				
Invoice#	✓	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9752518432	✓		07/31/20	06/26/20	07/21/20		219.60	0.00	0.00	219.60	✓
		SUPPLIES									
Vendor Totals		Number Name					Gross	Discount	No-Pay	Net	
		W1300 GRAINGER					219.60	0.00	0.00	219.60	
Vendor#		Vendor Name					Class	Pay Code			
G1210		GULF COAST PAPER COMPANY					M				
Invoice#	✓	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2421537	✓		08/08/20	08/01/20	08/31/20		194.98	0.00	0.00	194.98	✓

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		G1210	GULF COAST PAPER COMPANY		194.98	0.00	0.00	194.98	
Vendor#	Vendor Name			Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
073123		07/31/20	07/31/20	08/15/20		3,400.00	0.00	0.00	3,400.00 ✓
DIETICIAN SERVICES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		12380	HEALTH SOLUTIONS DIETETICS		3,400.00	0.00	0.00	3,400.00	
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
3987		07/31/20	07/31/20	08/25/20	883.02	884.79	0.00	0.00	884.79 883.02
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		H0031	HEB CREDIT RECEIVABLES DEPT308		884.79	0.00	0.00	884.79 883.02	
Vendor#	Vendor Name			Class	Pay Code				
10922	HUNTER PHARMACY SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
5583		08/10/20	07/31/20	08/20/20		14,730.00	0.00	0.00	14,730.00 ✓
PHARMACIST SALARY									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10922	HUNTER PHARMACY SERVICES		14,730.00	0.00	0.00	14,730.00	
Vendor#	Vendor Name			Class	Pay Code				
11200	IRON MOUNTAIN ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
HSTG460 ✓		07/31/20	07/31/20	08/30/20		1,031.84	0.00	0.00	1,031.84 ✓
SHREDDING									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11200	IRON MOUNTAIN		1,031.84	0.00	0.00	1,031.84	
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
MMC082023 ✓		08/10/20	08/07/20	08/27/20		28,207.23	0.00	0.00	28,207.23 ✓
REPIRATORY SERV									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11285	ITA RESOURCES INC		28,207.23	0.00	0.00	28,207.23	
Vendor#	Vendor Name			Class	Pay Code				
14540	JINDAL X LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2023-24-013 ✓		07/31/20	07/31/20	08/19/20		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			Class	Pay Code				
L1640	LOWE'S BUSINESS ACCT/SYNCB ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
080223		08/09/20	08/02/20	08/28/20		246.61	0.00	0.00	246.61 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	

	L1640	LOWE'S BUSINESS ACCT/SYNCB					246.61	0.00	0.00	246.61		
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		
2275289788 ✓		07/26/20	07/11/20	08/05/20			294.37	0.00	0.00	294.37 ✓		
	SUPPLIES											
2275573547 ✓		07/26/20	07/12/20	08/06/20			1,895.20	0.00	0.00	1,895.20 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	2,189.57	0.00	0.00	2,189.57
Vendor#	Vendor Name		Class		Pay Code							
14860	MOBIMEDICAL ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV043837 ✓		08/10/20	08/10/20	08/10/20			147.90	0.00	0.00	147.90 ✓		
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14860	MOBIMEDICAL	147.90	0.00	0.00	147.90
Vendor#	Vendor Name		Class		Pay Code							
10536	MORRIS & DICKSON CO, LLC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
CM48805 ✓		07/31/20	07/27/20	08/06/20			-60.26	0.00	0.00	-60.26 ✓		
	CREDIT											
9882990 ✓		08/02/20	08/02/20	08/12/20			411.12	0.00	0.00	411.12 ✓		
	INVENTORY											
9882989 ✓		08/02/20	08/02/20	08/12/20			56.18	0.00	0.00	56.18 ✓		
	INVENTORY											
9879900 ✓		08/02/20	08/02/20	08/12/20			3,611.54	0.00	0.00	3,611.54 ✓		
	INVENTORY											
CM50068 ✓		08/02/20	08/02/20	08/12/20			-55.22	0.00	0.00	-55.22 ✓		
	CREDIT											
9889027 ✓		08/02/20	08/03/20	08/13/20			217.81	0.00	0.00	217.81 ✓		
	INVENTORY											
9889026 ✓		08/02/20	08/03/20	08/13/20			25.97	0.00	0.00	25.97 ✓		
	INVENTORY											
CM50480 ✓		08/02/20	08/03/20	08/13/20			-328.82	0.00	0.00	-328.82 ✓		
	CREDIT											
9895813 ✓		08/08/20	08/06/20	08/16/20			670.17	0.00	0.00	670.17 ✓		
	INVENTORY											
9895812 ✓		08/08/20	08/06/20	08/16/20			1,154.28	0.00	0.00	1,154.28 ✓		
	INVENTORY											
9900087 ✓		08/08/20	08/07/20	08/17/20			95.74	0.00	0.00	95.74 ✓		
	INVENTORY											
9897263 ✓		08/08/20	08/07/20	08/17/20			1,022.25	0.00	0.00	1,022.25 ✓		
	INVENTORY											
9900086 ✓		08/08/20	08/07/20	08/17/20			1,284.22	0.00	0.00	1,284.22 ✓		
	INVENTORY											
9897262 ✓		08/08/20	08/07/20	08/17/20			1,167.26	0.00	0.00	1,167.26 ✓		
	INVENTORY											
9905489 ✓		08/09/20	08/08/20	08/18/20			373.85	0.00	0.00	373.85 ✓		
	INVENTORY											
9905488 ✓		08/09/20	08/08/20	08/18/20			1,103.23	0.00	0.00	1,103.23 ✓		

		INVENTORY								
9902037 ✓			08/09/20	08/08/20	08/18/20		3,351.75	0.00	0.00	3,351.75 ✓
		INVENTORY								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		10536 MORRIS & DICKSON CO, LLC					14,101.07	0.00	0.00	14,101.07
Vendor#	Vendor Name		Class				Pay Code			
N1235	NFPA PROFESSIONAL DEVELOPMENT ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	080723		08/08/20	08/07/20	08/15/20		175.00	0.00	0.00	175.00 ✓
		1 YEAR MEMBERSHIP								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		N1235 NFPA PROFESSIONAL DEVELOPMENT					175.00	0.00	0.00	175.00
Vendor#	Vendor Name		Class				Pay Code			
O1416	ORTHO CLINICAL DIAGNOSTICS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1853064714 ✓		07/31/20	07/30/20	08/29/20		205.13	0.00	0.00	205.13 ✓
		SUPPLIES								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		O1416 ORTHO CLINICAL DIAGNOSTICS					205.13	0.00	0.00	205.13
Vendor#	Vendor Name		Class				Pay Code			
11155	PARAREV ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	905389 ✓		08/09/20	08/01/20	08/31/20		3,084.00	0.00	0.00	3,084.00 ✓
		REVENUE INT PROGRAM								
	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			
P2200	POWER HARDWARE ✓		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	073123		07/31/20	07/31/20	08/10/20		103.72	0.00	0.00	103.72 ✓
		SUPPLIES								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		P2200 POWER HARDWARE					103.72	0.00	0.00	103.72
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
	IN000601319 ✓		07/31/20	07/31/20	08/30/20		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
	2307-0600 ✓		08/10/20	07/31/20	08/15/20		1,775.54	0.00	0.00	1,775.54 ✓
		GAS								
	Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
		12480 PRO ENERGY PARTNERS LLC					1,775.54	0.00	0.00	1,775.54
Vendor#	Vendor Name		Class				Pay Code			
10896	QIAGEN INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	998893876 ✓		07/31/20	07/28/20	08/27/20		1,609.93	0.00	0.00	1,609.93 ✓

SUPPLIES										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		10896	QIAGEN INC			1,609.93	0.00	0.00	1,609.93	
Vendor#	Vendor Name			Class	Pay Code					
14060	RADCOM ASSOCIATES, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
INV002428 ✓		07/31/20	07/31/20	08/30/20		900.00	0.00	0.00	900.00 ✓	
NUC MED										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		14060	RADCOM ASSOCIATES, LLC			900.00	0.00	0.00	900.00	
Vendor#	Vendor Name			Class	Pay Code					
11764	ROBERT RODRIQUEZ									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
080423		08/09/20	08/04/20	08/15/20		45.78	0.00	0.00	45.78 ✓	
TRAVEL (8/4/23 Sam's Club)										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		11764	ROBERT RODRIQUEZ			45.78	0.00	0.00	45.78	
Vendor#	Vendor Name			Class	Pay Code					
S2270	SMILE MAKERS ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
9397440		08/08/20	08/03/20	08/16/20		107.10	0.00	0.00	107.10 ✓	
SUPPLIES										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		S2270	SMILE MAKERS			107.10	0.00	0.00	107.10	
Vendor#	Vendor Name			Class	Pay Code					
10094	ST DAVIDS HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
MMCPL2023-06 ✓		08/08/20	08/03/20	09/01/20		420.00	0.00	0.00	420.00 ✓	
JUNE 23 CONNECTIVITY										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		10094	ST DAVIDS HEALTHCARE			420.00	0.00	0.00	420.00	
Vendor#	Vendor Name			Class	Pay Code					
10845	STAPLES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
3544007366 ✓		07/31/20	07/31/20	08/08/20		59.00	0.00	0.00	59.00 ✓	
SUPLIES										
35444007367 ✓		07/31/20	07/31/20	08/08/20		53.19	0.00	0.00	53.19 ✓	
SUPPLIES										
3544007368 ✓		07/31/20	07/31/20	08/08/20		59.10	0.00	0.00	59.10 ✓	
SUPPLIES										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		10845	STAPLES			171.29	0.00	0.00	171.29	
Vendor#	Vendor Name			Class	Pay Code					
14524	SYSMEX AMERICA, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
94866408 ✓		07/31/20	07/24/20	08/08/20		527.44	0.00	0.00	527.44 ✓	
REMOTE										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		14524	SYSMEX AMERICA, INC.			527.44	0.00	0.00	527.44	
Vendor#	Vendor Name			Class	Pay Code					
T2539	T-SYSTEM, INC ✓			W						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
904754 ✓		07/31/20	07/31/20	08/30/20		6,130.42	0.00	0.00	6,130.42 ✓		
PHYSICIAN TRACKING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T2539	T-SYSTEM, INC	6,130.42	0.00	0.00	6,130.42
Vendor#	Vendor Name				Class	Pay Code					
10758	TEXAS SELECT STAFFING, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
0022611-51-079 ✓		08/09/20	08/03/20	08/04/20		4,125.00	0.00	0.00	4,125.00 ✓		
BRANDON BATES WE 7/29/23											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10758	TEXAS SELECT STAFFING, LLC	4,125.00	0.00	0.00	4,125.00
Vendor#	Vendor Name				Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2921010577 ✓		08/09/20	08/03/20	08/28/20		1,765.11	0.00	0.00	1,765.11 ✓		
LAUNDRY											
2921010582 ✓		08/09/20	08/03/20	08/28/20		81.77	0.00	0.00	81.77 ✓		
LAUNDRY											
2921010583 ✓		08/09/20	08/03/20	08/28/20		183.42	0.00	0.00	183.42 ✓		
LAUNDRY											
2921010806 ✓		08/09/20	08/03/20	08/28/20		2,396.47	0.00	0.00	2,396.47 ✓		
LAUNDRY											
2921010581 ✓		08/09/20	08/03/20	08/28/20		199.27	0.00	0.00	199.27 ✓		
LAUNDRY											
2921010579 ✓		08/09/20	08/03/20	08/28/20		223.43	0.00	0.00	223.43 ✓		
LAUNDRY											
2921010580 ✓		08/09/20	08/03/20	08/28/20		213.06	0.00	0.00	213.06 ✓		
LAUNDRY											
2921010576 ✓		08/09/20	08/03/20	08/28/20		94.84	0.00	0.00	94.84 ✓		
LAUNDRY											
2921010907 ✓		08/09/20	08/03/20	08/28/20		63.85	0.00	0.00	63.85 ✓		
LAUNDRY											
2921010042 ✓		08/10/20	07/27/20	08/21/20		205.41	0.00	0.00	205.41 ✓		
LAUNDRY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U1064	UNIFIRST HOLDINGS INC	5,426.63	0.00	0.00	5,426.63
Vendor#	Vendor Name				Class	Pay Code					
10768	VICTORIA MEDICAL FOUNDATION ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
14-2183 ✓		08/08/20	08/01/20	08/02/20		725.00	0.00	0.00	725.00 ✓		
23 MEMBERSHIP HOBSON											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10768	VICTORIA MEDICAL FOUNDATION	725.00	0.00	0.00	725.00
Vendor#	Vendor Name				Class	Pay Code					
14624	WELLMED MEDICAL MANAGEMENT										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
233076 ✓		07/31/20	07/26/20	08/15/20		117.60	0.00	0.00	117.60 ✓		
PT REFUND F											
236429 ✓		07/31/20	07/26/20	08/15/20		94.79	0.00	0.00	94.79 ✓		
PT REFUND											

238142 ✓	07/31/20 07/26/20 08/15/20	87.88	0.00	0.00	87.88 ✓
	PT REFUND				
224260 ✓	07/31/20 07/26/20 08/15/20	112.70	0.00	0.00	112.70 ✓
	PT REFUND				
210560 ✓	07/31/20 07/26/20 08/15/20	113.85	0.00	0.00	113.85 ✓
	PT REFUND				

Vendor Total	Number	Name	Gross	Discount	No-Pay	Net
	14624	WELLMED MEDICAL MANAGEMENT	526.82	0.00	0.00	526.82

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	399,666.48	0.00	0.00	399,666.48

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 399,664.71 *

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 { + 883.02
 \$ 399,664.71

APPROVED ON

AUG 10 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

AUG 10 2023

CALHOUN COUNTY
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 \$5,602.42

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.

Credit Limit	\$15,000
Cash Advance Limit	\$0
Statement Closing Date	08/03/2023
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
----- NOTICE MEMO ITEM(S) LISTED BELOW -----					
07/04	07/03	9399	05134373185600036093972	1 NPDB NPDB.HRSA GOV FAIRFAX VA N96795787	22033 USA 2.50 ✓
07/04	07/03	9399	05134373185600036094053	2 NPDB NPDB.HRSA GOV FAIRFAX VA N96796086	22033 USA 10.00 ✓
07/04	07/03	9399	05134373185600036094137	3 NPDB NPDB.HRSA GOV FAIRFAX VA N96796306	22033 USA 57.50 ✓
07/04	07/03	9399	05134373185600036094210	4 NPDB NPDB.HRSA GOV FAIRFAX VA N96797385	22033 USA 2.50 ✓
07/04	07/04	8999	55432863185200522395074	5 AMA-CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
07/06	07/05	9399	05134373187600034161167	6 NPDB NPDB.HRSA GOV FAIRFAX VA N96883636	22033 USA 2.50 ✓
07/06	07/05	9399	05134373187600034161241	7 NPDB NPDB.HRSA GOV FAIRFAX VA N96884147	22033 USA 2.50 ✓
07/06	07/06	8999	55432863187201091749871	8 AMA-CREDENTIALING 800-621-8335 IL	60611 USA 83.00 ✓
07/13	07/12	3665	55436873194161948227768	9 HAMPTON INNS PORT LAVACA TX 00935759 CHECK IN: 07/11/2023 00935759	77979 USA 134.47 ✓
07/24	07/19	3509	55432863204206587092818	10 JW MARRIOTT AUSTIN AUSTIN TX M20521 CHECK IN: 07/19/2023 3319654	78701 USA 954.15 ✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

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

Not an invoice.
For your records only

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

00007905040

Account: XXXX-XXXX-XXXX-9457

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
07/24	07/19	3509	55432863204206587092230	11 JW MARRIOTT AUSTIN AUSTIN TX 78701 USA M20511 CHECK N: 07/19/2023 3406055	963.35 ✓
07/24	07/20	3509	55432863203206307336363	12 JW MARRIOTT AUSTIN AUSTIN TX 78701 USA M20464 CHECK N: 07/20/2023 3345816	538.68 ✓
07/24	07/20	3509	55432863204206587092800	13 JW MARRIOTT AUSTIN AUSTIN TX 78701 USA M20520 CHECK N: 07/20/2023 3387370	883.80 ✓
07/24	07/21	3509	55432863204206587092826	14 JW MARRIOTT AUSTIN AUSTIN TX 78701 USA M20530 CHECK N: 07/21/2023 3411634	636.10 ✓
07/24	07/22	3509	55432863204206587092180	15 JW MARRIOTT AUSTIN AUSTIN TX 78701 USA M20595 CHECK N: 07/22/2023 3469814	37.90 ✓
07/27	07/26	3665	55436873208172080590925	16 HAMPTON INNS PORT LAVACA TX 77979 USA 00912170 CHECK N: 07/25/2023 00912170	134.47 ✓
08/01	07/31	5047	55432863213209143109448	17 C&R MEDICAL, INC 805-484-9985 CA 93012 USA	1,110.00 ✓
----- TOTAL AMOUNT OF MEMO ITEM(S)					\$6,602.42

APPROVED ON

AUG 10 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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, or go to citi.com/corpcard.
- **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 Service. 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.
- **Citi Manager® Online Tool:** You can easily manage your Citi Corporate Card online using the Citi Manager online tool. Citi Manager 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 Citi Manager, please go on to www.citi.com/manager and click on the "Sign Up" link on the Cardholder's Link. From here, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individual Cardholder account online using Citi Manager. Please note that some organizations do not have the Citi Manager online payment feature enabled for Cardholders. When 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 a Cardholder balance. 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 funds transfer using either ACH (direct deposit) and other methods. Call the number on the front of the statement for details.
- **Company Rejection:** By its payment of any amount charged to the Account, the Company ("it") is the original Applicant of the Account, and the authority of all persons at the time of their signing such Application and ("they") authorizes the continued use of the Account under the terms of the Corporate Card Agreement by a Cardholder to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance (a total of \$60,000) on occasions worldwide.
 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. There is no additional credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.

Account Information

- **In Case of Errors or Questions About Your Bill:** You are responsible for notifying the dispute resolution process of your Account Statement's charges that you believe are unauthorized, incorrect, or merchant's (it) has not been received, or for returned merchandise. You should also notify the process of your Account Statement incorrectly being credited 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 citi.com/manager.
- 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 the 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. We are not involved within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute of the Bank finds your responsible for the disputed charge.
- In the event of 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 and the like.
- Please save your charge receipts.

Account: XXXX-XXXX-XXXX-9457

1

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 8/8/2023

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Ve _____

Initiated By: _____

Form # 9401

Lin. No.	Qty	Unit	Expense #	Department	Deliver To	Unit Cost	Unit Meas.	Extended Cost
	2	50	+					
	10	00	+					
1	57	50	+					
	2	50	+					2.50
	44	00	+					10.00
2	2	50	+					57.50
	2	50	+					2.50
3	88	00	+					44.00
	134	47	+					2.50
4	954	15	+					2.50
	963	35	+					44.00
5	538	68	+					2.50
	883	80	+					2.50
6	636	10	+					2.50
	37	90	+					2.50
7	134	47	+					2.50
8	1,110	00	+					88.00
	5,602	42	*					134.47
9	-							
10								

Est. Freight _____ Est. Total Cost _____ TOTAL COST 343.97

NOTES:

charges made to Roshanda Thomas MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 8/10/23</u>

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 8/8/2023

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	-		JW Marriott Austin - Hotel			954.15
2			for Judge Richard Meyer - THT			
3			Governance Conference 7/19-7/22			
4	-		JW Marriott Austin - Hotel			963.35
5			for Roshanda Thomas - THT			
6			Governance Conference 7/19-7/22			
7	-		JW Marriott Austin - Hotel			538.68
8			for Michael Chavana - THT			
9			Governance Conference 7/19-7/20			
10	-		JW Marriott Austin - Hotel for			883.80
			Kemp IV Pherson - THT Governance conf			
			7/19-7/22			

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

charges made to Roshanda Thomas MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas</u> 8/10/23

3

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citicbank

Date: 8/8/2023

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	-		JW Marriott Austin - Hotel			636.10
2			for Rolando Reyes - THT Governance			
3			Conference 7/20-7/22 Award Recipient			
4			TORCH to Reimburse MMC			
5	-		JW Marriott Austin - Valet			37.90
6			for Kay McPherson 7/19 missed on original bill (self-park)			
7	-		Hampton Inn - Hotel for			134.47
8			DR Hobson, OB Gyn 7/25/23 per contract			
9	-		C+R Medical Inc - parts for			1,110.00
10			ER equipment Nullcor NIS Capnograph, refurbished			

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$5,602.42

NOTES:

charges made to Roshanda Thomas MC

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

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	_____
Administrator	<u>Roshanda Thomas 8/10/23</u>

MCKESSON

STATEMENT

As of: 08/11/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 08/11/2023
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: 08/12/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 08/12/2023

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 7,984.14 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 08/15/2023,
Pay This Amount: 7,824.45 USD

If Paid After 08/15/2023,
Pay this Amount: 7,984.14 USD

Due If Paid On Time:
USD 7,824.45 ✓

Disc lost if paid late:
159.69

Due If Paid Late:
USD 7,984.14

Andrew E. [Signature]
8/14/23

7,208.80 +
312.28 +
303.37 +
7,824.45 *

APPROVED ON

AUG 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

STATEMENT

As of: 08/11/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 08/11/2023
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: 08/12/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/12/2023

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 256342 WALMART 1098/MEM MED PHS											
18/07/2023	08/15/2023	7435971198	83824307	115Invoice	6.15	307.44		301.29	✓	7435971198	
18/07/2023	08/15/2023	7435995432	83918029	115Invoice	33.71	1,685.63		1,651.92	✓	7435995432	
18/07/2023	08/15/2023	7436180388	83793503	195Invoice	0.74	36.86		36.12	✓	7436180388	
18/07/2023	08/15/2023	7436180389	83865275	195Invoice	0.25	12.29		12.04	✓	7436180389	
18/09/2023	08/15/2023	7436617788	84111230	115Invoice	14.87	743.27		728.40	✓	7436617788	
18/09/2023	08/15/2023	7436617789	84178903	115Invoice	14.87	743.27		728.40	✓	7436617789	
18/09/2023	08/15/2023	7436781323	84117555	195Invoice	2.85	142.56		139.71	✓	7436781323	
18/10/2023	08/15/2023	7436891448	84244252	115Invoice	13.69	684.72		671.03	✓	7436891448	
18/10/2023	08/15/2023	7436891449	84314680	115Invoice	21.83	1,091.56		1,069.73	✓	7436891449	
18/11/2023	08/15/2023	7437165309	84362264	115Invoice	6.15	307.44		301.29	✓	7437165309	
18/11/2023	08/15/2023	7437165311	84430764	115Invoice	6.15	307.37		301.22	✓	7437165311	
18/11/2023	08/15/2023	7437411885	80566180	115Invoice	25.87	1,293.52		1,267.65	✓	7437411885	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,355.93 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2023 8,910.69

If Paid By 08/15/2023,
Pay This Amount: 7,208.80 USD

If Paid After 08/15/2023,
Pay this Amount: 7,355.93 USD

Due If Paid On Time: USD 7,208.80 ✓
Disc lost if paid late: 147.13
Due If Paid Late: USD 7,355.93

Andrew Delos Santos
8/14/23

APPROVED ON

AUG 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 08/11/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 08/11/2023
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: 08/12/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 08/12/2023

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											
08/09/2023	08/15/2023	7436645717	2591358	115Invoice	6.37	318.65		312.28	✓	7436645717	

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

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

Subtotals: 318.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,910.69
08/07/2023

If Paid By 08/15/2023,
Pay This Amount: 312.28 USD

If Paid After 08/15/2023,
Pay this Amount: 318.65 USD

Due If Paid On Time:
USD 312.28 ✓
Disc lost if paid late: 6.37
Due If Paid Late:
USD 318.65

Andrew D. Santos
8/14/23

APPROVED ON

AUG 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 08/11/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 08/11/2023
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: 08/12/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 08/12/2023

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
18/09/2023	08/15/2023	7436799214	632536 2591359	115Invoice	6.19	309.56		303.37	✓	7436799214	

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: 309.56 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,910.69
18/07/2023

If Paid By 08/15/2023,
Pay This Amount: 303.37 USD

If Paid After 08/15/2023,
Pay this Amount: 309.56 USD

Due If Paid On Time:
USD 303.37 ✓

Disc lost if paid late: 6.19

Due If Paid Late:
USD 309.56

Andrew Defabianta
8/14/23

APPROVED ON

AUG 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,408.50
Past Due:	0.00
Total Due:	1,408.50
Account Balance:	1,408.50

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-07-2023	08-18-2023	3142438154	7003010534	Invoice	141.55		0.00	141.55 ✓
08-07-2023	08-18-2023	3142438155	7003020802	Invoice	35.54		0.00	35.54 ✓
08-07-2023	08-18-2023	3142438156	7003010586	Invoice	108.14		0.00	108.14 ✓
08-07-2023	08-18-2023	3142560929	7003029881	Invoice	120.46		0.00	120.46 ✓
08-08-2023	08-18-2023	3142712340	7003037439	Invoice	73.24		0.00	73.24 ✓
08-08-2023	08-18-2023	3142712341	7003037495	Invoice	2.06		0.00	2.06 ✓
08-09-2023	08-18-2023	3142872995	7003157472	Invoice	78.99		0.00	78.99 ✓
08-11-2023	08-18-2023	3143168705	7003396403	Invoice	124.44		0.00	124.44 ✓
08-11-2023	08-18-2023	3143168706	7003396406	Invoice	660.12		0.00	660.12 ✓
08-11-2023	08-18-2023	3143168707	7003396740	Invoice	26.39		0.00	26.39 ✓
08-11-2023	08-18-2023	3143168708	7003406897	Invoice	34.87		0.00	34.87 ✓
08-11-2023	08-18-2023	3143168709	7003396825	Invoice	2.70		0.00	2.70 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,408.50	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
08-18-2023	1,408.50
Total Due:	1,408.50

APPROVED ON
AUG 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew D. Lee Santos
8/14/23

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="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		23
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		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"	★		\$ 123,220.81 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 62,980.98 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 14,741.26 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 45,498.57 #
		CHECK		\$ -
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN
 PAY PERIOD: END
 PAY DATE:

7/28/2023
 8/10/2023
 8/18/2023

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
GROSS PAY:	\$	543,224.35		\$	-	\$ 543,224.35
DEDUCTIONS:						
A/R	\$	350.00				\$ 350.00
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$	1,215.03				\$ 1,215.03
SUNLIFE ACCIDENT	\$	749.24				\$ 749.24
SUNLIFE VISION	\$	-				\$ -
SUNLIFE SHORT TERM DIS	\$	1,966.68				\$ 1,966.68
BCBS VISION	\$	1,026.85				\$ 1,026.85
CAFÉ-D	\$	1,595.39				\$ 1,595.39
CAFÉ-H	\$	24,040.36				\$ 24,040.36
	\$	-				\$ -
	\$	-				\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$	161.19				\$ 161.19
CLINIC	\$	-				\$ -
COMBIN	\$	271.83				\$ 271.83
CREDUN	\$	-				\$ -
DENTAL	\$	-				\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$	931.03				\$ 931.03
SUNLIFE HOSP INDEM	\$	668.84				\$ 668.84
FED TAX	\$	45,498.57				\$ 45,498.57
FICA-M	\$	7,370.63				\$ 7,370.63
FICA-O	\$	31,490.49				\$ 31,490.49
FIRST C						\$ -
FLEX S	\$	3,200.33				\$ 3,200.33
FLX-FE	\$	-				\$ -
GIFT S	\$	128.52				\$ 128.52
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$	1,040.56				\$ 1,040.56
OTHER	\$	333.22				\$ 333.22
NATIONAL FARM LIFE	\$	1,611.57				\$ 1,611.57
MED SURCHARGE	\$	400.00				\$ 400.00
PR FIN	\$	-				\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$	1,115.86				\$ 1,115.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$	37,670.32				\$ 37,670.32
UW/HOS	\$	-				\$ -
TOTAL DEDUCTIONS:	\$	162,836.51	\$ -	\$ -	\$ -	\$ 162,836.51
NET PAY:	\$	380,387.84	\$ -	\$ -	\$ -	\$ 380,387.84
TOTAL CAFÉ 125 PLAN:	\$	34,909.74	Less Exempt:			
TAXABLE PAY:	\$	508,314.61	\$	507,911.92		Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,370.56		
FICA - MED (EE)	1.45%	\$ 7,370.56	\$ 7,370.63	\$ (0.07)
FICA - SOC SEC (ER)	6.20%	\$ 31,490.54		
FICA - SOC SEC (EE)	6.20%	\$ 31,490.54	\$ 31,490.49	\$ 0.05
FED WITHHOLDING		\$ 45,498.57	\$ 45,498.57	

Employees over FICA-SS Cap:		
Roshanda Thomas	\$	402.69
Paycode S - Employee Reimb.:	\$	-
TOTAL:	\$	402.69

TAX DEPOSIT:	\$	123,220.77	\$	123,220.81
FICA - MEDICARE	2.90%	\$ 14,741.12	\$14,741.26	
FICA - SOCIAL SECURITY	12.40%	\$ 62,981.08	\$62,980.98	
FED WITHHOLDING		\$ 45,498.57	\$45,498.57	
TOTAL TAX:	\$	123,220.77	\$123,220.81	\$ (0.04)

PREPARED BY: Andrie Flores
 PREPARED DATE: 8/14/2023

Run Date: 08/14/23
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MEMORIAL MEDICAL CENTER
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Final Summary

*-- Pay Code Summary						*-- Deductions Summary					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9862.00	N	N	N			230148.80	A/R	350.00	
1	REGULAR PAY-S1	1739.25	N	N	N	N		87337.05	ADVANC	AWARDS	
1	REGULAR PAY-S1	249.75	Y	N	N			8649.58	BOOTS	CAFE H	
2	REGULAR PAY-S2	2592.00	N	N	N			70320.20	CAFE-2	CAFE-3	
2	REGULAR PAY-S2	.50	N	N	N	N		16.13	CAFE-5	CAFE-C	
2	REGULAR PAY-S2	108.00	Y	N	N			3431.97	CAFE-F	CAFE-H	
3	REGULAR PAY-S3	1484.75	N	N	N			50037.47	CAFE-L	CAFE-P	
3	REGULAR PAY-S3	99.25	Y	N	N			4888.37	CHILD	CLINIC	
4	CALL BACK PAY	32.00	N	1	N	N	Y	1268.16	CREDUN	DD ADV	
4	CALL BACK PAY	37.50	N	2	N	N	Y	1490.73	DEP-LF	DIS-LF	
4	CALL BACK PAY	4.00	N	3	N	N	Y	219.20	EATCSH	FEDTAX	
4	CALL BACK PAY	.50	Y	2	N	N	Y	40.35	FICA-O	FIRSTC	
C	CALL PAY	2352.75	N	1	N	N		4705.50	FLX FE	FORT D	
D	DOUBLE TIME	19.25	N	1	N	N		1203.32	GIFT S	GRANT	
D	DOUBLE TIME	33.50	N	2	N	N		2811.19	GTL	HOSP-I	
D	DOUBLE TIME	48.00	N	3	N	N		4191.99	LEAF	LEGAL	
D	DOUBLE TIME	10.75	Y	2	N	N		1199.62	MEALS	METVIS	
D	DOUBLE TIME	24.50	Y	3	N	N		3210.56	MISC/	MMCSHR	
E	EXTRA WAGES		N	N	N	N		16028.19	OTHER	PHI	
E	EXTRA WAGES		N	1	N	N	N	2620.50	PR FIN	RELAY	
F	FUNERAL LEAVE	24.00	N	1	N	N		378.00	SAMS	SCRUBS	
I	INSERVICE	1.00	N	1	N	N		43.35	ST-TX	STONDF	
K	EXTENDED-ILLNESS-BANK	270.00	N	1	N	N		7895.70	STONE2	STUDEN	
P	PAID-TIME-OFF	1458.00	N	1	N	N		40443.42	SUNILL	SUNIND	
X	CALL PAY 2	144.00	N	1	N	N		288.00	SUNSTD	SUNVIS	
Y	YMCA/CURVES		N	N	N	N		60.00	TSA-1	TSA-2	
Z	CALL PAY 3	48.00	N	1	N	N		144.00	TSA-P	TSA-R	
p	PAID TIME OFF - PROBATION	12.00	N	1	N	N		153.00	UNIFOR	UN/HOS	
*----- Grand Totals: 20655.25 -----		(Gross: 543224.35	Deductions: 162836.51	Net: 380387.84)							
Checks Count:- FT 204 PT 17 Other 38 Female 233 Male 25 Credit		OverAmt 12	ZeroNet	Term	Total: 258						

Andrew Dela Santa
 8/14/23

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Num.	Name	Amount	CHECK NUM	DATE
90929	STEVE BROCK	4473.91	00063336	08/18/23
00041	CARL LEE KING	927.93	DD	08/18/23
00083	SYLVIA A VARGAS	927.89	DD	08/18/23
00094	SYLVIA A MENDOZA	1017.03	DD	08/18/23
00113	JACLYN CARREON	1090.07	DD	08/18/23
00132	SANDRA A BRAUN	753.51	DD	08/18/23
00192	BRENDA D PENA	1095.20	DD	08/18/23
00344	SANDRA LEE RUDDICK	2911.80	DD	08/18/23
00387	BILLIE F DUCKWORTH	2447.82	DD	08/18/23
00392	MONICA T CARR	1284.15	DD	08/18/23
00399	LINDA J TIJERINA	3085.60	DD	08/18/23
00401	VELMA J PINA	2059.08	DD	08/18/23
00417	SHERRY L KING	2474.44	DD	08/18/23
00423	DOWN V STRINGO	1982.29	DD	08/18/23
00482	PAM FIKAC	1439.51	DD	08/18/23
00581	CYNTHIA L RUSHING	1780.80	DD	08/18/23
00681	RILLA RENEE WOOD	2083.64	DD	08/18/23
00692	DEBORAH E WITTNEBERT	218.50	DD	08/18/23
00697	MARIA C FARIAS	1190.46	DD	08/18/23
00707	KIMBERLY RESENDEZ	1603.48	DD	08/18/23
00895	EMILIE DIANE WILKEY	717.30	DD	08/18/23
01015	SUSAN B SMALLEY	1945.09	DD	08/18/23
01191	SHARON M SPARKS	968.74	DD	08/18/23
01234	JENISE N SVETLIK	2867.91	DD	08/18/23
01241	MANDY MACE	2202.18	DD	08/18/23
01367	MARILYN A SANDERS	1132.84	DD	08/18/23
01791	RAUSHANAH J MONDAY	2191.85	DD	08/18/23
02011	ERIN R CLEVINGER	4005.90	DD	08/18/23
02014	AGAPITA C CANTU	721.19	DD	08/18/23
02021	ERIKA OSORNIA-SANCHEZ	745.69	DD	08/18/23
02022	AMANDA J GRIGGS	2551.86	DD	08/18/23
02064	ANNA LAURA GARCIA	1695.76	DD	08/18/23
02099	TRACI M SHEFCIK	2851.46	DD	08/18/23
02112	LESLIE THOMAS	2201.78	DD	08/18/23
02132	JASMINE RUIZ	1478.87	DD	08/18/23
02136	TAMMY ESQUIVEL	445.10	DD	08/18/23
02152	TAMULA RICHARDS	385.84	DD	08/18/23
02154	JUSTINE STREL CZYK	875.89	DD	08/18/23
02162	MIRIAM PALUKA	1183.19	DD	08/18/23
02168	JENSICA KNIGHT	1633.12	DD	08/18/23
02193	TIKI VENGLAR	1722.74	DD	08/18/23
02201	CORRINE VILLEGAS	569.38	DD	08/18/23
02202	SENON I SANCHEZ	398.69	DD	08/18/23
02271	DAWN J BUBENIK	2233.56	DD	08/18/23
02301	NICOLAS TIJERINA	1430.57	DD	08/18/23
02302	CATHERINE MARIE DECILOS	425.73	DD	08/18/23
02303	CONNIE M LUNA	2458.89	DD	08/18/23
02315	NINA M GREEN	2759.09	DD	08/18/23
02331	JESSICA B BIFFLE	1759.14	DD	08/18/23
02346	JEANETTE L FALCON	2055.90	DD	08/18/23
02416	JANELLE SCOTT	1903.02	DD	08/18/23
02535	STEFANIE M SOLIZ	398.37	DD	08/18/23
02552	VERONICA RAGUSIN	1949.97	DD	08/18/23

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Num.	Name	Amount	CHECK NUM	DATE
02622	JESUSA MARIE VILLARREAL	2462.28	DD	08/18/23
02678	MELISSA NESLONEY	1945.83	DD	08/18/23
02685	JULIANA TORRES	247.85	DD	08/18/23
02701	RONDA DAWNELLE GOHLKE	2347.30	DD	08/18/23
02719	DAWN M MCCLELLAND	2185.38	DD	08/18/23
02720	ELDA M LUERA	1008.85	DD	08/18/23
02733	ROBIN N PLEDGER	2908.41	DD	08/18/23
02735	ZANDRA A GARCIA	378.30	DD	08/18/23
02763	JESSICA MARQUEZ	1754.12	DD	08/18/23
02794	HEATHER L MUTCHLER	1943.45	DD	08/18/23
02812	BRITTANY N RUDDICK	3506.83	DD	08/18/23
02907	MARIA F LONGORIA	1315.39	DD	08/18/23
02927	MICHAEL L GAINES	3019.36	DD	08/18/23
02963	DOROTHY J RENDON	635.81	DD	08/18/23
02970	DIANNE G ATKINSON	2233.66	DD	08/18/23
03864	JACQUELINE R HERRERA	1344.29	DD	08/18/23
05003	COURTNE D THURLKILL	2902.77	DD	08/18/23
05006	REGINA A MARTINEZ	3086.04	DD	08/18/23
05345	ERICA NGUYEN	1722.15	DD	08/18/23
05641	AMANDA R KEY	1943.72	DD	08/18/23
05757	SHARON T HOLDER	1607.96	DD	08/18/23
07123	CYNTHIA GUERRA	1672.38	DD	08/18/23
07147	CHAD A VORCE	2011.26	DD	08/18/23
07878	DIANA C SAUCEDA	1161.95	DD	08/18/23
11197	CATHERINE A SAENZ	3712.88	DD	08/18/23
11412	COURTNEY L MORKOVSKY	2422.11	DD	08/18/23
12011	KIMBERLY J REYNA	486.25	DD	08/18/23
12115	LISA J HINOJOSA	1003.26	DD	08/18/23
12129	MICHAEL HERMES	1803.85	DD	08/18/23
15097	KYLE L DANIEL	2627.27	DD	08/18/23
15131	SAVANNAH HARLEY	1957.90	DD	08/18/23
15139	KRISTEN NICOLE BALLARD	2943.53	DD	08/18/23
15163	KELSEY HEINOLD	3177.18	DD	08/18/23
15171	JESSICA BARRON	636.71	DD	08/18/23
15256	COURTNEY A SALAZAR	781.71	DD	08/18/23
15286	DAWN M MAREK	2096.67	DD	08/18/23
15555	STEPHANIE MARTIN	747.36	DD	08/18/23
15909	JULIE NGUYEN	2261.98	DD	08/18/23
15915	BRIANNE J KEY	2193.54	DD	08/18/23
20102	MAYA HAWKINS	911.27	DD	08/18/23
20132	ALEXIS CARREON	915.46	DD	08/18/23
20156	ERIN ASHLEY WISDOM	2673.48	DD	08/18/23
20168	JOSHUA PEPPERS	561.12	DD	08/18/23
20178	AMY GARCIA	3441.00	DD	08/18/23
20184	MELISSA ZAMORANO	832.79	DD	08/18/23
20206	KELLI B GOFF	2320.19	DD	08/18/23
20207	SHAWNA G HARTL	2807.77	DD	08/18/23
20243	MELANIE CORTEZ	1092.27	DD	08/18/23
20272	ANGELA YEAGER	1808.69	DD	08/18/23
20294	JESSICA D WALTHER	913.36	DD	08/18/23
20324	PATRICIA STRIBLEY	1405.14	DD	08/18/23
20343	SAVANNAH N SOCARRAS	636.29	DD	08/18/23
20351	MADISON N MEADE	196.01	DD	08/18/23
20419	KAREN N MCEUEN	89.78	DD	08/18/23

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Num.	Name	Amount	CHECK NUM	DATE
20456	SAYDI A ST CLAIR	700.74	DD	08/18/23
20759	JAMIE SADLER	961.47	DD	08/18/23
20788	JAYLIN RAMIREZ	586.39	DD	08/18/23
20797	BETHANN M DIGGS	1420.89	DD	08/18/23
20977	CHERYL L TESCH	2478.74	DD	08/18/23
20980	SAVANA LENTO	669.28	DD	08/18/23
21450	DIANA E LEAL	1584.91	DD	08/18/23
21629	JACOBY R CRAWFORD	1635.55	DD	08/18/23
28034	KRISTINA A BUENGER	564.85	DD	08/18/23
28120	JESSICA V SELVERA	1447.19	DD	08/18/23
29199	KELLY A SCHOTT	2400.42	DD	08/18/23
30491	ARLEEN JUDD	375.72	DD	08/18/23
31035	STACIE L EPLEY	1914.35	DD	08/18/23
31054	LORA L LAMBDEN	943.41	DD	08/18/23
31219	LAUREN PHILLIPS	1532.06	DD	08/18/23
31241	MONICA SALAZAR	206.86	DD	08/18/23
31251	CYNTHIA L BIAS	1956.26	DD	08/18/23
31313	KATHERINE LYNN JIMENEZ	2032.13	DD	08/18/23
31319	STACY L FARMER	2232.79	DD	08/18/23
31463	EDWARD E MATULA	2730.29	DD	08/18/23
31508	RACHEL A HEFFNER	2369.42	DD	08/18/23
31521	KEYLA DE LA CALLEJA	535.24	DD	08/18/23
31821	KAYLA M ALVAREZ	1692.18	DD	08/18/23
38118	KRYSTELLA F KISIAH	1079.21	DD	08/18/23
38168	MEGAN M CANO	790.34	DD	08/18/23
38188	MADELINE ANDERSON	632.09	DD	08/18/23
38702	ANNA VANESSA PENNELL	962.34	DD	08/18/23
41112	ANASTASIA L PEREZ	758.94	DD	08/18/23
41171	TOMMIE M TREVINO	835.94	DD	08/18/23
41205	JEANETTE ALVARADO	786.04	DD	08/18/23
41225	LESLIE A CRAIGEN	1418.12	DD	08/18/23
41236	PAMELA K VANNOY	1533.79	DD	08/18/23
41251	SARA YBARBO	883.56	DD	08/18/23
41261	BERNICE AGUILAR	760.34	DD	08/18/23
41269	BERENICE LUGO	773.58	DD	08/18/23
41274	KAREN GANN	1107.81	DD	08/18/23
41279	PAMELA R HARMON	774.83	DD	08/18/23
41347	ADRIANNA D STRAKOS	801.43	DD	08/18/23
41418	ANGEL M CASSEL	1028.47	DD	08/18/23
41506	JOSEFAT LUGO TORRES	827.03	DD	08/18/23
41612	SONJA A GUAJARDO	917.23	DD	08/18/23
41617	JACQUELINE M MARTINEZ	963.19	DD	08/18/23
41896	RENAE MICHELLE EMERY	696.18	DD	08/18/23
41897	ROXANNA MUNOZ	926.75	DD	08/18/23
41901	JUANITA R MILLER	1273.53	DD	08/18/23
42106	CHRISTY SILVAS	960.71	DD	08/18/23
42112	SOCORRO C GONZALES	931.21	DD	08/18/23
42122	LEI ANA CHAVANA	1778.85	DD	08/18/23
42125	LUCY CALZADA	880.41	DD	08/18/23
42304	MIMI T NGUYEN	2159.24	DD	08/18/23
42536	MARIAH A SOCARRAS	727.74	DD	08/18/23
42820	MARIA D CHAVEZ	975.84	DD	08/18/23
42842	SHANNA S O DONNELL	12998.71	DD	08/18/23
50018	MICHELLE M MORALES	1401.41	DD	08/18/23

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Num.	Name	Amount	CHECK NUM	DATE
50022	REGINA A JOHNSON	170.70	DD	08/18/23
50148	PENNY GOULDEN	3387.47	DD	08/18/23
50161	BRITNEY MICHELLE ZAMORA	686.97	DD	08/18/23
50248	MCKENNA VILLEGAS	645.66	DD	08/18/23
50282	JACOB W HAMILTON	2549.85	DD	08/18/23
50310	JASMINE GRIGSBY	762.88	DD	08/18/23
50546	MELANIE K SAMAYOA	2124.34	DD	08/18/23
50573	DEANA R DAVIS	1605.22	DD	08/18/23
50596	BETTY S DAVIS	2070.23	DD	08/18/23
50719	DEBRA K MUSTERED	2162.05	DD	08/18/23
50928	ADINA RODRIGUEZ	702.49	DD	08/18/23
51541	JACLYN B HARTL	1623.40	DD	08/18/23
54024	MONICA A ESCALANTE	1105.15	DD	08/18/23
55026	IRENE B PEREZ	620.06	DD	08/18/23
55127	APRIL N KUBALA	2813.16	DD	08/18/23
55371	BLANCA HERNANDEZ	399.00	DD	08/18/23
55382	SHANNON JACILDO	850.52	DD	08/18/23
55658	LAJUAN WILKE	806.20	DD	08/18/23
55945	KATIE L MOODY	749.36	DD	08/18/23
58115	BECKY MARIE SALINAS	808.02	DD	08/18/23
58510	RITA L POLENSKY	977.77	DD	08/18/23
60112	ROBERT A RODRIQUEZ	1968.91	DD	08/18/23
60131	NORA OVALLE	564.78	DD	08/18/23
60156	DANIELLE M KALISEK	1009.69	DD	08/18/23
60165	TERESA A BENITEZ	1553.26	DD	08/18/23
60412	CHRISTOPHER GALINDO	721.78	DD	08/18/23
60587	NANCI S GARCIA	758.92	DD	08/18/23
60589	JASON J LOYA	1003.62	DD	08/18/23
60616	DOROTHY A LONGORIA	838.90	DD	08/18/23
62322	ALAN KNIGHT	1510.58	DD	08/18/23
63124	SANJUAN M GARCIA	1009.31	DD	08/18/23
63193	MICHAEL SOCARRAS	990.44	DD	08/18/23
63458	VIRGINIA C BERNARDINO	849.81	DD	08/18/23
65100	FELICITA BONUZ	664.62	DD	08/18/23
65125	MARTHA CUMPEAN	961.06	DD	08/18/23
65127	VERONICA ORTIZ	857.31	DD	08/18/23
65136	TINA KORANEK	1173.13	DD	08/18/23
65148	MARTA INIGUEZ	1015.67	DD	08/18/23
65151	ELIA OLACHIA	1069.77	DD	08/18/23
65168	NORA MIRELES	752.25	DD	08/18/23
65189	ELVIRA SANCHEZ	723.96	DD	08/18/23
65205	JUANA SANTILLAN	912.84	DD	08/18/23
65213	LEE SIMERLY	1329.10	DD	08/18/23
65269	NATALIE BAREFIELD	956.74	DD	08/18/23
65393	RAMONA A PEREZ	1092.52	DD	08/18/23
65453	AMALIA L FLORES	1184.81	DD	08/18/23
65463	MARIA I VELOZ	767.37	DD	08/18/23
65486	ROSA RODRIGUEZ	911.50	DD	08/18/23
65513	MARIA MORALES	1057.61	DD	08/18/23
65705	DOMITILA HERRERA	728.16	DD	08/18/23
65715	MARIA R GOMEZ	951.79	DD	08/18/23
65865	MARIA F LEDEZMA	834.55	DD	08/18/23
68368	DOMITILA GARCIA	692.99	DD	08/18/23
68568	CHRISTOPHER RUTHERFORD	1043.78	DD	08/18/23

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68792	NAZARIO DIAZ HERNANDEZ	2008.39	DD	08/18/23
70119	SARA N BLEDSOE	2304.04	DD	08/18/23
72727	CHRISANDRA LYNN KOVAREK	34.14	DD	08/18/23
73749	GLORIA N REID	2537.13	DD	08/18/23
74159	CAROL VILLARREAL	1315.65	DD	08/18/23
75190	RIKA MILLER	1971.51	DD	08/18/23
76003	IRMA DELEON	708.67	DD	08/18/23
76115	JENNIFER R CARLOCK	775.27	DD	08/18/23
76120	RACHEL CANALES	1283.76	DD	08/18/23
76138	KAREN D GARCIA	685.21	DD	08/18/23
76196	REBECCA MURRAY	240.82	DD	08/18/23
76210	ZOE VILLARREAL	981.95	DD	08/18/23
76300	AIDA JIMENEZ	885.10	DD	08/18/23
76313	PAMELA L BARTON	840.42	DD	08/18/23
76403	KATRINA A POKLUDA	1284.98	DD	08/18/23
76647	CHERYL A SEE	1055.14	DD	08/18/23
76706	GREGORY E MORALES	778.17	DD	08/18/23
76854	MARY PATTERSON	838.39	DD	08/18/23
76985	VANESSA TRISTAN	477.75	DD	08/18/23
77646	FAREN A GONZALES	1090.62	DD	08/18/23
78020	MISTY R PASSMORE	1630.19	DD	08/18/23
78058	KYANN J POWER	600.25	DD	08/18/23
78072	DOMNA M RAWLINGS	1526.57	DD	08/18/23
78128	ALEXA QUINTANILLA	848.83	DD	08/18/23
78186	ANDREA F COOK	187.02	DD	08/18/23
78287	MARISSA D ALMANZAR	1935.19	DD	08/18/23
78336	JESSICA L GLOVER	1721.40	DD	08/18/23
78566	MELISSA K GEE	876.30	DD	08/18/23
78764	ASHLEY D HADLEY	2044.08	DD	08/18/23
78781	KRISTEN R MACHICEK	2364.88	DD	08/18/23
78787	FARAH I JANAK	2707.36	DD	08/18/23
78897	DAYLE J ROBINSON	659.94	DD	08/18/23
80008	ADAM D BESIO	2408.90	DD	08/18/23
80141	JEANNIE ORTA	2096.91	DD	08/18/23
82227	CAITLIN A CLEVINGER	1199.43	DD	08/18/23
86452	MACY ELLEDGE	700.61	DD	08/18/23
86482	MEGAN M HARPER	832.99	DD	08/18/23
86576	ELSA HERRERA	769.54	DD	08/18/23
88125	LISA M TREVIÑO	1165.14	DD	08/18/23
88321	ANDREW DE LOS SANTOS	2651.53	DD	08/18/23
88435	JOE GARCIA	1910.23	DD	08/18/23
90320	ROSHANDA S THOMAS	5634.18	DD	08/18/23
93231	ANDRIE M FLORES	1371.32	DD	08/18/23
98756	ADRIANNA M GALVAN	1334.03	DD	08/18/23

380387.84 ✓

Memorial Medical Center
Transfer Request

Amount: 9,242.98

From Account: Operating- *4357

To Account: MUFG Union Bank

APPROVED ON

AUG 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Number: 3120004394

Routing Number: 122000496

Explanation:

Wage Works Employee FSA Payment May, June and July Invoices 5227135,5244514, 5278803,5300720,5339790, 5357125, 5388265, 5411191, 5431132, 5469548, 5211771, 5327613, 5450086

Requested by: Caitlin Clevenger

Date: 8/14/2023

Authorized by: Andrew DeLoe Santos

Date: 8/14/23

HealthEquity[®] WageWorks

INVOICE

To: Memorial Medical Center
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to MUFG Union Bank, N.A.
 FSA/HRA/DC Acct #: 3120004394 Routing #: 122000496

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	05/30/2023
PO #	DUE DATE
	08/28/2023
Invoice #	AMOUNT DUE
INV5227135	\$1,280.08

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2023	HCFSA2023	1,280.08

Total Amount Due

\$1,280.08 ✓

HealthEquity[®] WageWorks

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To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH
Credit or Wire payment.

Log on to our employer website to view detailed invoice
reports: employer.wageworks.com

Account #	Invoice Date
2052366	06/05/2023
PO #	DUE DATE
	09/05/2023
Invoice #	AMOUNT DUE
INV5244514	\$517.60

Description	Plan Code	Amount
Visa Card Payments - HCFA 2023	HCFA2023	517.60

Total Amount Due

\$517.60 ✓

HealthEquity® WageWorks

INVOICE

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 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
 FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH
 Credit or Wire payment.

Log on to our employer website to view detailed invoice
 reports: employer.wageworks.com

Account #	Invoice Date
2052366	06/12/2023
PO #	DUE DATE
	09/11/2023
Invoice #	AMOUNT DUE
INV5278803	\$730.71

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2023	HCFSA2023	730.71

Total Amount Due

\$730.71 ✓

HealthEquity[®] WageWorks

INVOICE

To: Memorial Medical Center
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
 FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH
 Credit or Wire payment.

Log on to our employer website to view detailed invoice
 reports: employer.wageworks.com

Account #	Invoice Date
2052366	06/20/2023
PO #	DUE DATE
	09/18/2023
Invoice #	AMOUNT DUE
INV5300720	\$806.86

Description	Plan Code	Amount
Repayments - HCFSA 2023	HCFSA2023	(29.96)
Visa Card Payments - HCFSA 2023	HCFSA2023	836.82

Total Amount Due

\$806.86 ✓

HealthEquity[®] WageWorks

INVOICE

To: Memorial Medical Center
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
 FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	06/26/2023
PO #	DUE DATE
	09/25/2023
Invoice #	AMOUNT DUE
INV5339790	\$1,617.69

Description	Plan Code	Amount
PMB Payments - DCFSA 2023	DCFSA2023	541.63
PMB Payments - HCFSA 2023	HCFSA2023	29.95
Visa Card Payments - HCFSA 2023	HCFSA2023	1,046.11

Total Amount Due

\$1,617.69

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
 FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH
 Credit or Wire payment.

Log on to our employer website to view detailed invoice
 reports: employer.wageworks.com

Account #	Invoice Date
2052366	07/03/2023
PO #	DUE DATE
	10/02/2023
Invoice #	AMOUNT DUE
INV5357125	\$604.86

Description	Plan Code	Amount
PMB Payments - DCFSA 2023	DCFSA2023	58.33
Visa Card Payments - HCFSA 2023	HCFSA2023	546.53

Total Amount Due

\$604.86 ✓

HealthEquity[®] WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH
Credit or Wire payment.

Log on to our employer website to view detailed invoice
reports: employer.wageworks.com

Account #	Invoice Date
2052366	07/10/2023
PO #	DUE DATE
	10/10/2023
Invoice #	AMOUNT DUE
INV5388265	\$518.73

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2023	HCFSA2023	518.73

Total Amount Due

\$518.73 ✓

HealthEquity[®] WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH
Credit or Wire payment.

Log on to our employer website to view detailed invoice
reports: employer.wageworks.com

Account #	Invoice Date
2052366	07/17/2023
PO #	DUE DATE
	10/16/2023
Invoice #	AMOUNT DUE
INV5411191	\$587.29

Description	Plan Code	Amount
PMB Payments - DCFSA 2023	DCFSA2023	20.04
Visa Card Payments - HCFSA 2023	HCFSA2023	567.25

Total Amount Due

\$587.29

HealthEquity[®] WageWorks

INVOICE

To: Memorial Medical Center
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
 FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH
 Credit or Wire payment.

Log on to our employer website to view detailed invoice
 reports: employer.wageworks.com

Account #	Invoice Date
2052366	07/24/2023
PO #	DUE DATE
	10/23/2023
Invoice #	AMOUNT DUE
INV5431132	\$861.64

Description	Plan Code	Amount
Visa Card Payments - HCFA 2023	HCFA2023	861.64

Total Amount Due

\$861.64 ✓

HealthEquity[®] WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH
Credit or Wire payment.

Log on to our employer website to view detailed invoice
reports: employer.wageworks.com

Account #	Invoice Date
2052366	07/31/2023
PO #	DUE DATE
	10/30/2023
Invoice #	AMOUNT DUE
INV5469548	\$291.77

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2023	HCFSA2023	291.77

Total Amount Due

\$291.77 ✓

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to: MUFG Union Bank, N.A. Admin Fee
 Acct# 3120004386, routing # 122000496.

Please include Invoice # and Account # in your payment
 addenda for ACH Credit or Wire payment.

Check Payment: WageWorks Inc P.O Box 45772, San
 Francisco, CA 94145-0772. Please include the invoice # in
 remittance advice or return a copy of the invoice with the check.

Account #	Invoice Date
2052366	05/24/2023
PO#	Invoice #
	INV5211771
DUE DATE	AMOUNT DUE
06/23/2023	\$475.25

Description	Quantity	Fee	Amount
Healthcare - Benefit Period: May 2023			
Monthly Compliance Fee	1	50.00	50.00
HC FSA Admin Fee - Current Plan Year	78	5.25	409.50
HCDC FSA Admin Fee - Current Plan Year	2	5.25	10.50
HC FSA Admin Fee - Prior Plan Year	1	5.25	5.25

Total Amount Due

\$475.25 ✓

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to: US BANCORP Admin Fee Acct# 158300195886, routing # 122235821.

Please include Invoice # and Account # in your payment addenda for ACH Credit or Wire payment.

Check Payment: WageWorks Inc P.O Box 45772, San Francisco, CA 94145-0772. Please include the invoice # in remittance advice or return a copy of the invoice with the check.

Account #	Invoice Date
2052366	06/23/2023
PO#	Invoice #
	INV5327613
DUE DATE	AMOUNT DUE
07/24/2023	\$475.25

Description	Quantity	Fee	Amount
Healthcare - Benefit Period: Jun 2023			
Monthly Compliance Fee	1	50.00	50.00
HC FSA Admin Fee - Current Plan Year	79	5.25	414.75
HCDC FSA Admin Fee - Current Plan Year	2	5.25	10.50

Total Amount Due \$475.25

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to: US BANCORP Admin Fee Acct# 158300195886, routing # 122235821.

Please include Invoice # and Account # in your payment addenda for ACH Credit or Wire payment.

Check Payment: WageWorks Inc P.O Box 45772, San Francisco, CA 94145-0772. Please include the invoice # in remittance advice or return a copy of the invoice with the check.

Account #	Invoice Date
2052366	07/25/2023
PO#	Invoice #
	INV5450086
DUE DATE	AMOUNT DUE
08/24/2023	\$475.25

Description	Quantity	Fee	Amount
Healthcare - Benefit Period: Jul 2023			
Monthly Compliance Fee	1	50.00	50.00
HC FSA Admin Fee - Current Plan Year	79	5.25	414.75
HCDC FSA Admin Fee - Current Plan Year	2	5.25	10.50

Total Amount Due \$475.25 ✓

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 7, 2023 - Aug 13, 2023**

Date	Bank Description	MMC Notes
8/11/2023	PAY PLUS ACHTRANS 452579291 101000690625517	- 3rd Party Payor Fee
8/11/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
8/10/2023	PAY PLUS ACHTRANS 452579291 101000699923624	- 3rd Party Payor Fee
8/10/2023	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee
8/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee
8/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee
8/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee
8/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee
8/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee
8/10/2023	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee
8/10/2023	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee
8/9/2023	PAY PLUS ACHTRANS 452579291 101000698802087	- 3rd Party Payor Fee
8/9/2023	CLEARGAGE LLC CLEARGAGE, CFV08PXIVDCBD3X 242	- Patient Financing Service
8/8/2023	PAY PLUS ACHTRANS 452579291 101000698020876	- 3rd Party Payor Fee
8/8/2023	MCKESSON DRUG AUTO ACH ACH05600972 910000133	- 340B Drug Program Expense
8/7/2023	PAY PLUS ACHTRANS 452579291 101000696649253	- 3rd Party Payor Fee
8/7/2023	IRS USATAXPYMT 270361933614975 6103601000645	- Payroll Taxes
8/7/2023	FDMS FDMS PYMT 052-1601830-000 4100012237552	- Credit Card Processing Fee
8/7/2023	FDMS FDMS PYMT 052-2000500-000 4100012238660	- Credit Card Processing Fee

Amount	CPSI	
2.28		76.36 *
663.35*		
26.16		1,016.31 +
1,016.31		55.15 +
55.15		2,060.09 +
2,060.09		285.84 +
285.84		936.50 +
936.50		193.03 +
193.03		467.26 +
467.26		129.00 +
129.00		36.52 +
36.52		10.78 +
117.37		8,910.69*
117.37		0.62 +
116,763.20**		75.67 +
32.45		5,251.30 *
75.67		
131,782.27		

Handwritten notes:
 Pay Plus
 CPSI
 CC Fee
 Clearing

Andrew De Los Santos
 ANDREW DE LOS SANTOS
 Memorial Medical Center
 August 14, 2023

* Approved 08-09-23 CC
 ** Approved 08-02-23 CC

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

Date	Description	MMC Notes
8/20/2023	- TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding

Amount	
187,071.85	131,782.27 +
	663.35 -
187,071.85	8,910.69 -
	116,763.20 -
	5,445.03 *

Andrew De Los Santos
 ANDREW DE LOS SANTOS
 Memorial Medical Center
 August 14, 2023

**APPROVED ON
AUG 15 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

5,445.03 +
 5,445.03 -
 0.00 *

Date/Time 08-08-2023 / 09:18 AM
Submitted By

Pay Date 07-31-2023

Employee Deposits	\$75,519.49
Employer Contributions	\$111,552.36
Group Term Life Premiums	\$0.00
Total	\$187,071.85 ✓

Comments

Payroll File July 2023 Retirement Upload.xlsx

CLOSE

PRINT

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COUNTY AUDITOR ON

AUG 10 2023

08/10/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080223		08/09/20	08/02/20	09/02/20		3,000.00	0.00	0.00	3,000.00
	TRANSFER <i>NH insurance payment deposited into MME operating</i>								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON				3,000.00	0.00	0.00	3,000.00



Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,000.00	0.00	0.00	3,000.00

APPROVED ON

AUG 10 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
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08/10/2023

CALHOUN COUNTY, TEXAS

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AP Open Invoice List

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Dates Through:

Class Pay Code

Vendor# Vendor Name

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
080223A		08/09/20	08/02/20	09/02/20		200.00	0.00	0.00	200.00 ✓		
	TRANSFER	<i>NH insurance payment deposited into MMC operating</i>									
080223		08/09/20	08/02/20	09/02/20		2,200.00	0.00	0.00	2,200.00 ✓		
	TRANSFER	"									
080223B		08/09/20	08/03/20	09/03/20		6,000.00	0.00	0.00	6,000.00 ✓		
	TRANSFER	"									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11820	FORTBEND HEALTHCARE CENTER	8,400.00	0.00	0.00	8,400.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,400.00	0.00	0.00	8,400.00

APPROVED ON

AUG 10 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
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AUG 10 2023

08/10/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080323		08/09/20	08/03/20	09/03/20		4,800.00	0.00	0.00	4,800.00
	TRANSFER								
	<i>Net insurance payment deposited into MHC open</i>								
Vendor Totals						Gross	Discount	No-Pay	Net
11824	THE CRESCENT					4,800.00	0.00	0.00	4,800.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,800.00	0.00	0.00	4,800.00

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CALHOUN COUNTY, TEXAS

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08/10/2023

11:49
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080223		08/09/20	08/02/20	09/02/20		200.15	0.00	0.00	200.15 ✓
080423	TRANSFER	<i>NH insurance payment deposited into MMC operating</i>							
		08/09/20	08/04/20	09/04/20		446.69	0.00	0.00	446.69 ✓
	TRANSFER "								
080123		08/10/20	08/01/20	09/02/20		1,215.76	0.00	0.00	1,215.76 ✓
	TRANSFER "								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	1,862.60	0.00	0.00	1,862.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,862.60	0.00	0.00	1,862.60

APPROVED ON

AUG 10 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 10 2023

08/10/2023

10:15

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080323		08/09/20	08/03/20	09/04/20		1,200.00	0.00	0.00	1,200.00

TRANSFER *NH insurance payment deposited into mme open* ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	1,200.00	0.00	0.00	1,200.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,200.00	0.00	0.00	1,200.00

APPROVED ON

AUG 10 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

AUG 10 2023

08/10/2023
11:49
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080323A		08/09/20	08/03/20	09/03/20		400.00	0.00	0.00	400.00 ✓
080323	TRANSFER	MH insurance payment deposited into MME operating				1,800.00	0.00	0.00	1,800.00 ✓
073123	TRANSFER	08/10/20	07/31/20	09/02/20		10,800.00	0.00	0.00	10,800.00 ✓
	TRANSFER								

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE		13,000.00	0.00	0.00	13,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,000.00	0.00	0.00	13,000.00

APPROVED ON

AUG 10 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON
AUG 10 2023
08/10/2023
10:18
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:
Class Pay Code
0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING ✓			080223A		08/09/20	08/02/20	09/02/20		6,000.00	0.00	0.00	6,000.00 ✓
	TRANSFER			080223	NH insurance payment deposited into mmc operating	08/09/20	08/02/20	09/02/20		22.13	0.00	0.00	22.13 ✓
	TRANSFER			080423A	"	08/09/20	08/04/20	09/04/20		2,216.89	0.00	0.00	2,216.89 ✓
	TRANSFER			080423	"	08/09/20	08/04/20	09/04/20		13,858.27	0.00	0.00	13,858.27 ✓
	TRANSFER				"								
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				12792	BETHANY SENIOR LIVING					22,097.29	0.00	0.00	22,097.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	22,097.29	0.00	0.00	22,097.29

APPROVED ON
AUG 10 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 8/14/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		20,357.06	20,257.06	179,933.47		180,033.47	179,238.44
						Bank Balance	180,033.47
						Variance	-
						Leave in Balance	100.00
						Molina YS Adj 2	657.41
						July Interest	37.62
						Adjust Balance/Transfer Amt	179,238.44
Broadmoor		35,182.09	35,082.09	110,964.62		111,064.62	110,674.09
						Bank Balance	111,064.62
						Variance	-
						Leave in Balance	100.00
						Molina YS Adj 2	269.35
						July Interest	21.18
						Adjust Balance/Transfer Amt	110,674.09
Crescent		83,459.33	83,359.33	149,415.55		149,515.55	149,167.72
						Bank Balance	149,515.55
						Variance	-
						Leave in Balance	100.00
						Molina YS Adj 2	205.75
						July Interest	42.08
						Adjust Balance/Transfer Amt	149,167.72
Fort Bend		2,987.67	54.13	49,730.88		52,664.42	52,272.69
						Bank Balance	52,664.42
						Variance	-
						Leave in Balance	100.00
						Molina YS Adj 2	276.66
						July Interest	15.07
						Adjust Balance/Transfer Amt	52,272.69
Solera at W Houston		103,972.26	103,872.26	117,851.33		117,951.33	117,539.98
						Bank Balance	117,951.33
						Variance	-
						Leave in Balance	100.00
						Molina YS Adj 2	270.43
						July Interest	40.92
						Adjust Balance/Transfer Amt	117,539.98

179,238.44 +
 110,674.09 +
 149,167.72 +
 52,272.69 +
 117,539.98 +
608,892.92 *

aston / Fort Bend / Broadmoor

APPROVED ON
AUG 15 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 608,892.92
 Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 8/14/2023

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

8/9/2023	Amerigroup TXSC HCCLAIMPMT 3217972410 111000	-	28,265.59	-	-	-	28,265.59	-	
8/9/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	10,969.01	-	-	-	10,969.01	-	
8/9/2023	NOVITAS SOLUTION HCCLAIMPMT 676310 420000161	-	765.30	-	-	-	765.30	-	
8/8/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	10,100.57	-	-	-	10,100.57	-	
8/8/2023	HUMANA INS CO HCCLAIMPMT 26780307 8300005713	-	1,860.00	-	-	-	1,860.00	-	
8/8/2023	HUMANA CHA DISB HCCLAIMPMT 26888490 42000012	-	23,465.00	-	-	-	23,465.00	-	
8/7/2023	HNB - ECHO HCCLAIMPMT 746003411 440000212858	-	1,323.13	-	-	-	1,323.13	-	
8/7/2023	HNB - ECHO HCCLAIMPMT 746003411 440000211335	-	354.63	-	-	-	354.63	-	
8/7/2023	Amerigroup TXSC HCCLAIMPMT 3217689577 111000	-	586.19	-	-	-	586.19	-	
8/7/2023	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	4,500.00	-	-	-	4,500.00	-	
TOTALS		103,872.26	117,851.33	203.20	55.20	77.11	91.79	270.43	117,580.90
		242,624.87	607,895.85	1,317.60	334.97	363.25	508.45	1,679.60	606,216.25

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Account Balances **Card View** Table View

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DDA (15)

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$4,545,583.26	\$4,671,041.89	\$4,887,305.75	\$4,671,041.89

Sort | Display Name

MEMORIAL MEDICAL CENTER - OPERATING *4357

Current Balance	\$1,510,812.43	Collected Balance	\$1,510,812.43
Available Balance	\$1,588,502.05	Prior Day Balance	\$1,714,709.55

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365

Current Balance	\$537.77	Collected Balance	\$537.77
Available Balance	\$537.77	Prior Day Balance	\$537.77

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373

Current Balance	\$432.94	Collected Balance	\$432.94
Available Balance	\$432.94	Prior Day Balance	\$432.94

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ✓

Current Balance	\$180,033.47	Collected Balance	\$180,033.47
Available Balance	\$211,802.96	Prior Day Balance	\$78,440.46

MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ✓

Current Balance	\$111,064.62	Collected Balance	\$111,064.62
Available Balance	\$124,911.97	Prior Day Balance	\$51,561.97

MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ✓

Current Balance	\$149,515.55	Collected Balance	\$149,515.55
Available Balance	\$200,624.54	Prior Day Balance	\$102,521.37

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ✓

Current Balance	\$117,951.33	Collected Balance	\$117,951.33
Available Balance	\$137,083.50	Prior Day Balance	\$83,895.01

MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ✓

Current Balance	\$52,664.42	Collected Balance	\$52,664.42
Available Balance	\$53,599.59	Prior Day Balance	\$21,583.66

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454

Current Balance	\$80,447.37	Collected Balance	\$80,447.37
Available Balance	\$80,447.37	Prior Day Balance	\$79,667.37

MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433

Current Balance	\$32,513.37	Collected Balance	\$32,513.37
Available Balance	\$38,496.06	Prior Day Balance	\$25,237.54

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

Current Balance	\$64,178.66	Collected Balance	\$64,178.66
Available Balance	\$66,113.28	Prior Day Balance	\$62,631.66

MMC -NH BETHANY SENIOR LIVING *5506

Current Balance	\$186,464.30	Collected Balance	\$186,464.30
Available Balance	\$200,259.30	Prior Day Balance	\$177,001.57

MMC -NH TUSCANY VILLAGE *3407

Current Balance	\$107,351.13	Collected Balance	\$107,351.13
Available Balance	\$107,419.26	Prior Day Balance	\$70,167.86

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	\$2,076,974.53	Collected Balance	\$2,076,974.53
Available Balance	\$2,076,974.53	Prior Day Balance	\$2,076,974.53

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 8/14/2023

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		59,389.87	59,289.87	80,347.37		80,447.37	80,321.67
						Bank Balance	80,447.37
						Variance	-
						Leave in Balance	100.00
						July Interest	25.70
						Adjust Balance/Transfer Amt	80,321.67

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 8/14/2023

APPROVED ON
 AUG 15 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

8/11/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 8/10/2023 189
 8/10/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 8/10/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 8/10/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001660
 8/9/2023 Deposit
 8/9/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 8/9/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001328
 8/9/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001328
 8/9/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 8/7/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 8/7/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 8/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000212857
 8/7/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000177
 8/7/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	780.00	-	-	-	-	-	780.00
106.37	-	-	-	-	-	-	-
59,183.50	-	-	-	-	-	-	-
-	959.00	-	-	-	-	-	959.00
-	4,196.14	-	-	-	-	-	4,196.14
-	52,836.85	-	-	-	-	-	52,836.85
-	854.00	-	-	-	-	-	854.00
-	3,839.50	-	-	-	-	-	3,839.50
-	1,215.43	-	-	-	-	-	1,215.43
-	5,281.05	-	-	-	-	-	5,281.05
-	2,137.00	-	-	-	-	-	2,137.00
-	554.59	-	-	-	-	-	554.59
-	556.99	-	-	-	-	-	556.99
-	1,460.11	-	-	-	-	-	1,460.11
-	5,676.71	-	-	-	-	-	5,676.71
59,289.87	80,347.37	-	-	-	-	-	80,347.37

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Account Balances Card View Table View

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DDA (15)

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$4,545,583.26	\$4,671,041.89	\$4,887,305.75	\$4,671,041.89

Sort

MEMORIAL MEDICAL CENTER - OPERATING *4357

Current Balance	\$1,510,812.43	Collected Balance	\$1,510,812.43
Available Balance	\$1,588,502.65	Prior Day Balance	\$1,714,709.55

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365

Current Balance	\$537.77	Collected Balance	\$537.77
Available Balance	\$537.77	Prior Day Balance	\$537.77

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373

Current Balance	\$432.94	Collected Balance	\$432.94
Available Balance	\$432.94	Prior Day Balance	\$432.94

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381

Current Balance	\$180,033.47	Collected Balance	\$180,033.47
Available Balance	\$211,802.96	Prior Day Balance	\$78,440.46

MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403

Current Balance	\$111,064.62	Collected Balance	\$111,064.62
Available Balance	\$124,911.97	Prior Day Balance	\$51,561.97

MEMORIAL MEDICAL CENTER / NH CRESCENT *4411

Current Balance	\$149,515.55	Collected Balance	\$149,515.55
Available Balance	\$200,624.54	Prior Day Balance	\$102,521.37

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438

Current Balance	\$117,951.33	Collected Balance	\$117,951.33
Available Balance	\$137,083.50	Prior Day Balance	\$88,895.01

MEMORIAL MEDICAL CENTER / NH FORT BEND *4446

Current Balance	\$52,664.42	Collected Balance	\$52,664.42
Available Balance	\$59,599.59	Prior Day Balance	\$21,583.66

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454

Current Balance	\$80,447.37	Collected Balance	\$80,447.37
Available Balance	\$60,447.37	Prior Day Balance	\$79,667.37

MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433

Current Balance	\$32,513.37	Collected Balance	\$32,513.37
Available Balance	\$38,456.09	Prior Day Balance	\$75,237.54

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

Current Balance	\$64,178.66	Collected Balance	\$64,178.66
Available Balance	\$66,113.28	Prior Day Balance	\$62,631.66

MMC -NH BETHANY SENIOR LIVING *5506

Current Balance	\$186,464.30	Collected Balance	\$186,464.30
Available Balance	\$200,259.30	Prior Day Balance	\$177,001.57

MMC -NH TUSCANY VILLAGE *3407

Current Balance	\$107,351.13	Collected Balance	\$107,351.13
Available Balance	\$107,419.26	Prior Day Balance	\$70,187.86

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	\$2,076,974.53	Collected Balance	\$2,076,974.53
Available Balance	\$2,076,974.53	Prior Day Balance	\$2,076,974.53

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 8/14/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		3,072.95	30.45	29,470.87			32,513.37	32,407.84
						Bank Balance	32,513.37	
						Variance		
						Leave in Balance	100.00	
						July Interest	5.53	
						Adjust Balance/Transfer Amt	32,407.84	
Gulf Pointe Plaza-Medicare/Medicaid		74,340.91	74,240.91	64,078.66			64,178.66	64,060.59
						Bank Balance	64,178.66	
						Variance	64,178.66	
						Leave in Balance	100.00	
						July Interest	18.07	
						Adjust Balance/Transfer Amt	64,060.59	
TOTAL TRANSFERS							96,468.43	

Routing information for Gulf Pointe Plaza:

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

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 8/14/2023

APPROVED ON
AUG 15 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

8/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000269770
 8/11/2023 HUMANA CHA DISB HCCLAIMPMT 27201971 42000017
 8/10/2023 1/12/1903
 8/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000234719
 8/9/2023 HUMANA CHA DISB HCCLAIMPMT 27028633 42000013
 8/8/2023 NDC SWEEP FAC H261 21000022830446 SWEEP FR
 8/8/2023 HNB - ECHO HCCLAIMPMT 746003411 440000261510
 8/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000212858

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	985.83	-	-	-	-	-	985.83
-	6,290.00	-	-	-	-	-	6,290.00
30.45	-	-	-	-	-	-	-
-	263.56	-	-	-	-	-	263.56
-	6,230.32	-	-	-	-	-	6,230.32
-	15,171.28	-	-	-	-	-	15,171.28
-	221.68	-	-	-	-	-	221.68
-	308.20	-	-	-	-	-	308.20
30.45	29,470.87	-	-	-	-	-	29,470.87

Gulf Pointe Plaza-Medicare/Medicaid

8/11/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 8/10/2023 1013
 8/10/2023 WIRE OUT HMG Rockport SNF, LP - Commerical
 8/10/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 8/9/2023 Deposit
 8/9/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 8/8/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001824605
 8/7/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 8/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000212858

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	1,547.00	-	-	-	-	-	1,547.00
50.83	-	-	-	-	-	-	-
74,190.08	-	-	-	-	-	-	-
-	2,534.29	-	-	-	-	-	2,534.29
-	31,386.15	-	-	-	-	-	31,386.15
-	412.24	-	-	-	-	-	412.24
-	750.72	-	-	-	-	-	750.72
-	10,340.20	-	-	-	-	-	10,340.20
-	17,108.06	-	-	-	-	-	17,108.06
74,240.91	64,078.66	-	-	-	-	-	64,078.66
74,271.36	93,549.53	-	-	-	-	-	93,549.53

Accounts

Quick View Transaction Search Account Groups

Account Balances Card View Table View

Search Accounts

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

DDA (15)

Prior Day Balance \$4,545,583.26 Collected Balance \$4,671,041.89 Available Balance \$4,887,305.75 Current Balance \$4,671,041.89

Sort Display Name

MEMORIAL MEDICAL CENTER - OPERATING *4357

Current Balance \$1,510,812.43 Collected Balance \$1,510,812.43 Available Balance \$1,588,502.65 Prior Day Balance \$1,714,709.55

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365

Current Balance \$537.77 Collected Balance \$537.77 Available Balance \$537.77 Prior Day Balance \$537.77

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373

Current Balance \$432.94 Collected Balance \$432.94 Available Balance \$432.94 Prior Day Balance \$432.94

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381

Current Balance \$180,033.47 Collected Balance \$180,033.47 Available Balance \$211,802.96 Prior Day Balance \$78,440.46

MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403

Current Balance \$111,064.62 Collected Balance \$111,064.62 Available Balance \$124,911.97 Prior Day Balance \$51,561.97

MEMORIAL MEDICAL CENTER / NH CRESCENT *4411

Current Balance \$149,515.55 Collected Balance \$149,515.55 Available Balance \$200,624.54 Prior Day Balance \$102,521.37

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438

Current Balance \$117,951.33 Collected Balance \$117,951.33 Available Balance \$137,083.50 Prior Day Balance \$83,895.01

MEMORIAL MEDICAL CENTER / NH FORT BEND *4446

Current Balance \$52,664.42 Collected Balance \$52,664.42 Available Balance \$53,599.59 Prior Day Balance \$21,683.66

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454

Current Balance \$80,447.37 Collected Balance \$80,447.37 Available Balance \$80,447.37 Prior Day Balance \$79,667.37

MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433

Current Balance \$32,513.37 Collected Balance \$32,513.37 Available Balance \$38,496.09 Prior Day Balance \$25,237.54

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

Current Balance \$64,178.66 Collected Balance \$64,178.66 Available Balance \$66,113.28 Prior Day Balance \$62,631.66

MMC -NH BETHANY SENIOR LIVING *5506

Current Balance \$186,464.30 Collected Balance \$186,464.30 Available Balance \$200,259.30 Prior Day Balance \$177,001.57

MMC -NH TUSCANY VILLAGE *3407

Current Balance \$107,351.13 Collected Balance \$107,351.13 Available Balance \$107,419.25 Prior Day Balance \$70,187.86

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 \$2,076,974.53 Collected Balance \$2,076,974.53 Available Balance \$2,076,974.53 Prior Day Balance \$2,076,974.53

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 8/14/2023

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		81,616.07	81,516.07	107,251.13	-	-	107,351.13	106,775.66
						Bank Balance Variance	107,351.13	
						Leave in Balance	100.00	
						Molina YS Adj 2	475.47	

Adjust Balance/Transfer Amt 106,775.66

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 8/14/2023
 ANDREW DE LOS SANTOS

APPROVED ON

AUG 15 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
8/11/2023 MOLINA HEALTHCAR MOLINAACH 01213343 42000012	-	646.94	304.00	82.40	75.71	184.83	475.47	171.47
8/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000270025	-	7.61	-	-	-	-	-	7.61
8/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000269770	-	36,508.72	-	-	-	-	-	36,508.72
8/10/2023 WIRE OUT LINBAR ENTERPRISES, LLC	81,516.07	-	-	-	-	-	-	-
8/10/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000159	-	6,387.58	-	-	-	-	-	6,387.58
8/9/2023 Deposit	-	480.00	-	-	-	-	-	480.00
8/9/2023 Deposit	-	10,502.56	-	-	-	-	-	10,502.56
8/9/2023 HNB - ECHO HCCLAIMPMT 746003411 440000299880	-	2,000.00	-	-	-	-	-	2,000.00
8/9/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000161	-	10,278.00	-	-	-	-	-	10,278.00
8/8/2023 HNB - ECHO HCCLAIMPMT 746003411 440000261510	-	11,617.13	-	-	-	-	-	11,617.13
8/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000212858	-	980.10	-	-	-	-	-	980.10
8/7/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000177	-	27,842.49	-	-	-	-	-	27,842.49
	81,516.07	107,251.13	304.00	82.40	75.71	184.83	475.47	106,775.66

Accounts

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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: \$4,545,583.26 | Collected Balance: \$4,671,041.89 | Available Balance: \$4,887,305.75 | Current Balance: \$4,671,041.89

Sort: | Display Name: |

MEMORIAL MEDICAL CENTER - OPERATING *4357

Current Balance: \$1,510,812.43 | Collected Balance: \$1,510,812.43
 Available Balance: \$1,588,502.65 | Prior Day Balance: \$1,714,709.55

MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365

Current Balance: \$537.77 | Collected Balance: \$537.77
 Available Balance: \$537.77 | Prior Day Balance: \$537.77

MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373

Current Balance: \$432.94 | Collected Balance: \$432.94
 Available Balance: \$432.94 | Prior Day Balance: \$432.94

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381

Current Balance: \$180,033.47 | Collected Balance: \$180,033.47
 Available Balance: \$211,602.96 | Prior Day Balance: \$78,440.46

MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403

Current Balance: \$111,064.62 | Collected Balance: \$111,064.62
 Available Balance: \$124,911.97 | Prior Day Balance: \$51,561.97

MEMORIAL MEDICAL CENTER / NH CRESCENT *4411

Current Balance: \$149,515.55 | Collected Balance: \$149,515.55
 Available Balance: \$200,624.54 | Prior Day Balance: \$102,521.37

MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438

Current Balance: \$117,951.33 | Collected Balance: \$117,951.33
 Available Balance: \$137,083.50 | Prior Day Balance: \$83,856.01

MEMORIAL MEDICAL CENTER / NH FORT BEND *4446

Current Balance: \$52,664.42 | Collected Balance: \$52,664.42
 Available Balance: \$53,599.59 | Prior Day Balance: \$21,683.66

MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454

Current Balance: \$80,447.37 | Collected Balance: \$80,447.37
 Available Balance: \$80,447.37 | Prior Day Balance: \$79,667.37

MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433

Current Balance: \$32,513.37 | Collected Balance: \$32,513.37
 Available Balance: \$38,496.09 | Prior Day Balance: \$25,237.54

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

Current Balance: \$64,178.66 | Collected Balance: \$64,178.66
 Available Balance: \$66,113.28 | Prior Day Balance: \$62,031.06

MMC -NH BETHANY SENIOR LIVING *5506

Current Balance: \$186,464.30 | Collected Balance: \$186,464.30
 Available Balance: \$200,259.30 | Prior Day Balance: \$177,001.57

MMC -NH TUSCANY VILLAGE *3407

Current Balance: \$107,351.13 | Collected Balance: \$107,351.13
 Available Balance: \$107,419.25 | Prior Day Balance: \$70,167.86

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: \$2,076,974.53 | Collected Balance: \$2,076,974.53
 Available Balance: \$2,076,974.53 | Prior Day Balance: \$2,076,974.53

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 8/14/2023

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		136,000.69	136,900.69 132,900.69	187,364.30			186,464.30	186,314.16
						Bank Balance	186,464.30	
						Variance	.	
						Leave in Balance	100.00	
						July Interest	50.14	
						Adjust Balance/Transfer Amt	186,314.16	

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 8/14/2023

Bethany Senior Living

8/11/2023 ck3110
 8/11/2023 Deposit
 8/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000270025
 8/11/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000192
 8/11/2023 HOSPICE OF SOUTH Payments NF 113122650014945
 8/10/2023 1024
 8/10/2023 WIRE OUT PORT LAVACA NH, LLC
 8/10/2023 NDC SWEEP FAC K236 31316965598974 SWEEP FR
 8/10/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000159
 8/9/2023 Deposit
 8/9/2023 Deposit
 8/9/2023 Deposit
 8/9/2023 Deposit
 8/9/2023 Deposit
 8/9/2023 Deposit
 8/9/2023 Deposit
 8/9/2023 Deposit
 8/9/2023 Deposit
 8/9/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000161
 8/7/2023 NDC SWEEP FAC K236 31316964985695 SWEEP FR
 8/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000212858
 8/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000212858
 8/7/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2

Transfer-Out
 1,000.00
 returned check
 181.34
 135,719.35

MMC PORTION				
QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI

Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
-	-	-	-	-	-	-
8,226.98	-	-	-	-	-	8,226.98
778.73	-	-	-	-	-	778.73
887.24	-	-	-	-	-	887.24
569.78	-	-	-	-	-	569.78
-	-	-	-	-	-	-
11,972.22	-	-	-	-	-	11,972.22
8,954.59	-	-	-	-	-	8,954.59
86,685.19	-	-	-	-	-	86,685.19
1,569.00	-	-	-	-	-	1,569.00
2,001.22	-	-	-	-	-	2,001.22
2,784.57	-	-	-	-	-	2,784.57
32,023.27	-	-	-	-	-	32,023.27
13,528.00	-	-	-	-	-	13,528.00
248.26	-	-	-	-	-	248.26
10,293.00	-	-	-	-	-	10,293.00
3,426.36	-	-	-	-	-	3,426.36
886.00	-	-	-	-	-	886.00
114.51	-	-	-	-	-	114.51
163.66	-	-	-	-	-	163.66
2,251.72	-	-	-	-	-	2,251.72
-	-	-	-	-	-	-
135,900.69	-	-	-	-	-	187,364.30

Accounts

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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
\$4,545,583.26	\$4,671,041.89	\$4,887,305.75	\$4,671,041.89

Sort: Display Name

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Available Balance	\$537.77	Prior Day Balance	\$537.77

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Available Balance	\$432.94	Prior Day Balance	\$432.94

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Current Balance	\$180,033.47	Collected Balance	\$180,033.47
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Current Balance	\$111,064.62	Collected Balance	\$111,064.62
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Current Balance	\$149,515.55	Collected Balance	\$149,515.55
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Available Balance	\$66,113.28	Prior Day Balance	\$62,631.66

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Current Balance	\$186,464.30	Collected Balance	\$186,464.30
Available Balance	\$200,259.30	Prior Day Balance	\$177,001.57

MMC -NH TUSCANY VILLAGE *3407

Current Balance	\$107,351.13	Collected Balance	\$107,351.13
Available Balance	\$107,419.26	Prior Day Balance	\$70,187.56

MMC -BETHANY SR LIVING - DACA *3660

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

MMC -MONEY MARKET FUND *2998

Current Balance	\$2,076,974.53	Collected Balance	\$2,076,974.53
Available Balance	\$2,076,974.53	Prior Day Balance	\$2,076,974.53

MEMORIAL MEDICAL CENTER
CHECK REQUEST *Ashford*

P MMC
A _____
Y _____
E _____
E _____

Date Requested: 8/14/23

APPROVED ON
AUG 15 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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 657.41 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Y5 Adj 2 *Ashford*

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DeLashante*

8/14/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST *Bradmeor*

P MMC
A _____
Y _____
E _____
E _____

Date Requested: 8/14/23

APPROVED ON
AUG 15 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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 269.35 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Y5 Adj 2 *Bradmeor*

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew Estep Santos*

8/14/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC
A _____
Y _____
E _____
E _____

Date Requested: 8/14/23

APPROVED ON
AUG 15 2023
BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT 205.74 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Y5 Adj 2 *Crescent*

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew D. [Signature]*

8/14/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC
A _____
Y _____
E _____
E _____

Date Requested: 8/14/23

APPROVED ON
AUG 15 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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 276.66 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Y5 Adj 2 Fort Bond ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLoe Senter

8/14/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC
A _____
Y _____
E _____
E _____

Date Requested: 8/14/23

APPROVED ON
AUG 15 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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 270.43 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Y5 Adj 2 *Balera ✓*

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew D. [Signature]*

8/14/23

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P MMC
A _____
Y _____
E _____
E _____

Date Requested: 8/14/23

APPROVED ON
AUG 15 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 457.47 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Y5 Adj 2 *Jessamy* ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew Solis Santos*

8/14/23

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

8/16/2023

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina Y5 Q2						TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040		657.41					657.41	8/16/2023
Broadmoor ✓	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040		269.35					269.35	8/16/2023
Crescent ✓	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040		205.74					205.74	8/16/2023
Fort Bend ✓	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040		276.66					276.66	8/16/2023
Solera ✓	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040		270.43					270.43	8/16/2023
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040							-	8/16/2023
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040							-	8/16/2023
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001	10255040							-	8/16/2023
Bethany			MMC - Prosperity Operating #10000001	10255040							-	8/16/2023
Tuscany ✓			MMC - Prosperity Operating #10000001	10255040		457.47					457.47	8/16/2023
			Total:			2,137.06					2,137.06	

Note:

Approved: 
 ANDREW DE LOS SANTOS 8/14/2023