

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 06, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 226,392.73	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 651,907.29	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 829,501.52	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED September 06, 2023	\$ 1,707,801.54	✓

APPROVED

SEP 06 2023

**CALIFORNIA COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 06, 2023

PAYABLES AND PAYROLL

9/1/2023 Weekly Payables	210,393.81
9/5/2023 McKesson-340B Prescription Expense	9,184.72
9/5/2023 Amerisource Bergen-340B Prescription Expense	1,226.90
9/5/2023 Health Equity-Wage works employee FSA	5,161.33

Prosperity Electronic Bank Payments

8/29-9/1/23 Pay Plus-Patient Claims Processing Fee	264.78
9/1/2023 ExpertPay- child support	161.19

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 226,392.73

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

9/1/2023 MMC Operating to Ashford-correction of NH QIPP payment deposited into MMC Operating	111,542.65
9/1/2023 MMC Operating to Solera-correction of NH QIPP payment deposited into MMC Operating	33,486.30
9/1/2023 MMC Operating to Fort bend-correction of NH insurance and QIPP payment deposited into MMC Operating	35,243.00
9/1/2023 MMC Operating to Broadmoor-correction of NH QIPP payment deposited into MMC Operating	40,909.34
9/1/2023 MMC Operating to Crescent-correction of NH insurance and QIPP payment deposited into MMC Operating in error	34,477.71
9/1/2023 MMC Operating to Golden Creek-correction of NH insurance and QIPP payment deposited into MMC Operating in error	124,980.04
9/1/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance and QIPP payment deposited into MMC Operating	80,024.77
9/1/2023 MMC Operating to Tuscany Village-correction of NH insurance and QIPP payment deposited into MMC Operating	49,051.20
9/1/2023 MMC Operating to Bethany-correction of NH insurance and QIPP payment deposited into MMC Operating	142,175.33
9/1/2023 MMC Operating to Cantex Health Care Centers-correction of NH insurance payment deposited into MMC Operating	16.95
MMC Operating to Bethany DACA-Opening deposit for new account	

TOTAL TRANSFERS BETWEEN FUNDS \$ 651,907.29

NURSING HOME UPL EXPENSES

9/5/2023 Nursing Home UPL-Cantex Transfer	469,452.32
9/5/2023 Nursing Home UPL-Nexion Transfer	7,597.25
9/5/2023 Nursing Home UPL-HMG Transfer	31,795.85
9/5/2023 Nursing Home UPL-Tuscany Transfer	81,617.22
9/5/2023 Nursing Home UPL-HSL Transfer	197,976.74

QIPP CHECKS TO MMC

9/5/2023 Golden Creek	310.00
9/5/2023 Gulf Pointe	123.67

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

9/5/2023 GoldenCreek to MMC-correction of MMC insurance payment deposited into GoldenCreek in error	33,528.58
9/5/2023 GoldenCreek to MMC Clinic-correction of MMC Clinic insurance payment deposited into GoldenCreek in error	2,583.41

TRANSFER OF FUNDS BETWEEN NURSING HOMES

9/5/2023 Golden Creek to Crescent-correction of Crescent insurance payment deposited into Golden Creek in error	1,733.98
9/5/2023 Ashford to Tuscany-correction of Tuscany insurance payment deposited into Ashford in error	2,782.50

TOTAL NURSING HOME UPL EXPENSES \$ 829,501.52

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED September 06, 2023 \$ 1,707,801.54

RECEIVED BY THE COUNTY AUDITOR ON

09/01/2023
SEP 01 2023
09:27

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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ap_open_invoice.template

Due Dates Through: 09/22/2023

CALHO Vendor# Vendor Name

Class Pay Code

10250	4IMPRINT, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11565238 ✓		08/16/20	08/18/20	08/30/20		162.29	0.00	0.00	162.29 ✓		

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10250	4IMPRINT, INC.		162.29	0.00	0.00	162.29

Vendor# Vendor Name Class Pay Code

R1200	ADT COMMERCIAL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
151571547 ✓		08/30/20	08/02/20	08/27/20		53.61	0.00	0.00	53.61 ✓

FIRE MONITORING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
R1200	ADT COMMERCIAL		53.61	0.00	0.00	53.61

Vendor# Vendor Name Class Pay Code

A1680	AIRGAS USA, LLC - CENTRAL DIV ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9141057921 ✓		08/23/20	08/01/20	08/31/20		82.20	0.00	0.00	82.20 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV		82.20	0.00	0.00	82.20

Vendor# Vendor Name Class Pay Code

14028	AMAZON CAPITAL SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1PXX-NLPT-4XKH ✓		08/23/20	08/20/20	09/19/20		29.53	0.00	0.00	29.53 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES		29.53	0.00	0.00	29.53

Vendor# Vendor Name Class Pay Code

A1360	AMERISOURCEBERGEN DRUG CORP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3144537077 ✓		08/30/20	08/24/20	08/30/20		356.40	0.00	0.00	356.40 ✓

INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1360	AMERISOURCEBERGEN DRUG CORP		356.40	0.00	0.00	356.40

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
93690 ✓		08/31/20	09/01/20	09/01/20		594.00	0.00	0.00	594.00 ✓

MONTHLY 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

B1150	BAXTER HEALTHCARE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
75544964 ✓		08/31/20	06/21/20	07/16/20		3,551.25	0.00	0.00	3,551.25 ✓

PUMPS

75611495 ✓		08/31/20	06/28/20	07/23/20		-3,551.25	0.00	0.00	-3,551.25 ✓
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	14064	CAPITAL ONE					1,591.53	0.00	0.00	1,591.53
Vendor#	Vendor Name		Class	Pay Code						
14260	CAREFUSION SOLUTIONS, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1002121881-3 ✓		08/31/20	08/07/20	09/01/20		2.00	0.00	0.00	2.00 ✓	
	MAINT									
1002121880-5 ✓		08/31/20	08/07/20	09/01/20		1,788.00	0.00	0.00	1,788.00 ✓	
	MAINT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14260	CAREFUSION SOLUTIONS, LLC				1,790.00	0.00	0.00	1,790.00	
Vendor#	Vendor Name		Class	Pay Code						
C1275	CARROT TOP INDUSTRIES INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV120535 ✓		08/30/20	07/14/20	08/14/20		100.95	0.00	0.00	100.95 ✓	
	FLAG									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1275	CARROT TOP INDUSTRIES INC				100.95	0.00	0.00	100.95	
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	
LC40798 ✓		08/15/20	08/02/20	09/01/20		101.98	0.00	0.00	101.98 ✓	
	JCC I									
LH58330 ✓		08/30/20	08/14/20	09/13/20		174.75	0.00	0.00	174.75 ✓	
	MONITOR									
LH43381 ✓		08/30/20	08/14/20	09/13/20		75.47	0.00	0.00	75.47 ✓	
	SUPPLIES									
LJ75240 ✓		08/30/20	08/16/20	09/15/20		1,559.27	0.00	0.00	1,559.27 ✓	
	LVO M90A									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1992	CDW GOVERNMENT, INC.				1,911.47	0.00	0.00	1,911.47	
Vendor#	Vendor Name		Class	Pay Code						
12768	CHEMAQUA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8343332 ✓		08/30/20	08/10/20	08/20/20		593.69	0.00	0.00	593.69 ✓	
	WATER TREATMENT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	12768	CHEMAQUA				593.69	0.00	0.00	593.69	
Vendor#	Vendor Name		Class	Pay Code						
C1730	CITY OF PORT LAVACA ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
082123		08/30/20	08/21/20	09/05/20		926.78	0.00	0.00	926.78 ✓	
	WATER									
082123A		08/30/20	08/21/20	09/05/20		5,544.20	0.00	0.00	5,544.20 ✓	
	WATER									
082123B		08/30/20	08/21/20	09/05/20		81.12	0.00	0.00	81.12 ✓	
	WATER									
082123C		08/30/20	08/21/20	09/05/20		63.62	0.00	0.00	63.62 ✓	
	WATER									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1730	CITY OF PORT LAVACA				6,615.72	0.00	0.00	6,615.72	
Vendor#	Vendor Name		Class	Pay Code						

11368	CYRACOM LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2023042131 ✓		08/30/20	06/30/20	07/30/20		327.85	0.00	0.00	327.85 ✓	
INTERPRETATION SERV										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11368	CYRACOM LLC				327.85	0.00	0.00	327.85	

Vendor# Vendor Name Class Pay Code

10368	DEWITT POTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
727968-0 ✓		08/30/20	08/21/20	09/15/20		75.27	0.00	0.00	75.27 ✓	
SUPPLIES										
727953-0 ✓		08/30/20	08/21/20	09/15/20		182.12	0.00	0.00	182.12 ✓	
SUPPLIES										
727961-0 ✓		08/30/20	08/21/20	09/15/20		15.04	0.00	0.00	15.04 ✓	
SUPPLIES										
728183-0 ✓		08/30/20	08/22/20	09/16/20		275.70	0.00	0.00	275.70 ✓	
SUPPLIES										
728173-0 ✓		08/30/20	08/22/20	09/16/20		460.29	0.00	0.00	460.29 ✓	
SUPPLIES										
728194-0 ✓		08/30/20	08/22/20	09/16/20		556.14	0.00	0.00	556.14 ✓	
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10368	DEWITT POTH & SON				1,564.56	0.00	0.00	1,564.56	

Vendor# Vendor Name Class Pay Code

11291	DOWELL PEST CONTROL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20418 ✓		08/30/20	08/28/20	09/01/20		105.00	0.00	0.00	105.00 ✓	
PEST CONTROL										
20419 ✓		08/30/20	08/28/20	09/01/20		160.00	0.00	0.00	160.00 ✓	
PEST CONTROL										
20398 ✓		08/30/20	08/28/20	09/01/20		260.00	0.00	0.00	260.00 ✓	
PEST CONTROL										
20400A ✓		08/30/20	08/28/20	09/01/20		505.00	0.00	0.00	505.00 ✓	
PEST CONTRL										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11291	DOWELL PEST CONTROL				1,030.00	0.00	0.00	1,030.00	

Vendor# Vendor Name Class Pay Code

10175	DSHS CENTRAL LAB MC2004 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
CM1838-072023 ✓		08/30/20	08/03/20	08/28/20		100.96	0.00	0.00	100.96 ✓	
LAB SERVICES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10175	DSHS CENTRAL LAB MC2004				100.96	0.00	0.00	100.96	

Vendor# Vendor Name Class Pay Code

11284	EMERGENCY STAFFING SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
42488		08/30/20	08/31/20	09/10/20		38,982.50	0.00	0.00	38,982.50	
PHYSICIAN SERVICES (114-EOM)										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11284	EMERGENCY STAFFING SOLUTIONS				38,982.50	0.00	0.00	38,982.50 ✓	

Vendor# Vendor Name Class Pay Code

12808	ESUTURES.COM ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
524982 ✓		08/30/20	08/23/20	09/22/20			59.00	0.00	0.00	59.00 ✓	
	SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	12808	ESUTURES.COM					59.00	0.00	0.00	59.00	
Vendor#	Vendor Name				Class	Pay Code					
C2510	EVIDENT ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
FDAPEX1378 ✓		08/31/20	08/31/20	09/01/20			6,000.00	0.00	0.00	6,000.00 ✓	
	APEX INTERFACE <i>Needed for Prvaction project</i>										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	C2510	EVIDENT					6,000.00	0.00	0.00	6,000.00	
Vendor#	Vendor Name				Class	Pay Code					
F1400	FISHER HEALTHCARE ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
5315363 ✓		08/30/20	08/11/20	09/05/20			19.81	0.00	0.00	19.81 ✓	
	SUPPLIES										
5315364 ✓		08/30/20	08/11/20	09/05/20			19.81	0.00	0.00	19.81 ✓	
	SUPPLIES										
5390355 ✓		08/30/20	08/15/20	09/09/20			36.94	0.00	0.00	36.94 ✓	
	SUPPLIES										
5390354 ✓		08/30/20	08/15/20	09/09/20			604.02	0.00	0.00	604.02 ✓	
	SUPPLIES										
5390353 ✓		08/30/20	08/15/20	09/09/20			35.03	0.00	0.00	35.03 ✓	
	SUPPLIES										
5390356 ✓		08/30/20	08/15/20	09/09/20			378.90	0.00	0.00	378.90 ✓	
	SUPPLIES										
5469363 ✓		08/30/20	08/17/20	09/11/20			2,003.04	0.00	0.00	2,003.04 ✓	
	SUPPLIES										
5469360 ✓		08/30/20	08/17/20	09/11/20			269.89	0.00	0.00	269.89 ✓	
	SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	F1400	FISHER HEALTHCARE					3,367.44	0.00	0.00	3,367.44	
Vendor#	Vendor Name				Class	Pay Code					
11183	FRONTIER ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
081923A		08/30/20	08/19/20	09/12/20			56.40	0.00	0.00	56.40 ✓	
	PHONE										
082323A		08/30/20	08/23/20	09/18/20			25.08	0.00	0.00	25.08 ✓	
	PHONE										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	11183	FRONTIER					81.48	0.00	0.00	81.48	
Vendor#	Vendor Name				Class	Pay Code					
12636	FUSION CLOUD SERVICES, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
1028960874 ✓		08/30/20	08/16/20	09/15/20			1,819.32	0.00	0.00	1,819.32 ✓	
	PHONE										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	12636	FUSION CLOUD SERVICES, LLC					1,819.32	0.00	0.00	1,819.32	
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		
9809963235 ✓		08/30/20	08/18/20	09/12/20		177.89	0.00	0.00	177.89	✓	
SUPPLIES											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	W1300	GRAINGER				177.89	0.00	0.00	177.89		
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		
2430646 ✓		08/30/20	08/22/20	09/21/20		609.87	0.00	0.00	609.87	✓	
SUPPLIES											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	G1210	GULF COAST PAPER COMPANY				609.87	0.00	0.00	609.87		
Vendor#	Vendor Name				Class	Pay Code					
10334	HEALTH CARE LOGISTICS INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
309103516 ✓		08/30/20	08/23/20	09/17/20		32.00	0.00	0.00	32.00	✓	
SUPPLIES											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10334	HEALTH CARE LOGISTICS INC				32.00	0.00	0.00	32.00		
Vendor#	Vendor Name				Class	Pay Code					
H0416	HOLOGIC INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10638502 ✓		08/30/20	08/15/20	08/30/20		3,414.00	0.00	0.00	3,414.00	✓	
SUPPLIES											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	H0416	HOLOGIC INC				3,414.00	0.00	0.00	3,414.00		
Vendor#	Vendor Name				Class	Pay Code					
L1001	LANDAUER INC ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
101143904 ✓		08/30/20	08/16/20	09/15/20		811.45	0.00	0.00	811.45	✓	
DOSIMETRY SERVICES											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	L1001	LANDAUER INC				811.45	0.00	0.00	811.45		
Vendor#	Vendor Name				Class	Pay Code					
10972	M G TRUST ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
082823		08/30/20	08/28/20	09/01/20		1,115.86	0.00	0.00	1,115.86	✓	
INSURANCE PAYROLL DEDUC											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10972	M G TRUST				1,115.86	0.00	0.00	1,115.86		
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		
2276534111 ✓		08/01/20	07/18/20	08/12/20		171.00	0.00	0.00	171.00	✓	
SUPPLIES											
2278999159 ✓		08/15/20	08/02/20	08/27/20		69.02	0.00	0.00	69.02	✓	
SUPPLIES											
2279198271 ✓		08/15/20	08/03/20	08/28/20		478.36	0.00	0.00	478.36	✓	
SUPPLIES											
2279956696 ✓		08/16/20	08/08/20	09/02/20		4,693.98	0.00	0.00	4,693.98	✓	

		SUPPLIES										
2279956689	✓		08/16/20	08/09/20	09/03/20		84.28	0.00	0.00	84.28	✓	
		SUPPLIES										
2279956692	✓		08/16/20	08/09/20	09/03/20		695.17	0.00	0.00	695.17	✓	
		SUPPLIES										
2279956693	✓		08/16/20	08/09/20	09/03/20		168.58	0.00	0.00	168.58	✓	
		SUPPLIES										
2280433169	✓		08/30/20	08/11/20	09/05/20		-5.92	0.00	0.00	-5.92	✓	
		CREDIT										
2281333901	✓		08/30/20	08/18/20	09/12/20		38.16	0.00	0.00	38.16	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	6,392.63	0.00	0.00	6,392.63
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		
9962469	✓		08/30/20	08/23/20	09/02/20		7.78	0.00	0.00	7.78	✓	
		INVENTORY										
9964085	✓		08/30/20	08/23/20	09/02/20		202.24	0.00	0.00	202.24	✓	
		INVENTORY										
9965107	✓		08/30/20	08/23/20	09/02/20		180.95	0.00	0.00	180.95	✓	
		INVENTORY										
9965105	✓		08/30/20	08/23/20	09/02/20		120.32	0.00	0.00	120.32	✓	
		INVENTORY										
9964268	✓		08/30/20	08/23/20	09/02/20		3,829.17	0.00	0.00	3,829.17	✓	
		INVENTORY										
9963486	✓		08/30/20	08/23/20	09/02/20		180.47	0.00	0.00	180.47	✓	
		INVENTORY										
9962470	✓		08/30/20	08/23/20	09/02/20		340.88	0.00	0.00	340.88	✓	
		INVENTORY										
9964086	✓		08/30/20	08/23/20	09/02/20		943.53	0.00	0.00	943.53	✓	
		INVENTORY										
9965106	✓		08/30/20	08/23/20	09/02/20		74.34	0.00	0.00	74.34	✓	
		INVENTORY										
9967556	✓		08/30/20	08/24/20	09/03/20		1,167.26	0.00	0.00	1,167.26	✓	
		INVENTORY										
CM55444	✓		08/30/20	08/24/20	09/03/20		-40.42	0.00	0.00	-40.42	✓	
		CREDIT										
9969265	✓		08/30/20	08/24/20	09/03/20		40.77	0.00	0.00	40.77	✓	
		INVENTORY										
9969264	✓		08/30/20	08/24/20	09/03/20		41.82	0.00	0.00	41.82	✓	
		INVENTORY										
CM55445	✓		08/30/20	08/24/20	09/03/20		-521.87	0.00	0.00	-521.87	✓	
		CREDIT										
9976256	✓		08/30/20	08/27/20	09/06/20		12,344.28	0.00	0.00	12,344.28	✓	
		INVENTORY										
9976258	✓		08/30/20	08/27/20	09/06/20		805.75	0.00	0.00	805.75	✓	
		INVENTORY										
9976257	✓		08/30/20	08/27/20	09/06/20		385.64	0.00	0.00	385.64	✓	
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net

	10536	MORRIS & DICKSON CO, LLC					20,102.91	0.00	0.00	20,102.91
Vendor#	Vendor Name				Class	Pay Code				
11256	NOVITAS SOLUTIONS - PART A									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
083023		08/30/20	08/30/20	09/01/20		64,861.00	0.00	0.00	64,861.00	
	MEDICARE PART B		<i>Overpayment received</i>							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11256	NOVITAS SOLUTIONS - PART A				64,861.00	0.00	0.00	64,861.00	
Vendor#	Vendor Name				Class	Pay Code				
01500	OLYMPUS AMERICA INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
34754786		08/01/20	07/26/20	08/20/20		1,283.30	0.00	0.00	1,283.30	
	SUPPLIES									
34796462		08/15/20	08/02/20	08/27/20		136.80	0.00	0.00	136.80	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	01500	OLYMPUS AMERICA INC				1,420.10	0.00	0.00	1,420.10	
Vendor#	Vendor Name				Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC)									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9353820724		08/23/20	08/02/20	09/01/20		167.60	0.00	0.00	167.60	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10372	PRECISION DYNAMICS CORP (PDC)				167.60	0.00	0.00	167.60	
Vendor#	Vendor Name				Class	Pay Code				
S0900	SAM'S CLUB DIRECT				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
081423		08/30/20	08/14/20	09/08/20		329.74	0.00	0.00	329.74	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S0900	SAM'S CLUB DIRECT				329.74	0.00	0.00	329.74	
Vendor#	Vendor Name				Class	Pay Code				
S1405	SERVICE SUPPLY OF VICTORIA INC				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
701195194		08/30/20	08/25/20	09/10/20		185.34	0.00	0.00	185.34	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S1405	SERVICE SUPPLY OF VICTORIA INC				185.34	0.00	0.00	185.34	
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
116417401		08/30/20	08/16/20	09/10/20		2,375.92	0.00	0.00	2,375.92	
	EVO EXCEL									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S2001	SIEMENS MEDICAL SOLUTIONS INC				2,375.92	0.00	0.00	2,375.92	
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
290881		08/31/20	08/16/20	08/26/20		410.00	0.00	0.00	410.00	
	BILLBOARD									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	

	10699	SIGN AD, LTD.					410.00	0.00	0.00	410.00
Vendor#	Vendor Name				Class	Pay Code				
C1010	SPARKLIGHT ✓					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
081423A		08/30/20	08/14/20	08/15/20			137.88	0.00	0.00	137.88 ✓
	CABLE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT					137.88	0.00	0.00	137.88
Vendor#	Vendor Name				Class	Pay Code				
11075	SUMMIT MEDICAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
617222 ✓		08/08/20	08/01/20	08/31/20			199.00	0.00	0.00	199.00 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11075	SUMMIT MEDICAL					199.00	0.00	0.00	199.00
Vendor#	Vendor Name				Class	Pay Code				
12476	SUN LIFE FINANCIAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
082323		08/30/20	08/23/20	09/10/20			11,354.07	0.00	0.00	11,354.07 ✓
	INSURANCE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL					11,354.07	0.00	0.00	11,354.07
Vendor#	Vendor Name				Class	Pay Code				
14212	SURGICAL DIRECT SOUTH ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9311		08/30/20	08/22/20	09/21/20			3,980.00	0.00	0.00	3,980.00 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH					3,980.00	0.00	0.00	3,980.00
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
0022589-51-079 ✓		08/30/20	07/27/20	07/28/20			4,180.00	0.00	0.00	4,180.00 ✓
	BRANDON BATES W/E 7/22/23									
0022676-51-079 ✓		08/30/20	08/23/20	08/24/20			4,097.50	0.00	0.00	4,097.50 ✓
	BRANDON BATES W/E 8/19/23									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC					8,277.50	0.00	0.00	8,277.50
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
2921004217 ✓		08/30/20	05/18/20	06/12/20			197.83	0.00	0.00	197.83 ✓
	LAUNDRY									
2921004992 ✓		08/30/20	05/29/20	06/23/20			306.51	0.00	0.00	306.51 ✓
	LAUNDRY									
2921012178 ✓		08/30/20	08/24/20	09/18/20			204.94	0.00	0.00	204.94 ✓
	LAUNDRY									
2921012176 ✓		08/30/20	08/24/20	09/18/20			107.98	0.00	0.00	107.98 ✓
	LAUNDRY									
2921012182 ✓		08/30/20	08/24/20	09/18/20			244.19	0.00	0.00	244.19 ✓
	LAUNDRY									

2921012179	✓	08/30/20	08/24/20	09/18/20	2,002.52	0.00	0.00	2,002.52	✓
		LAUNDRY							
2921012184	✓	08/30/20	08/24/20	09/18/20	101.70	0.00	0.00	101.70	✓
		LAUNDRY							
2921012183	✓	08/30/20	08/24/20	09/18/20	234.96	0.00	0.00	234.96	✓
		LAUNDRY							
2921012181	✓	08/30/20	08/24/20	09/18/20	263.55	0.00	0.00	263.55	✓
		LAUNDRY							
2921012355	✓	08/30/20	08/28/20	09/22/20	87.39	0.00	0.00	87.39	✓
		LAUNDRY							
2921012354	✓	08/30/20	08/28/20	09/22/20	2,539.74	0.00	0.00	2,539.74	✓
		LAUNDRY							
Vendor Totals: Number Name		U1064 UNIFIRST HOLDINGS INC		Class	Pay Code	Gross	Discount	No-Pay	Net
11110	✓	WERFEN USA LLC				6,291.31	0.00	0.00	6,291.31
Invoice# Comment		Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9111369614	✓	08/16/20	08/14/20	09/08/20		390.00	0.00	0.00	390.00
SUPPLIES									
9111373151	✓	08/23/20	08/21/20	09/15/20		1,155.84	0.00	0.00	1,155.84
SUPPLIES									
Vendor Totals: Number Name		11110 WERFEN USA LLC		Report Summary		Gross	Discount	No-Pay	Net
Grand Totals:		Gross	210,393.81	Discount	0.00	No-Pay	0.00	Net	210,393.81

APPROVED ON
SEP 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
CK # 200100 - 200750

MCKESSON

STATEMENT

As of: 09/01/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 09/01/2023
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:

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 632536
Date: 09/02/2023

Cust: 632536
Date: 09/02/2023

**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: 9,372.19 USD

Future Due: 0.00

If Paid By 09/05/2023,
Pay This Amount:

9,184.72 USD

Due If Paid On Time:
USD

9,184.72 ✓

Past Due: 0.00

Disc lost if paid late:

187.47

Last Payment 2,451.97
08/07/2017

If Paid After 09/05/2023,
Pay this Amount:

9,372.19 USD

Due If Paid Late:
USD

9,372.19

0 • C

Andrew DeLosSantos
9/5/23

7,122.46 +

2,062.26 +

9,184.72 *

APPROVED ON

SEP 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

STATEMENT

As of: 09/01/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 09/01/2023
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: 09/02/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/02/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS												
08/28/2023	09/05/2023	7440603842		86085267	115Invoice	0.01	0.32		0.31	✓	7440603842	
08/28/2023	09/05/2023	7440603843		86293201	115Invoice	14.88	744.10		729.22	✓	7440603843	
08/28/2023	09/05/2023	7440773556		86168686	195Invoice	0.25	12.29		12.04	✓	7440773556	
08/29/2023	09/05/2023	7440942931		86414737	115Invoice	0.70	34.76		34.06	✓	7440942931	
08/31/2023	09/05/2023	7441526215		86639909	115Invoice	14.87	743.69		728.82	✓	7441526215	
08/31/2023	09/05/2023	7441526217		86714318	115Invoice	6.64	331.87		325.23	✓	7441526217	
08/31/2023	09/05/2023	7441526218		86711806	115Invoice	44.62	2,231.10		2,186.48	✓	7441526218	
08/31/2023	09/05/2023	7441668233		86646421	195Invoice	0.01	0.32		0.31	✓	7441668233	
08/31/2023	09/05/2023	7441747149		83787517	115Invoice	0.04	1.78		1.74	✓	7441747149	
09/01/2023	09/05/2023	7441805274		86833062	115Invoice	39.51	1,975.51		1,936.00	✓	7441805274	
09/01/2023	09/05/2023	7441805275		86833062	115Invoice	8.98	448.83		439.85	✓	7441805275	
09/01/2023	09/05/2023	7441805715		86761539	115Invoice	14.87	743.27		728.40	✓	7441805715	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,267.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/28/2023 6,735.64

If Paid By 09/05/2023,
Pay This Amount: 7,122.46 USD

If Paid After 09/05/2023,
Pay this Amount: 7,267.84 USD

Due If Paid On Time:
USD 7,122.46 ✓
Disc lost if paid late: 145.38
Due If Paid Late:
USD 7,267.84

Andrew De La Santa
9/5/23

APPROVED ON

SEP 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/01/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 09/01/2023
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: 09/02/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 09/02/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/30/2023	09/05/2023	7441295033	632536 2642702	115Invoice	42.09	2,104.35		2,062.26 ✓		7441295033	

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

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

Subtotals: 2,104.35 USD

Future Due: 0.00

If Paid By 09/05/2023,
Pay This Amount: 2,062.26 USD

Due If Paid On Time:
USD 2,062.26 ✓

Past Due: 0.00

Disc lost if paid late: 42.09

Last Payment 08/21/2023 10,775.55

If Paid After 09/05/2023,
Pay this Amount: 2,104.35 USD

Due If Paid Late:
USD 2,104.35

Andrew De los Santos
9/5/23

APPROVED ON

SEP 05 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:	1,226.90
Past Due:	0.00
Total Due:	1,226.90
Account Balance:	1,226.90

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-28-2023	09-08-2023	3144849774	7003843173	Invoice	97.45		0.00	97.45 ✓
08-28-2023	09-08-2023	3144849775	7003851944	Invoice	3.33		0.00	3.33 ✓
08-28-2023	09-08-2023	3144849776	7003864116	Invoice	17.78		0.00	17.78 ✓
08-28-2023	09-08-2023	3144849777	7003851846	Invoice	18.00		0.00	18.00 ✓
08-28-2023	09-08-2023	3144978408	7003875127	Invoice	22.12		0.00	22.12 ✓
08-29-2023	09-08-2023	3145115882	7003885934	Invoice	85.84		0.00	85.84 ✓
08-30-2023	09-08-2023	3145282499	7003896059	Invoice	3.86		0.00	3.86 ✓
08-31-2023	09-08-2023	3145429767	7003906083	Invoice	223.41		0.00	223.41 ✓
08-31-2023	09-08-2023	3145429768	7003906290	Invoice	497.76		0.00	497.76 ✓
08-31-2023	09-08-2023	3145429769	7003906324	Invoice	176.04		0.00	176.04 ✓
09-01-2023	09-08-2023	3145559188	7003917118	Invoice	81.31		0.00	81.31 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,226.90	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
09-01-2023	(315.64)

Reminders	
Due Date	Amount
09-08-2023	1,226.90
Total Due:	1,226.90

APPROVED ON

SEP 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, ALA

Andrew Dofos Santos
9/5/23

Memorial Medical Center
Transfer Request

Amount: 5,161.33

From Account: Operating- *4357

To Account: MUFG Union Bank

APPROVED ON
SEP 05 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Number: 3120004394

Routing Number: 122000496

Explanation:

Wage Works Employee FSA Payment Invoices 4242934, 4356149, 5094687, 5560260, 5499996, 5517762, 5539448, 5573311

Requested by: Caitlin Clevenger

Date: 9/1/2023

Authorized by: Andrew DeLos Santos

Date: 9/5/23

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. 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	09/23/2022
PO#	Invoice #
	INV4242934
DUE DATE	AMOUNT DUE
10/24/2022 ✓	\$396.50 ✓

Description	Quantity	Fee	Amount
Healthcare - Benefit Period: <u>Sep 2022</u>			
Monthly Compliance Fee	1	50.00	50.00
HC FSA Admin Fee - Current Plan Year	65	5.25	341.25
DC FSA Admin Fee - Current Plan Year	1	5.25	5.25
Total Amount Due			\$396.50 ✓

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	10/25/2022
PO#	Invoice #
	INV4356149
DUE DATE	AMOUNT DUE
11/25/2022 ✓	\$580.25 ✓

Description	Quantity	Fee	Amount
Healthcare - Benefit Period: <u>Oct 2022</u>			
Monthly Compliance Fee	1	50.00	50.00
HC FSA Admin Fee - Current Plan Year	100	5.25	525.00
DC FSA Admin Fee - Current Plan Year	1	5.25	5.25
Total Amount Due			\$580.25 ✓

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: 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	04/25/2023
PO#	Invoice #
	INV5094687
DUE DATE	AMOUNT DUE
05/25/2023 ✓	\$470.00 ✓

Description	Quantity	Fee	Amount
Healthcare - Benefit Period: <u>Apr 2023</u>			
Monthly Compliance Fee	1	50.00	50.00
HC FSA Admin Fee - Current Plan Year	77	5.25	404.25
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 \$470.00 ✓

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	08/23/2023
PO#	Invoice #
	INV5560260
DUE DATE	AMOUNT DUE
09/22/2023 ✓	\$475.25 ✓

Description	Quantity	Fee	Amount
Healthcare - Benefit Period: <u>Aug 2023</u>			
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
 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	08/07/2023
PO #	DUE DATE
	11/06/2023 ✓
Invoice #	AMOUNT DUE
INV5499996	\$441.94

Description	Plan Code	Amount
Visa Card Payments - HCFA 2023	HCFA2023	441.94 ✓

Total Amount Due

\$441.94 ✓

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	08/14/2023
PO #	DUE DATE
	11/13/2023 ✓
Invoice #	AMOUNT DUE
INV5517762	\$832.44 ✓

Description	Plan Code	Amount
PMB Payments - DCFSA 2023	DCFSA2023	154.95
PMB Payments - HCFSA 2023	HCFSA2023	65.00
Visa Card Payments - HCFSA 2023	HCFSA2023	612.49

Total Amount Due

\$832.44 ✓

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	08/21/2023
PO #	DUE DATE
	11/20/2023 ✓
Invoice #	AMOUNT DUE
INV5539448	\$362.64

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2023	HCFSA2023	362.64 ✓

Total Amount Due

\$362.64 ✓

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	08/28/2023
PO #	DUE DATE
	11/27/2023
Invoice #	AMOUNT DUE
INV5573311	\$1,602.31

Description	Plan Code	Amount
PMB Payments - DCFSA 2023	DCFSA2023	58.33
Repayments - HCFSA 2023	HCFSA2023	(142.25)
PMB Payments - HCFSA 2023	HCFSA2023	142.25
Visa Card Payments - HCFSA 2023	HCFSA2023	1,543.98

Total Amount Due

\$1,602.31

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 28, 2023 - Sept 3, 2023**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
9/1/2023	PAY PLUS ACHTrans 000000000709561 1010006955	- 3rd Party Payor Fee
9/1/2023	EXPERTPAY EXPERTPAY 746003411 91000017628635	-Child Support Payment
9/1/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
9/1/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
8/31/2023	PAY PLUS ACHTrans 000000000555332 1010006944	- 3rd Party Payor Fee
8/30/2023	PAY PLUS ACHTrans 000000000465762 1010006934	- 3rd Party Payor Fee
8/29/2023	PAY PLUS ACHTrans 000000000351667 1010006922	- 3rd Party Payor Fee
8/29/2023	MCKESSON DRUG AUTO ACH ACH05633557 910000125	- 340B Drug Program Expense

<u>Amount</u>	<u>CPSI</u>
24.03	Pay Plus 24.03 +
161.19	107.81 +
315.64	2.84 +
375,174.01	130.10 +
107.81	264.78 *
2.84	Expert Pay 161.19 +
130.10	161.19 *
6,735.64	161.19 *
382,651.26	
	264.78 +
	161.19 +
	425.97 *

Andrew De Los Santos

September 5, 2023

ANDREW DE LOS SANTOS
Memorial Medical Center

PROSPERITY BANK

* Approved 08.30.23 CC

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

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

Andrew De Los Santos

September 5, 2023

ANDREW DE LOS SANTOS
Memorial Medical Center

<u>Amount</u>
382,651.26 +
315.64 -
375,174.01 -
6,735.64 -
425.97 *
425.97 +
425.97 -
0.00 *

APPROVED ON

SEP 05 2023

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 01 2023

08/31/2023
CALHOUN COUNTY, TEXAS
16:44

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
082523A		08/29/20	08/25/20	09/25/20		9,447.48	0.00	0.00	9,447.48 ✓

UHC JUNE PMT

082523		08/29/20	08/25/20	09/25/20		101,685.93	0.00	0.00	101,685.93 ✓
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UHC Q3 PMT

082923		08/29/20	08/29/20	09/29/20		409.24	0.00	0.00	409.24 ✓
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UHC Y4 ADJ 3 Y5 ADJ 2

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	111,542.65	0.00	0.00	111,542.65

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	111,542.65	0.00	0.00	111,542.65

APPROVED ON

SEP 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#10751

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 01 2023

09/01/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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		
082523		08/29/20	08/25/20	09/25/20		30,437.86	0.00	0.00	30,437.86 ✓		
	UHC Q3 PMT										
082523A		08/29/20	08/25/20	09/25/20		2,820.55	0.00	0.00	2,820.55 ✓		
	UHC JUNE PMT										
082823		08/31/20	08/28/20	09/28/20		227.89	0.00	0.00	227.89 ✓		
	UHC QIPP Y4 ADJ 3, Y5 ADJ 2										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11828	SOLERA WEST HOUSTON	33,486.30	0.00	0.00	33,486.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	33,486.30	0.00	0.00	33,486.30

APPROVED ON

SEP 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL # 200759

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 01 2023

08/31/2023

16:47

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
082523A		08/29/20	08/25/20	09/25/20		2,957.47	0.00	0.00	2,957.47 ✓
	UHC JUNE PMT								
082523		08/29/20	08/25/20	09/25/20		31,672.43	0.00	0.00	31,672.43 ✓
	UHC Q3 PMT								
082923		08/29/20	08/29/20	09/29/20		213.10	0.00	0.00	213.10 ✓
	UHC Y4 AJD 3 Y5 AJD 2								
082823		08/31/20	08/28/20	09/28/20		400.00	0.00	0.00	400.00 ✓

TRANSFER *MT insurance pymt deposited into MMC open*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	35,243.00	0.00	0.00	35,243.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	35,243.00	0.00	0.00	35,243.00

APPROVED ON

SEP 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 200756

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 01 2023
09/01/2023

15:48

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
082523A		08/29/20	08/25/20	09/25/20		37,248.81	0.00	0.00	37,248.81 ✓
	UCH Q3 MPT								
082523B		08/31/20	08/25/20	09/25/20		3,502.77	0.00	0.00	3,502.77 ✓
	UHC JUNE PMT								
082823A		08/31/20	08/28/20	09/28/20		157.76	0.00	0.00	157.76 ✓
	UHC Y4 ADJ 3 Y5 ADJ 2								

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	40,909.34	0.00	0.00	40,909.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,909.34	0.00	0.00	40,909.34

APPROVED ON

SEP 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 20794

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 01 2023

CALHOUN COUNTY, TEXAS
09/01/2023
15:48

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
082523A		08/29/20	08/25/20	09/25/20		2,581.09	0.00	0.00	2,581.09 ✓
	UHC JUNE PMT								
082523		08/29/20	08/25/20	09/25/20		28,020.54	0.00	0.00	28,020.54 ✓
	UHC Q3 PMT								
082423		08/31/20	08/24/20	09/24/20		2,800.00	0.00	0.00	2,800.00 ✓
	TRANSFER								
082823A		08/31/20	08/28/20	09/28/20		76.08	0.00	0.00	76.08 ✓
	UHC Y4 ADJ 3 Y5 ADJ 2								
082823		08/31/20	08/28/20	09/28/20		1,000.00	0.00	0.00	1,000.00 ✓
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	34,477.71	0.00	0.00	34,477.71

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34,477.71	0.00	0.00	34,477.71

APPROVED ON

SEP 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#200760

RECEIVED BY THE
COUNTY AUDITOR ON
SEP 01 2023
08/31/2023
16:47
CALHOUN COUNTY, TEXAS

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

Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	082123		08/29/20	08/21/20	09/23/20		175.02	0.00	0.00	175.02 ✓
		082123A	TRANSFER	08/29/20	08/21/20	09/23/20		8,099.00	0.00	0.00	8,099.00 ✓
		082223	TRANSFER	08/29/20	08/22/20	09/23/20		122.50	0.00	0.00	122.50 ✓
		082223A	TRANSFER	08/29/20	08/22/20	09/23/20		229.87	0.00	0.00	229.87 ✓
		082523A	TRANSFER	08/29/20	08/25/20	09/25/20		3,707.05	0.00	0.00	3,707.05 ✓
		082523	UHC JUNE PMT	08/29/20	08/25/20	09/25/20		35,538.48	0.00	0.00	35,538.48 ✓
		082823	UHC Q3 PMT	08/29/20	08/28/20	09/28/20		510.80	0.00	0.00	510.80 ✓
		082423A	TRANSFER	08/30/20	08/24/20	09/24/20		3,837.45	0.00	0.00	3,837.45 ✓
		082423	TRANSFER	08/30/20	08/24/20	09/24/20		15,019.88	0.00	0.00	15,019.88 ✓
		082823A	TRANSFER	08/30/20	08/28/20	09/28/20		52,595.55	0.00	0.00	52,595.55 ✓
		082823C	TRANSFER	08/30/20	08/28/20	09/28/20		4,600.00	0.00	0.00	4,600.00 ✓
		082823B	TRANSFER	08/30/20	08/28/20	09/28/20		544.44	0.00	0.00	544.44 ✓
Vendor Totals		Number	Name					Gross	Discount	No-Pay	Net
		11836	GOLDENCREEK HEALTHCARE					124,980.04	0.00	0.00	124,980.04

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	124,980.04	0.00	0.00	124,980.04

APPROVED ON
SEP 01 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 200757

RECEIVED BY THE
COUNTY AUDITOR ON

08/31/2023
SEP 01 2023

16:47

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
082123		08/29/20	08/21/20	09/23/20		1,740.68	0.00	0.00	1,740.68 ✓		
	TRANSFER	<i>NH insurance pymt deposited into MHC operating</i>									
082223		08/29/20	08/22/20	09/23/20		21,265.18	0.00	0.00	21,265.18 ✓		
	TRANSFER										
082523A		08/29/20	08/25/20	09/25/20		23,638.78	0.00	0.00	23,638.78 ✓		
	UHC Q3 PMT										
082523		08/29/20	08/25/20	09/25/20		2,808.52	0.00	0.00	2,808.52 ✓		
	UHC JUNE PMT										
082823		08/29/20	08/28/20	09/28/20		1,852.50	0.00	0.00	1,852.50 ✓		
	TRANSFER	<i>u</i>									
082423		08/30/20	08/24/20	09/24/20		26,315.00	0.00	0.00	26,315.00 ✓		
	TRANSFER	<i>u</i>									
082823A		08/30/20	08/28/20	09/28/20		2,404.11	0.00	0.00	2,404.11 ✓		
	TRANSFER	<i>u</i>									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12696	GULF POINTE PLAZA	80,024.77	0.00	0.00	80,024.77

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	80,024.77	0.00	0.00	80,024.77

APPROVED ON

SEP 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 20758

RECEIVED BY THE
COUNTY AUDITOR ON

08/31/2023
SEP 01 2023

17:04

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
082123		08/29/20	08/21/20	09/23/20		1,800.00	0.00	0.00	1,800.00 ✓
082523	TRANSFER	08/29/20	08/25/20	09/25/20		37,397.64	0.00	0.00	37,397.64 ✓
	<i>NH insurance pymt deposit into MMC operating</i>								
	UHC Q3 PMT								
082523A		08/29/20	08/25/20	09/25/20		1,612.62	0.00	0.00	1,612.62 ✓
	UHC JUNE PMT								
082923		08/29/20	08/29/20	09/29/20		362.66	0.00	0.00	362.66 ✓
	UHC Y4 ADJ 3 Y5 ADJ 2								
082823		08/31/20	08/28/20	09/28/20		7,878.28	0.00	0.00	7,878.28 ✓
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	49,051.20	0.00	0.00	49,051.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	49,051.20	0.00	0.00	49,051.20

APPROVED ON

SEP 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 20761

RECEIVED BY THE COUNTY AUDITOR ON

SEP 01 2023
08/31/2023

16:58
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
082123A		08/29/20	08/21/20	09/23/20		936.76	0.00	0.00	936.76 ✓
	TRANSFER								
082123B		08/29/20	08/21/20	09/23/20		19,955.01	0.00	0.00	19,955.01 ✓
	TRANSFER								
082123		08/29/20	08/21/20	09/23/20		177.98	0.00	0.00	177.98 ✓
	TRANSFER								
082223		08/29/20	08/22/20	09/23/20		40.57	0.00	0.00	40.57 ✓
	TRANSFER								
082523		08/29/20	08/25/20	09/25/20		25,789.57	0.00	0.00	25,789.57 ✓
	UHC Q3 PMT								
082823		08/29/20	08/28/20	09/28/20		1,904.95	0.00	0.00	1,904.95 ✓
	TRANSFER								
082423A		08/31/20	08/24/20	09/24/20		196.55	0.00	0.00	196.55 ✓
	TRANSFER								
082423		08/31/20	08/24/20	09/24/20		18,881.01	0.00	0.00	18,881.01 ✓
	TRANSFER								
082523B		08/31/20	08/25/20	09/25/20		3,034.38	0.00	0.00	3,034.38 ✓
	UHC JUNE PMT								
082823D		08/31/20	08/28/20	09/28/20		6,161.08	0.00	0.00	6,161.08 ✓
	TRANSFER								
082823B		08/31/20	08/28/20	09/28/20		57,483.46	0.00	0.00	57,483.46 ✓
	TRANSFER								
082823A		08/31/20	08/28/20	09/28/20		847.05	0.00	0.00	847.05 ✓
	TRANSFER								
082823C		08/31/20	08/28/20	09/28/20		1,637.92	0.00	0.00	1,637.92 ✓
	TRANSFER								
082823E		08/31/20	08/28/20	09/28/20		890.14	0.00	0.00	890.14 ✓
	TRANSFER								
082823F		08/31/20	08/28/20	09/28/20		4,200.00	0.00	0.00	4,200.00 ✓
	TRANSFER								
082823G		08/31/20	08/28/20	09/29/20		38.90	0.00	0.00	38.90 ✓
	TRANSFER								
Vendor Totals									
Number Name						Gross	Discount	No-Pay	Net
12792 BETHANY SENIOR LIVING						142,175.33	0.00	0.00	142,175.33

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	142,175.33	0.00	0.00	142,175.33

APPROVED ON

SEP 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#200753

RECEIVED BY THE
COUNTY AUDITOR ON
SEP 01 2023
08/31/2023
CALHOUN COUNTY, TEXAS

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

Vendor# Vendor Name

11088 CANTEX HEALTH CARE CENTERS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
082823		08/31/20	08/28/20	09/28/20		16.95	0.00	0.00	16.95

TRANSFER

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11088	CANTEX HEALTH CARE CENTERS LLC	16.95	0.00	0.00	16.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16.95	0.00	0.00	16.95

APPROVED ON

SEP 01 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 200755

☒

RUN DATE:09/05/23
 TIME:09:28

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 09/06/23 THRU 09/06/23

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	200700	09/06/23	162.29	4IMPRINT, INC.
A/P	200701	09/06/23	53.61	ADT COMMERCIAL
A/P	200702	09/06/23	82.20	AIRGAS USA, LLC - CENTRAL DIV
A/P	200703	09/06/23	29.53	AMAZON CAPITAL SERVICES
A/P	200704	09/06/23	356.40	AMERISOURCEBERGEN DRUG CORP
A/P	200705	09/06/23	594.00	AZALEA HEALTH
A/P	200706	09/06/23	322.07	BAXTER HEALTHCARE
A/P	200707	09/06/23	5,582.72	BECKMAN COULTER INC
A/P	200708	09/06/23	1,738.00	BHB MACHINE & PUMP REPAIR, LLC
A/P	200709	09/06/23	1,076.66	BIO-RAD LABORATORIES, INC
A/P	200710	09/06/23	267.95	CALHOUN COUNTY
A/P	200711	09/06/23	1,591.53	CAPITAL ONE
A/P	200712	09/06/23	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	200713	09/06/23	100.95	CARROT TOP INDUSTRIES INC
A/P	200714	09/06/23	1,911.47	CDW GOVERNMENT, INC.
A/P	200715	09/06/23	593.69	CHEMAQUA
A/P	200716	09/06/23	6,615.72	CITY OF PORT LAVACA
A/P	200717	09/06/23	327.85	CYRACOM LLC
A/P	200718	09/06/23	1,564.56	DEWITT POTH & SON
A/P	200719	09/06/23	1,030.00	DOWELL PEST CONTROL
A/P	200720	09/06/23	100.96	DSHS CENTRAL LAB MC2004
A/P	200721	09/06/23	38,982.50	EMERGENCY STAFFING SOLUTIONS
A/P	200722	09/06/23	59.00	ESUTURES.COM
A/P	200723	09/06/23	6,000.00	EVIDENT
A/P	200724	09/06/23	3,367.44	FISHER HEALTHCARE
A/P	200725	09/06/23	81.48	FRONTIER
A/P	200726	09/06/23	1,819.32	FUSION CLOUD SERVICES, LLC
A/P	200727	09/06/23	177.89	GRAINGER
A/P	200728	09/06/23	609.87	GULF COAST PAPER COMPANY
A/P	200729	09/06/23	32.00	HEALTH CARE LOGISTICS INC
A/P	200730	09/06/23	3,414.00	HOLOGIC INC
A/P	200731	09/06/23	811.45	LANDAUER INC
A/P	200732	09/06/23	1,115.86	M G TRUST
A/P	200733	09/06/23	.00	VOIDED
A/P	200734	09/06/23	6,392.63	MEDLINE INDUSTRIES INC
A/P	200735	09/06/23	.00	VOIDED
A/P	200736	09/06/23	20,102.91	MORRIS & DICKSON CO, LLC
A/P	200737	09/06/23	64,861.00	NOVITAS SOLUTIONS - PART A
A/P	200738	09/06/23	1,420.10	OLYMPUS AMERICA INC
A/P	200739	09/06/23	167.60	PRECISION DYNAMICS CORP (PDC)
A/P	200740	09/06/23	329.74	SAM'S CLUB DIRECT
A/P	200741	09/06/23	185.34	SERVICE SUPPLY OF VICTORIA INC
A/P	200742	09/06/23	2,375.92	SIEMENS MEDICAL SOLUTIONS INC
A/P	200743	09/06/23	410.00	SIGN AD, LTD.
A/P	200744	09/06/23	137.88	SPARKLIGHT
A/P	200745	09/06/23	199.00	SUMMIT MEDICAL
A/P	200746	09/06/23	11,354.07	SUN LIFE FINANCIAL
A/P	200747	09/06/23	3,980.00	SURGICAL DIRECT SOUTH
A/P	200748	09/06/23	8,277.50	TEXAS SELECT STAFFING, LLC
A/P	200749	09/06/23	6,291.31	UNIFIRST HOLDINGS INC

RUN DATE:09/05/23
TIME:09:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/06/23 THRU 09/06/23

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	200750	09/06/23	1,545.84	WERFEN USA LLC
A/P	200751	09/06/23	111,542.65	ASHFORD GARDENS
A/P	200752	09/06/23	.00	VOIDED
A/P	200753	09/06/23	142,175.33	BETHANY SENIOR LIVING
A/P	200754	09/06/23	40,909.34	BROADMOOR AT CREEKSIDE PARK
A/P	200755	09/06/23	16.95	CANTEX HEALTH CARE CENTERS LLC
A/P	200756	09/06/23	35,243.00	FORTBEND HEALTHCARE CENTER
A/P	200757	09/06/23	124,980.04	GOLDENCREEK HEALTHCARE
A/P	200758	09/06/23	80,024.77	GULF POINTE PLAZA
A/P	200759	09/06/23	33,486.30	SOLERA WEST HOUSTON
A/P	200760	09/06/23	34,477.71	THE CRESCENT
A/P	200761	09/06/23	49,051.20	TUSCANY VILLAGE
TOTALS:			862,301.10	

Payables 210,393.81 +
NH Trusts 651,907.29 +
862,301.10 *

APPROVED ON

SEP 06 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 9/5/2023

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		244,937.65	244,800.03	129,284.91		129,422.53	126,276.36
						Bank Balance	129,422.53
						Variance	-
						Leave in Balance	100.00
						Claim payment owed to Tuscany	2,782.50

Routing Information for Ashford Gardens:

						July Interest	57.62
						August Interest	226.05
						Adjust Balance/Transfer Amt	126,276.36
Broadmoor		125,639.76	125,518.58	86,634.11		Bank Balance	86,755.29
						Variance	-
						Leave in Balance	100.00

						July Interest	21.18
						August Interest	146.74
						Adjust Balance/Transfer Amt	86,487.37
Crescent		274,613.67	274,471.58	85,452.23		Bank Balance	85,594.32
						Variance	-
						Leave in Balance	100.00

						July Interest	42.08
						August Interest	241.86
						Adjust Balance/Transfer Amt	85,210.38
Fort Bend		69,029.77	68,914.70	53,918.80		Bank Balance	54,033.87
						Variance	-
						Leave in Balance	100.00

						July Interest	15.07
						August Interest	72.62
						Adjust Balance/Transfer Amt	53,846.18
Solera at W Houston		224,417.78	224,276.86	117,837.77		Bank Balance	117,978.69
						Variance	-
						Leave in Balance	100.00

126,276.36 +
 86,487.37 +
 85,210.38 +
 53,846.18 +
 117,632.03 +
 469,452.32 *

APPROVED ON

SEP 05 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 469,452.32

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS

9/5/2023

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.

8/29/2023	AARP Supplementa HCCLAIMPMT 746003411 124384	-	1,200.00	-	-	1,200.00
8/28/2023	MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	169.37	-	-	169.37
8/28/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,982.72	-	-	1,982.72
8/28/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	28,885.46	-	-	28,885.46
		<u>224,276.86</u>	<u>117,837.77</u>	-	-	<u>117,837.77</u>
TOTALS		937,981.75	473,127.82	-	-	473,127.82

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

Collapse All

Sort: Display Name

❖ DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$6,527,361.10	\$6,230,505.15	\$6,223,805.40	\$6,230,505.15

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,309,338.34	\$3,289,162.05	\$3,309,338.34	\$3,651,255.42
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$538.46	\$538.46	\$538.46	\$538.46
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373	\$433.49	\$433.49	\$433.49	\$433.49
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ✓	\$129,422.53 ✓	\$129,422.53 ✓	\$129,422.53	\$126,534.29
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ✓	\$86,755.29 ✓	\$86,755.29 ✓	\$86,755.29	\$86,750.28
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ✓	\$85,594.32 ✓	\$93,900.80 ✓	\$85,594.32	\$80,889.84
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ✓	\$117,978.69 ✓	\$119,832.11 ✓	\$117,978.69	\$107,617.79
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ✓	\$54,033.87 ✓	\$54,033.87 ✓	\$54,033.87	\$44,739.93
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$48,384.30	\$51,700.94	\$48,384.30	\$47,053.14
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$3,005.36	\$3,005.36	\$3,005.36	\$552.08
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$32,007.19	\$32,007.19	\$32,007.19	\$18,076.58
MMC -NH BETHANY SENIOR LIVING *5506	\$198,400.34	\$198,400.34	\$198,400.34	\$198,400.34
MMC -NH TUSCANY VILLAGE *3407	\$81,717.22	\$81,717.22	\$81,717.22	\$81,623.71
MMC -BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 9/5/2023

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 Craek		277,779.78	277,654.08	48,258.60		48,384.30	7,597.25
						Bank Balance	48,384.30
						Variance	-
						Leave in Balance	100.00
						Medicare Recoups owed to Crescent	1,733.98
						Medicare Recoups owed to MMClinic	2,583.41
						Medicare Recoups owed to Tuscany	2,357.30
						Medicare Recoups owed to MMC	33,528.58
						UHC Q1PP payment owed to MMC	310.00
						July Interest	25.70
						August Interest	148.08
							<u>148.08</u>
						Adjust Balance/Transfer Amt	<u>7,597.25</u>

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

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 9/5/2023

APPROVED ON

SEP 05 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek ✓

9/1/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000176
8/31/2023 Added to Account
8/31/2023 190
8/31/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
8/31/2023 Deposit
8/31/2023 TSYS/TRANSFIRST CR CD DEP 54368455876917 91
8/30/2023 TSYS/TRANSFIRST CR CD DEP 54368455876917 91
8/29/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000171
8/29/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
8/29/2023 AETNA AS01 HCCLAIMPMT 1588075964 51000015339

MMC PORTION							NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	1,331.16	-	-	-	-	-	1,331.16
-	148.08	-	-	-	-	-	148.08 ✓
61,873.13 ✓	-	-	-	-	-	-	-
215,780.95 ✓	-	-	-	-	-	-	-
-	31,345.53	-	-	-	-	-	31,345.53
-	1,475.00	-	-	-	-	-	1,475.00
-	160.10	-	-	-	-	-	160.10
-	10,973.73	-	-	-	-	-	10,973.73
-	1,200.00	-	-	-	-	-	1,200.00
-	1,625.00	-	-	-	-	-	1,625.00
-	-	-	-	-	-	-	-
277,654.08 ✓	48,258.60 ✓	-	-	-	-	-	48,258.60 ✓

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Collapse All

Sort: Display Name

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$6,527,361.10	\$6,230,505.15	\$6,223,805.40	\$6,230,505.15

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,309,338.34	\$3,289,162.05	\$3,309,338.34	\$3,651,255.42
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$538.46	\$538.46	\$538.46	\$538.46
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373	\$433.49	\$433.49	\$433.49	\$433.49
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$129,422.53	\$129,422.53	\$129,422.53	\$126,534.29
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$86,755.29	\$86,755.29	\$86,755.29	\$86,750.28
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$85,594.32	\$93,900.80	\$85,594.32	\$80,889.84
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$117,978.69	\$119,832.11	\$117,978.69	\$107,617.79
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$54,033.87	\$54,033.87	\$54,033.87	\$44,739.93
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$48,384.30	\$51,700.94	\$48,384.30	\$47,053.14
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$3,005.36	\$3,005.36	\$3,005.36	\$552.08
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$32,007.19	\$32,007.19	\$32,007.19	\$18,076.58
MMC -NH BETHANY SENIOR LIVING *5506	\$198,400.34	\$198,400.34	\$198,400.34	\$198,400.34
MMC -NH TUSCANY VILLAGE *3407	\$81,717.22	\$81,717.22	\$81,717.22	\$81,623.71
MMC -BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 9/5/2023

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Nursing Home</u> <u>Gulf Pointe Plaza- Private Pay</u>	67,901.76	67,796.24	2,899.84			3,005.36	No transfer
					Bank Balance Variance	3,005.36	
						0.00	
					Leave in Balance	100.00	
					UHC QIPP payment owed to MMC	123.67	
					July Interest	5.53	
					August Interest	53.68	
					Adjust Balance/Transfer Amt	2,722.48	
<u>Nursing Home</u> <u>Gulf Pointe Plaza-Medicare/Medicaid</u>	120,068.36	119,950.29	31,889.12			32,007.19	31,795.85
					Bank Balance Variance	32,007.19	
					Leave in Balance	100.00	
					July Interest	18.07	
					August Interest	93.27	
					Adjust Balance/Transfer Amt	31,795.85	
TOTAL TRANSFERS						34,518.33	

Routing Information for Gulf Pointe Plaza:
 [Redacted]

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

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 9/5/2023

Gulf Pointe Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
9/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000265187	-	2,399.60	-	-	-	-	2,399.60
9/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000265188	-	53.68	-	-	-	-	53.68
8/31/2023 Added to Account	-	38.01	-	-	-	-	38.01
8/31/2023 1/13/1903	43,685.78	-	-	-	-	-	-
8/31/2023 1/14/1903	2,139.50	-	-	-	-	-	-
8/31/2023 WIRE OUT HMG Rockport SNF, LP -Commerical	21,970.96	-	-	-	-	-	-
8/31/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225389	-	76.84	-	-	-	-	76.84
8/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000244232	-	221.46	-	-	-	-	221.46
8/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296610	-	86.25	-	-	-	-	86.25
8/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296610	-	24.00	-	-	-	-	24.00
	67,796.24	2,899.84	-	-	-	-	2,899.84

Gulf Pointe Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
9/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000265188	-	13,750.18	-	-	-	-	13,750.18
9/1/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001661475	-	180.43	-	-	-	-	180.43
8/31/2023 Added to Account	-	93.27	-	-	-	-	93.27
8/31/2023 WIRE OUT HMG Rockport SNF, LP - Commerical	119,950.29	-	-	-	-	-	-
8/31/2023 Deposit	-	8,356.43	-	-	-	-	8,356.43
8/30/2023 HNB - ECHO HCCLAIMPMT 746003411 440000285535	-	5,404.76	-	-	-	-	5,404.76
8/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000244232	-	438.05	-	-	-	-	438.05
8/28/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	2,346.00	-	-	-	-	2,346.00
8/28/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,320.00	-	-	-	-	1,320.00
	119,950.29	31,889.12	-	-	-	-	31,889.12
	187,746.53	34,788.96	-	-	-	-	34,788.96

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

Collapse All | Sort: | Display Name: |

DDA (15) | **Prior Day Balance: \$6,527,361.10** | **Collected Balance: \$6,230,505.15** | **Available Balance: \$6,223,805.40** | **Current Balance: \$6,230,505.15**

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,309,338.34	\$3,289,162.05	\$3,309,338.34	\$3,651,255.42
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$538.46	\$538.46	\$538.46	\$538.46
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373	\$433.49	\$433.49	\$433.49	\$433.49
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$129,422.53	\$129,422.53	\$129,422.53	\$126,534.29
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$86,755.29	\$86,755.29	\$86,755.29	\$86,750.26
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$85,594.32	\$93,900.80	\$85,594.32	\$80,680.84
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$117,978.69	\$119,832.11	\$117,978.69	\$107,617.79
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$54,033.87	\$54,033.87	\$54,033.87	\$44,730.93
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$48,384.30	\$51,700.94	\$48,384.30	\$47,053.14
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$3,005.36	\$3,005.36	\$3,005.36	\$552.08
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$32,007.19	\$32,007.19	\$32,007.19	\$18,076.58
MMC -NH BETHANY SENIOR LIVING *5506	\$198,400.34	\$198,400.34	\$198,400.34	\$198,400.34
MMC -NH TUSCANY VILLAGE *3407	\$81,717.22	\$81,717.22	\$81,717.22	\$81,623.71
MMC -BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 9/5/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		314,582.44	314,482.44	81,617.22			81,717.22	81,617.22
						Bank Balance Variance	81,717.22	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 81,617.22

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 9/5/2023
 ANDREW DE LOS SANTOS

APPROVED ON

SEP 05 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

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

	Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
9/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000265959	-	93.51	-	-	-	-	-	93.51
8/31/2023 Added to Account	-	200.83	-	-	-	-	-	200.83
8/31/2023 1134	19,287.98	-	-	-	-	-	-	-
8/31/2023 1135	33,955.17	-	-	-	-	-	-	-
8/31/2023 WIRE OUT LINBAR ENTERPRISES, LLC	261,239.29	-	-	-	-	-	-	-
8/31/2023 Deposit	-	24,759.17	-	-	-	-	-	24,759.17
8/31/2023 Deposit	-	28,969.83	-	-	-	-	-	28,969.83
8/31/2023 Deposit	-	2,139.50	-	-	-	-	-	2,139.50
8/29/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000171	-	21,087.15	-	-	-	-	-	21,087.15
8/28/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000143	-	4,367.23	-	-	-	-	-	4,367.23
	314,482.44	81,617.22	-	-	-	-	-	81,617.22

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

Collapse All

Sort: Display Name:

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$6,527,361.10	\$6,230,505.15	\$6,223,805.40	\$6,230,505.15

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,309,338.34	\$3,259,162.05	\$3,309,338.34	\$3,651,255.42
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$538.46	\$538.46	\$538.46	\$538.46
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373	\$433.49	\$433.49	\$433.49	\$433.49
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$129,422.53	\$129,422.53	\$129,422.53	\$126,534.29
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$86,755.29	\$86,755.29	\$86,755.29	\$86,750.28
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$85,594.32	\$93,900.80	\$85,594.32	\$80,889.84
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$117,978.69	\$119,832.11	\$117,978.69	\$107,617.79
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$54,033.87	\$54,033.87	\$54,033.87	\$44,739.93
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$48,384.30	\$51,700.94	\$48,384.30	\$47,053.14
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$3,005.36	\$3,005.36	\$3,005.36	\$552.08
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$32,007.19	\$32,007.19	\$32,007.19	\$18,076.58
MMC -NH BETHANY SENIOR LIVING *5506	\$198,400.34	\$198,400.34	\$198,400.34	\$198,400.34
MMC -NH TUSCANY VILLAGE *3407	\$81,717.22	\$81,717.22	\$81,717.22	\$81,623.71
MMC -BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 9/5/2023

Account	Previous Beginning Balance	Transfer-Out	Transfer-in	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Bethany Senior Living</u>	321,234.07	321,083.93	198,250.20			198,400.34	197,976.74
					Bank Balance	198,400.34	
					Variance		
					Leave in Balance	100.00	
					July Interest	50.14	
					August Interest	273.46	
					Adjust Balance/Transfer Amt	197,976.74	

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 9/5/2023

APPROVED ON
 SEP 05 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

MMC PORTION

	<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>QIPP/Comp1</u>	<u>QIPP/Comp 2</u>	<u>QIPP/Comp3</u>	<u>QIPP/Comp4&Lapse</u>	<u>QIPP TI</u>	<u>NH PORTION</u>
8/31/2023 Added to Account	-	273.46	-	-	-	-	-	273.46 ✓
8/31/2023 1027	46,535.59	-	-	-	-	-	-	-
8/31/2023 WIRE OUT PORT LAVACA NH, LLC	274,548.34	-	-	-	-	-	-	-
8/31/2023 Deposit	-	6,870.03	-	-	-	-	-	6,870.03
8/31/2023 Deposit	-	2,599.30	-	-	-	-	-	2,599.30
8/31/2023 Deposit	-	11,781.46	-	-	-	-	-	11,781.46
8/30/2023 Deposit	-	12,056.63	-	-	-	-	-	12,056.63
8/30/2023 HNB - ECHO HCCLAIMPMT 746003411 440000285535	-	367.33	-	-	-	-	-	367.33
8/29/2023 Deposit	-	22,967.88	-	-	-	-	-	22,967.88
8/29/2023 Deposit	-	270.88	-	-	-	-	-	270.88
8/29/2023 Deposit	-	113,538.40	-	-	-	-	-	113,538.40
8/29/2023 Deposit	-	25,588.41	-	-	-	-	-	25,588.41
8/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296205	-	1,936.42	-	-	-	-	-	1,936.42
	321,083.93 ✓	198,250.20 ✓	-	-	-	-	-	198,250.20 ✓

Accounts

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Search Accounts

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

Collapse All | Sort: Display Name

DDA (15) | Prior Day Balance: \$6,527,361.10 | Collected Balance: \$6,230,505.15 | Available Balance: \$6,223,805.40 | Current Balance: \$6,230,505.15

Account Name	Prior Day Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,309,338.34	\$3,289,162.05	\$3,309,338.34	\$3,651,255.42
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$538.46	\$538.46	\$538.46	\$538.46
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373	\$433.49	\$433.49	\$433.49	\$433.49
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$129,422.53	\$129,422.53	\$129,422.53	\$126,594.29
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$86,755.29	\$86,755.29	\$86,755.29	\$86,750.28
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$85,594.32	\$93,900.60	\$85,594.32	\$80,889.84
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$117,978.69	\$119,832.11	\$117,978.69	\$107,617.79
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$54,033.87	\$54,033.87	\$54,033.87	\$44,739.93
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$48,384.30	\$51,700.94	\$48,384.30	\$47,053.14
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$3,005.36	\$3,005.36	\$3,005.36	\$552.08
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$32,007.19	\$32,007.19	\$32,007.19	\$18,076.58
MMC -NH BETHANY SENIOR LIVING *5506	\$198,400.34	\$198,400.34	\$198,400.34	\$198,400.34
MMC -NH TUSCANY VILLAGE *3407	\$81,717.22	\$81,717.22	\$81,717.22	\$81,623.71
MMC -BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75

Golden Creek ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center ✓

Date Requested: 9/1/2023

A _____

Y _____

E _____

E _____

APPROVED ON

SEP 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#000194

FOR ACCT USE ONLY

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

AMOUNT: \$ 310.00 ✓

G/L NUMBER: 10255040

EXPLANATION: _____

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DePoy Santos

9/5/23

Gulf Point ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center ✓

Date Requested: 9/1/2023

A _____

Y _____

E _____

E _____

FOR ACCT USE ONLY

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

APPROVED ON
SEP 05 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#001014

AMOUNT: \$ 123.67 ✓

G/L NUMBER: 10255040

EXPLANATION: _____

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Delos Santos

9/5/23

Cholden Creek

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 9/1/2023

A _____

Y _____

E _____

E _____

FOR ACCT USE ONLY

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

APPROVED ON
SEP 05 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 000195

AMOUNT: \$ 33,528.58 G/L NUMBER: 21400007

EXPLANATION: _____

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. [Signature]

9/5/23

Golden Creek ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Clinic ✓

Date Requested: 9/1/2023

A _____

Y _____

E _____

E _____

FOR ACCT USE ONLY

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

APPROVED ON

SEP 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
CK#000193

AMOUNT: \$ 2,583.41 ✓

G/L NUMBER: 21400007

EXPLANATION: _____

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLaPorta

9/5/23

Golden Creek ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Crescent ✓
A _____
Y _____
E _____
E _____

Date Requested: 9/1/2023

FOR ACCT USE ONLY

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

APPROVED ON
SEP 05 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000192

AMOUNT: \$ 1,733.98 ✓ G/L NUMBER: 214000007

EXPLANATION: _____

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeFonzo

9/5/23

Ashford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E
Tuscany ✓

Date Requested: 9/1/2023

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

APPROVED ON
SEP 05 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 001215

AMOUNT: \$ 2,782.50 ✓ G/L NUMBER: 21400007

EXPLANATION: claim payment owed to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DePalma

9/5/23

8

RUN DATE:09/07/23
TIME:10:16

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/07/23 THRU 09/07/23

PAGE 1
GLCKREG

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

NHG ~~000191~~ 09/07/23 2,357.50 ~~TUSCANY~~
NHG 000192 09/07/23 1,733.98 THE CRESCENT
NHG 000193 09/07/23 2,583.41 MEMORIAL MEDICAL CLINIC
NHG 000194 09/07/23 310.00 MMC OPERATING
NHG * 000195 09/07/23 33,528.58 MMC OPERATING
GPM * 001014 09/07/23 123.67 MMC OPERATING
NHA 001215 09/07/23 2,782.50 TUSCANY
TOTALS: 43,419.44

APPROVED ON

SEP 06 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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

000194

Date 9-7-23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 310.00/100

Three hundred ten dollars & 00/100

DOLLARS



county auditor

FOR UHC GIPP pymt owed

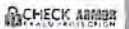


MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA
MEDICARE/MEDICAID 361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1014

88-2265/1131-87

DATE 9-7-23



PAY TO THE ORDER OF Memorial Medical Center

\$ 123.47/100

One hundred twenty-three dollars & 47/100

DOLLARS



county auditor

FOR UHC GIPP pymt owed

county treasurer

MEMORIAL MEDICAL CENTER

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

000193

Date 9-7-23

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Clinic

\$ 2,583.41/100

Two thousand, five hundred eighty-three dollars & 41/100

DOLLARS



county auditor

FOR Medicare Recoup owed



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

000192

Date 9-7-23

88-2265/1131

PAY TO THE ORDER OF

The Crescent

\$ 1,733. $\frac{98}{100}$

One thousand, seven hundred thirty-three dollars $\frac{98}{100}$

DOLLARS



County Auditor

MP

FOR Medicare Recomb Owed



County Treasurer
Security features are included. Details on back.

MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001215

Date 9-7-23

88-2265/1131

PAY TO THE ORDER OF

Tuscany Village

\$ 2,782. $\frac{50}{100}$

Two thousand, seven hundred eighty-two dollars $\frac{50}{100}$

DOLLARS



County Auditor

MP

FOR Claim pymt owed



County Treasurer
Security features are included. Details on back.

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

000195

Date 9-7-23

88-2265/1131

**PAY
TO THE
ORDER OF**

MMC Operating

\$ 33,528.⁵⁸

Thirty-three thousand, five hundred twenty-eight dollars & ⁵⁸/₁₀₀

DOLLARS



**PROSPERITY
BANK**

county auditor

FOR mdcr. recoups owed



Security Features
Included. Details on back.