

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 20, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 619,109.31	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 33,592.14	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 954,817.48	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED September 20, 2023	\$ 1,607,518.93	✓

APPROVED

SEP 20 2023

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 20, 2023

PAYABLES AND PAYROLL

9/15/2023 Weekly Payables	397,065.00
9/15/2023 Patient Refunds	4,487.62
9/15/2023 Citibank Credit Card-see attached	4,874.59
9/18/2023 McKesson-340B Prescription Expense	15,178.36
9/18/2023 Amerisource Bergen-340B Prescription Expense	537.77
9/18/2023 Amerisource Bergen-340B Prescription Expense	3,630.68

Prosperity Electronic Bank Payments

9/11-9/15/23 Credit Card & Lease Fees	6,486.24
9/20/2023 Sales Tax for August 2023	1,866.59
9/15/2023 TCDRS August Retirement	184,155.27
9/11-9/15/23 Pay Plus-Patient Claims Processing Fee	475.79
9/15/2023 ExpertPay- child support	351.40

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 619,109.31

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

9/15/2023 MMC Operating to Fort bend-correction of NH insurance payment deposited into MMC Operating	5,400.00
9/15/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	10,504.71
9/15/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	1,249.73
9/15/2023 MMC Operating to Tuscany Village-correction of NH insurance and payment deposited into MMC Operating	5,200.00
9/15/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating	11,237.70

TOTAL TRANSFERS BETWEEN FUNDS \$ 33,592.14

NURSING HOME UPL EXPENSES

9/18/2023 Nursing Home UPL-Cantex Transfer	630,348.35
9/18/2023 Nursing Home UPL-Nexion Transfer	54,872.73
9/18/2023 Nursing Home UPL-HMG Transfer	52,430.34
9/18/2023 Nursing Home UPL-Tuscany Transfer	44,351.31
9/18/2023 Nursing Home UPL-HSL Transfer	143,294.04

NURSING HOME BANK FEES

9/18/2023 Ashford-Enhanced analysis fee	104.93
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TRANSFER OF FUNDS BETWEEN NURSING HOMES

9/18/2023 Crescent to Tuscany-correction of Tuscany insurance payment deposited into Crescent in error	29,415.78
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TOTAL NURSING HOME UPL EXPENSES \$ 954,817.48

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED September 20, 2023 \$ 1,607,518.93

RECEIVED BY THE COUNTY AUDITOR ON

SEP 14 2023

09/14/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 10/06/2023

Vendor# Vendor Name

Class Pay Code

11237 3WON, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3497 ✓		09/13/20	09/01/20	10/01/20		300.00	0.00	0.00	300.00 ✓

PRACT ENROLLMENT TASHA

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	300.00	0.00	0.00	300.00

Vendor# Vendor Name

Class Pay Code

11283 ACE HARDWARE 15521 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
083123		09/13/20	08/31/20	09/25/20		905.81	0.00	0.00	905.81 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	905.81	0.00	0.00	905.81

Vendor# Vendor Name

Class Pay Code

10950 ACUTE CARE INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1445 ✓		09/13/20	09/01/20	09/30/20		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

Vendor# Vendor Name

Class Pay Code

A1680 AIRGAS USA, LLC - CENTRAL DIV ✓

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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
91416229820 ✓		09/13/20	08/31/20	09/25/20		427.20	0.00	0.00	427.20 ✓

OXYGEN

9141612042 ✓		09/13/20	08/31/20	09/25/20		2,481.16	0.00	0.00	2,481.16 ✓
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BULK RENTAL

5501930449 ✓		09/13/20	08/31/20	09/25/20		561.27	0.00	0.00	561.27 ✓
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OXYGEN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,469.63	0.00	0.00	3,469.63

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
1TTD-9Y4W-44HT ✓		09/12/20	09/05/20	10/05/20		350.49	0.00	0.00	350.49 ✓

SUPPLIES

1M7M-649K-9KTQ ✓		09/12/20	09/06/20	10/06/20		14.80	0.00	0.00	14.80 ✓
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SUPPLIES

1XQG-16LR-C7HR ✓		09/12/20	09/06/20	10/06/20		36.37	0.00	0.00	36.37 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	401.66	0.00	0.00	401.66

Vendor# Vendor Name

Class Pay Code

12800 AUTHORITYRX ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1914 ✓		09/14/20	09/07/20	09/08/20		8,075.00	0.00	0.00	8,075.00 ✓

340B

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		12800	AUTHORITYRX			8,075.00	0.00	0.00	8,075.00
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
012288 ✓		09/14/20	08/08/20	08/23/20		54.30	0.00	0.00	54.30 ✓
SUPPLIES									
Vendor Totals		A2600	AUTO PARTS & MACHINE CO.			54.30	0.00	0.00	54.30
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
3488337 ✓		09/13/20	09/07/20	10/01/20		2,956.50	0.00	0.00	2,956.50 ✓
KARIANN DUNN 8/29-8/31									
Vendor Totals		11756	AYA HEALTHCARE INC			2,956.50	0.00	0.00	2,956.50
Vendor#	Vendor Name			Class	Pay Code				
B1150	BAXTER HEALTHCARE ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
80162932 ✓		09/01/20	08/28/20	09/22/20		726.66	0.00	0.00	726.66 ✓
SUPPLIES									
80102672 ✓		09/13/20	08/21/20	09/15/20		629.50	0.00	0.00	629.50 ✓
SPECTRUM									
Vendor Totals		B1150	BAXTER HEALTHCARE			1,356.16	0.00	0.00	1,356.16
Vendor#	Vendor Name			Class	Pay Code				
M2485	BAYER HEALTHCARE ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6010767564 ✓		09/12/20	08/29/20	09/12/20		1,104.08	0.00	0.00	1,104.08 ✓
SUPPLIES									
Vendor Totals		M2485	BAYER HEALTHCARE			1,104.08	0.00	0.00	1,104.08
Vendor#	Vendor Name			Class	Pay Code				
B1220	BECKMAN COULTER INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
110835172 ✓		09/12/20	09/04/20	09/29/20		445.35	0.00	0.00	445.35 ✓
SUPPLIES									
110835274 ✓		09/12/20	09/05/20	09/30/20		12,375.97	0.00	0.00	12,375.97 ✓
SUPPLIES									
5477810 ✓		09/13/20	08/25/20	09/19/20		1,337.05	0.00	0.00	1,337.05 ✓
LEASE									
4503902 ✓		09/13/20	08/30/20	09/24/20		3,410.00	0.00	0.00	3,410.00 ✓
CONTRACT									
4504623 ✓		09/13/20	09/02/20	09/27/20		7,370.00	0.00	0.00	7,370.00 ✓
CONTRACT									
110834154 ✓		09/13/20	09/04/20	09/29/20		512.28	0.00	0.00	512.28 ✓
SUPPLIES									
110835283 ✓		09/13/20	09/05/20	09/30/20		4,470.76	0.00	0.00	4,470.76 ✓
CONTRACT									
110835690 ✓		09/13/20	09/05/20	09/30/20		2,273.84	0.00	0.00	2,273.84 ✓
SUPPLIES									

110835203		09/13/20	09/05/20	09/30/20			1,053.04	0.00	0.00	1,053.04		
	SUPPLIES											
110840347		09/13/20	09/06/20	10/01/20			121.35	0.00	0.00	121.35		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				33,369.64	0.00	0.00	33,369.64		
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		
906496592		09/01/20	07/26/20	08/26/20			3,863.49	0.00	0.00	3,863.49		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11072	BIO-RAD LABORATORIES, INC				3,863.49	0.00	0.00	3,863.49		
Vendor#	Vendor Name			Class	Pay Code							
13892	BLUE CROSS BLUE SHIELD REFUND											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
249149		09/14/20	09/12/20	10/01/20			713.95	0.00	0.00	713.95		
	PT REFUND											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		13892	BLUE CROSS BLUE SHIELD REFUND				713.95	0.00	0.00	713.95		
Vendor#	Vendor Name			Class	Pay Code							
B1650	BOSART LOCK & KEY INC			M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
126674		09/14/20	08/15/20	09/14/20			19.25	0.00	0.00	19.25		
	KEYS											
126675		09/14/20	08/31/20	09/30/20			35.60	0.00	0.00	35.60		
	KEYS											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		B1650	BOSART LOCK & KEY INC				54.85	0.00	0.00	54.85		
Vendor#	Vendor Name			Class	Pay Code							
11295	CALHOUN COUNTY INDIGENT ACCOUN											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
090723		09/13/20	09/07/20	09/08/20			10.00	0.00	0.00	10.00		
	COPAY											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		11295	CALHOUN COUNTY INDIGENT ACCOUN				10.00	0.00	0.00	10.00		
Vendor#	Vendor Name			Class	Pay Code							
14236	CARRIER CORPORATION											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
90305327		09/13/20	08/29/20	09/28/20			12,830.00	0.00	0.00	12,830.00		
	CHILLER 6/19-7-16-23											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		14236	CARRIER CORPORATION				12,830.00	0.00	0.00	12,830.00		
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		
LQ72638		09/12/20	08/30/20	09/29/20			432.04	0.00	0.00	432.04		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				432.04	0.00	0.00	432.04		
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		
24000 ✓		09/07/20	09/05/20	09/30/20		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		
083123		08/31/20	08/31/20	09/30/20		53,832.33	0.00	0.00	53,832.33 ✓		
CRNA COVERAGE AUGUST 20											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1600	CITIZENS MEDICAL CENTER	53,832.33	0.00	0.00	53,832.33
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		
202309-14 ✓		09/13/20	09/05/20	09/15/20		12,362.45	0.00	0.00	12,362.45 ✓		
INFUSION SRV											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13572	COMMUNITY INFUSION SOLUTIONS	12,362.45	0.00	0.00	12,362.45
Vendor#	Vendor Name			Class	Pay Code						
14080	CORROHEALTH, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
906190 ✓		09/13/20	08/31/20	09/30/20		2,908.70	0.00	0.00	2,908.70 ✓		
CODING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14080	CORROHEALTH, INC.	2,908.70	0.00	0.00	2,908.70
Vendor#	Vendor Name			Class	Pay Code						
10368	DEWITT POTTH & SON ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
729095-0 ✓		09/12/20	08/31/20	09/25/20		336.68	0.00	0.00	336.68 ✓		
SUPPLIES											
729065-0 ✓		09/12/20	08/31/20	09/25/20		173.50	0.00	0.00	173.50 ✓		
SUPPLIES											
729083-0 ✓		09/12/20	08/31/20	09/25/20		552.55	0.00	0.00	552.55 ✓		
SUPPLIES											
729182-0 ✓		09/12/20	09/01/20	09/26/20		754.11	0.00	0.00	754.11 ✓		
SUPPLIES											
729185-0 ✓		09/12/20	09/01/20	09/26/20		759.99	0.00	0.00	759.99 ✓		
SUPPLIES											
729881-0 ✓		09/13/20	09/07/20	10/02/20		6.86	0.00	0.00	6.86 ✓		
SUPPLIES											
730083-0 ✓		09/13/20	09/08/20	10/03/20		285.83	0.00	0.00	285.83 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10368	DEWITT POTTH & SON	2,869.52	0.00	0.00	2,869.52
Vendor#	Vendor Name			Class	Pay Code						
11011	DIAMOND HEALTHCARE CORP ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
IN20055890 ✓		09/13/20	09/01/20	09/26/20		31,144.58	0.00	0.00	31,144.58 ✓		
AUG 23 BEV HEALTH											

IN20055891 ✓		09/13/20	09/01/20	09/26/20		19,166.67	0.00	0.00	19,166.67 ✓
	CPR AUG 23								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP				50,311.25	0.00	0.00	50,311.25
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
42505 ✓		09/13/20	08/31/20	09/10/20		8,885.00	0.00	0.00	8,885.00 ✓
	PHYSICIAN SERV								
42534 ✓		09/14/20	09/15/20	09/25/20		40,062.50	0.00	0.00	40,062.50 ✓
	PHYSICIAN SERV (1-15th)								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS				48,947.50	0.00	0.00	48,947.50
Vendor#	Vendor Name		Class	Pay Code					
10689	FASTHEALTH CORPORATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
09A23MMC ✓		09/13/20	09/01/20	09/16/20		545.00	0.00	0.00	545.00 ✓
	MONTHLY WEBSITE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION				545.00	0.00	0.00	545.00
Vendor#	Vendor Name		Class	Pay Code					
F1100	FEDERAL EXPRESS CORP. ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8-212-01152 ✓		09/13/20	08/03/20	08/28/20		122.48	0.00	0.00	122.48 ✓
	FREIGHT								
8-218-89157 ✓		09/13/20	08/10/20	09/04/20		107.41	0.00	0.00	107.41 ✓
	FREIGHT								
8-227-00003 ✓		09/13/20	08/10/20	09/04/20		16.25	0.00	0.00	16.25 ✓
	FREIGHT								
9-657-42193 ✓		09/13/20	08/24/20	09/18/20		2.03	0.00	0.00	2.03 ✓
	LATE FEE								
8-240-96770 ✓		09/13/20	08/31/20	09/25/20		15.91	0.00	0.00	15.91 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.				264.08	0.00	0.00	264.08
Vendor#	Vendor Name		Class	Pay Code					
13016	FIRST INSURANCE FUNDING ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090823		09/13/20	09/08/20	10/01/20		3,880.24	0.00	0.00	3,880.24 ✓
	INSTALLMENT PMT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING				3,880.24	0.00	0.00	3,880.24
Vendor#	Vendor Name		Class	Pay Code					
11183	FRONTIER ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090223		09/13/20	09/02/20	09/26/20		1,154.08	0.00	0.00	1,154.08 ✓
	PHONE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11183	FRONTIER				1,154.08	0.00	0.00	1,154.08
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		
6002483879	✓ IMAGING CONTRACT	09/13/20	09/01/20	10/01/20		868.16	0.00	0.00	868.16 ✓		
6002483755	✓ IMAGING CONTRACT	09/13/20	09/01/20	10/01/20		5,665.83	0.00	0.00	5,665.83 ✓		
6002483739	✓ IMAGING CONTRACT	09/13/20	09/01/20	10/01/20		86.67	0.00	0.00	86.67 ✓		
6002483740	✓ IMAGING CONTRACT	09/13/20	09/01/20	10/01/20		2,422.50	0.00	0.00	2,422.50 ✓		
6002483741	✓ IMAGING CONTRACT	09/13/20	09/01/20	10/01/20		61.67	0.00	0.00	61.67 ✓		
6002483738	✓ IMAGING CONTRACT	09/13/20	09/01/20	10/01/20		3,588.58	0.00	0.00	3,588.58 ✓		
6002484026	✓ MEDRAD	09/13/20	09/01/20	10/01/20		204.83	0.00	0.00	204.83 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12404	GE PRECISION HEALTHCARE, LLC	12,898.24	0.00	0.00	12,898.24
Vendor#	Vendor Name				Class	Pay Code					
13148	GRACE FLOORING AND GLASS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2419	✓ REPLACE BROKEN PLATE	09/12/20	09/06/20	09/12/20		407.50	0.00	0.00	407.50 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13148	GRACE FLOORING AND GLASS	407.50	0.00	0.00	407.50
Vendor#	Vendor Name				Class	Pay Code					
12948	GREAT AMERICA FINANCIAL SVCS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
34792841	✓ COPIER LEASE	09/13/20	09/01/20	09/30/20		10,366.90	0.00	0.00	10,366.90 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12948	GREAT AMERICA FINANCIAL SVCS	10,366.90	0.00	0.00	10,366.90
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		
2436302	✓ SUPPLIES	09/12/20	09/05/20	10/05/20		711.33	0.00	0.00	711.33 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						G1210	GULF COAST PAPER COMPANY	711.33	0.00	0.00	711.33
Vendor#	Vendor Name				Class	Pay Code					
H1100	HAYES ELECTRIC SERVICE ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
A2230816-01	✓ LENS	09/13/20	08/16/20	08/26/20		99.98	0.00	0.00	99.98 ✓		
A2230817-01	✓ CPACITOR	09/13/20	08/17/20	08/27/20		149.99	0.00	0.00	149.99 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						H1100	HAYES ELECTRIC SERVICE	249.97	0.00	0.00	249.97
Vendor#	Vendor Name				Class	Pay Code					
10804	HEALTHCARE CODING & CONSULTING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
14231	✓	09/13/20	08/31/20	09/30/20		456.50	0.00	0.00	456.50 ✓		

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Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10804	HEALTHCARE CODING & CONSULTING	456.50	0.00	0.00	456.50		
Vendor#	Vendor Name			Class	Pay Code				
11552	HEALTHCARE FINANCIAL SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
100799490 ✓		09/13/20	09/07/20	10/01/20		1,797.44	0.00	0.00	1,797.44 ✓
		LEASE							
100794536 ✓		09/13/20	09/07/20	10/01/20		4,610.52	0.00	0.00	4,610.52 ✓
		LEASE							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11552	HEALTHCARE FINANCIAL SERVICES	6,407.96	0.00	0.00	6,407.96		
Vendor#	Vendor Name			Class	Pay Code				
10829	HEALTHSTREAM, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0333941 ✓		09/13/20	08/31/20	09/30/20		4,245.10	0.00	0.00	4,245.10 ✓
		PORTAL/INTRANET ANNUAL S							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10829	HEALTHSTREAM, INC.	4,245.10	0.00	0.00	4,245.10		
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
5628 ✓		09/14/20	08/31/20	09/20/20		15,327.47	0.00	0.00	15,327.47 ✓
		PHARMICIST SALARY							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10922	HUNTER PHARMACY SERVICES	15,327.47	0.00	0.00	15,327.47		
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
HVKX582 ✓		08/31/20	08/31/20	09/30/20		1,014.54	0.00	0.00	1,014.54 ✓
		SHRED							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11200	IRON MOUNTAIN	1,014.54	0.00	0.00	1,014.54		
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
2023-24-018 ✓		09/13/20	09/08/20	09/23/20		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
090223		09/13/20	09/02/20	09/28/20		1,126.78	0.00	0.00	1,126.78 ✓
		SUPPLIES							
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		L1640	LOWE'S BUSINESS ACCT/SYNCB	1,126.78	0.00	0.00	1,126.78		
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
091123		09/13/20	09/11/20	09/20/20		1,115.86	0.00	0.00	1,115.86 ✓

PAYROLL DEDUCT

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
15024			

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
257197		09/14/20	08/29/20	09/29/20		70.00	0.00	0.00	70.00

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Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	15024		70.00	0.00	0.00	70.00

Vendor#	Vendor Name	Class	Pay Code
11141	MEDICAL DATA SYSTEMS, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
184972		09/13/20	08/31/20	09/25/20		6.94	0.00	0.00	6.94

COLLECTION FEES

184971		09/14/20	08/31/20	09/25/20		1,907.27	0.00	0.00	1,907.27
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COLLECTION FEES

184970		09/14/20	08/31/20	09/25/20		1,482.13	0.00	0.00	1,482.13
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COLLECTION FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	3,396.34	0.00	0.00	3,396.34

Vendor#	Vendor Name	Class	Pay Code
12588	MEDICAL TECHNOLOGY ASSOCIATES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV-220586		09/13/20	07/31/20	08/25/20		602.00	0.00	0.00	602.00

REPLACE VALVES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12588	MEDICAL TECHNOLOGY ASSOCIATES	602.00	0.00	0.00	602.00

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
30972952		09/13/20	09/05/20	09/15/20		22.47	0.00	0.00	22.47

INDIGENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	22.47	0.00	0.00	22.47

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
2282866937		09/01/20	08/30/20	09/24/20		1,498.84	0.00	0.00	1,498.84

SUPPLIES

2282866939		09/01/20	08/30/20	09/24/20		246.63	0.00	0.00	246.63
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SUPPLIES

2282866938		09/01/20	08/30/20	09/24/20		24.90	0.00	0.00	24.90
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	1,770.37	0.00	0.00	1,770.37

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
091123		09/13/20	09/11/20	09/15/20		260.00	0.00	0.00	260.00

PAYROLL DEDUCT

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10963	MEMORIAL MEDICAL CLINIC		260.00	0.00	0.00	260.00	
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
1012896 ✓	INVENTORY	09/13/20	09/06/20	09/16/20		183.35	0.00	0.00	183.35 ✓
1015004 ✓	INVENTORY	09/13/20	09/06/20	09/16/20		130.09	0.00	0.00	130.09 ✓
1012897 ✓	INVENTORY	09/13/20	09/06/20	09/16/20		116.66	0.00	0.00	116.66 ✓
1016359 ✓	INVENTORY	09/13/20	09/06/20	09/16/20		2,964.68	0.00	0.00	2,964.68 ✓
1021139 ✓	INVENTORY	09/13/20	09/07/20	09/17/20		1,347.44	0.00	0.00	1,347.44 ✓
1018211 ✓	INVENTORY	09/13/20	09/07/20	09/17/20		183.35	0.00	0.00	183.35 ✓
1021138 ✓	INVENTORY	09/13/20	09/07/20	09/17/20		6.94	0.00	0.00	6.94 ✓
1026183 ✓	INVENTORY	09/13/20	09/10/20	09/20/20		0.39	0.00	0.00	0.39 ✓
1027146 ✓	INVENTORY	09/13/20	09/10/20	09/20/20		0.15	0.00	0.00	0.15 ✓
1027144 ✓	INVENTORY	09/13/20	09/10/20	09/20/20		48.91	0.00	0.00	48.91 ✓
1027145 ✓	INVENTORY	09/13/20	09/10/20	09/20/20		559.51	0.00	0.00	559.51 ✓
1029725 ✓	INVENTORY	09/13/20	09/11/20	09/21/20		141.86	0.00	0.00	141.86 ✓
1029728 ✓	INVENTORY	09/13/20	09/11/20	09/21/20		122.12	0.00	0.00	122.12 ✓
1031964 ✓	INVENTORY	09/13/20	09/11/20	09/21/20		95.00	0.00	0.00	95.00 ✓
1029727 ✓	INVENTORY	09/13/20	09/11/20	09/21/20		540.40	0.00	0.00	540.40 ✓
1029726 ✓	INVENTORY	09/13/20	09/11/20	09/21/20		778.45	0.00	0.00	778.45 ✓
1031963 ✓	INVENTORY	09/13/20	09/11/20	09/21/20		566.41	0.00	0.00	566.41 ✓
1029729 ✓	INVENTORY	09/13/20	09/11/20	09/21/20		0.23	0.00	0.00	0.23 ✓
1037585 ✓	INVENTORY	09/13/20	09/12/20	09/22/20		841.13	0.00	0.00	841.13 ✓
1037584 ✓	INVENTORY	09/13/20	09/12/20	09/22/20		2,278.60	0.00	0.00	2,278.60 ✓
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10536	MORRIS & DICKSON CO, LLC		10,905.67	0.00	0.00	10,905.67	
Vendor#	Vendor Name		Class	Pay Code					
11472	OCCUPRO LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
31886 ✓		09/13/20	08/07/20	09/06/20		472.50	0.00	0.00	472.50 ✓

MONTHLY LICENSE											
32295		09/13/20	09/07/20	10/01/20		472.50	0.00	0.00	472.50		
MONTHLY LICENSE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11472	OCCUPRO LLC	945.00	0.00	0.00	945.00
Vendor#	Vendor Name				Class	Pay Code					
O1500	OLYMPUS AMERICA INC				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
34940446		09/12/20	08/31/20	09/25/20		431.86	0.00	0.00	431.86		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						O1500	OLYMPUS AMERICA INC	431.86	0.00	0.00	431.86
Vendor#	Vendor Name				Class	Pay Code					
S0905	PERFORMANCE HEALTH				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
IN96777553		09/12/20	09/01/20	09/26/20		18.44	0.00	0.00	18.44		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S0905	PERFORMANCE HEALTH	18.44	0.00	0.00	18.44
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		
2308-0600		09/14/20	08/31/20	09/15/20		1,658.90	0.00	0.00	1,658.90		
GAS/ENERGY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12480	PRO ENERGY PARTNERS LLC	1,658.90	0.00	0.00	1,658.90
Vendor#	Vendor Name				Class	Pay Code					
11240	REMI CORPORATION										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
1046190		09/14/20	06/07/20	06/30/20		14,403.33	0.00	0.00	14,403.33		
ANNUAL AGREEMENT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11240	REMI CORPORATION	14,403.33	0.00	0.00	14,403.33
Vendor#	Vendor Name				Class	Pay Code					
S1800	SHERWIN WILLIAMS				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
083123		09/13/20	08/31/20	09/15/20		470.31	0.00	0.00	470.31		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S1800	SHERWIN WILLIAMS	470.31	0.00	0.00	470.31
Vendor#	Vendor Name				Class	Pay Code					
14868	SINGLETON ASSOCIATES, P.A.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
246-083123001		09/13/20	09/07/20	09/08/20		19,666.66	0.00	0.00	19,666.66		
ONSITE SERV											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14868	SINGLETON ASSOCIATES, P.A.	19,666.66	0.00	0.00	19,666.66
Vendor#	Vendor Name				Class	Pay Code					
11296	SOUTH TEXAS BLOOD & TISSUE CEN										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
I07033796		09/13/20	08/15/20	09/09/20		6,210.00	0.00	0.00	6,210.00		

		BLOOD										
CM10304			09/13/20	08/15/20	09/15/20		-2,376.00	0.00	0.00	-2,376.00		
		CREDIT										
CM10386			09/13/20	08/31/20	09/25/20		-3,696.00	0.00	0.00	-3,696.00		
		CREDIT										
I07034143			09/13/20	08/31/20	09/25/20		5,548.00	0.00	0.00	5,548.00		
		BLOOD										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			11296	SOUTH TEXAS BLOOD & TISSUE CEN			5,686.00	0.00	0.00	5,686.00		
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		
090123		09/13/20	09/01/20	09/02/20			2,250.00	0.00	0.00	2,250.00		
		INTERNET										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			C1010	SPARKLIGHT			2,250.00	0.00	0.00	2,250.00		
Vendor#	Vendor Name		Class		Pay Code							
S3960	STERICYCLE, INC		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
4011992943		08/30/20	09/01/20	10/01/20			2,795.68	0.00	0.00	2,795.68		
		WASTE DISPOSAL										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			S3960	STERICYCLE, INC			2,795.68	0.00	0.00	2,795.68		
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		
905753		08/31/20	08/31/20	09/30/20			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		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
0022724		09/13/20	09/07/20	09/08/20			4,125.00	0.00	0.00	4,125.00		
		BRANDON BATES W/E 9/2/23										
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							
15036	THE REYNOLDS COMPANY		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
23562047-00		09/14/20	06/14/20	07/14/20			143.00	0.00	0.00	143.00		
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			15036	THE REYNOLDS COMPANY			143.00	0.00	0.00	143.00		
Vendor#	Vendor Name		Class		Pay Code							
14012	TK ELEVATOR CORPORATION		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
3007410877		09/13/20	08/01/20	09/13/20			1,447.77	0.00	0.00	1,447.77		
		OIL/GREASE										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			14012	TK ELEVATOR CORPORATION			1,447.77	0.00	0.00	1,447.77		

Vendor#	Vendor Name	Class	Pay Code							
S1801	TRACI SHEFCIK ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
091223		09/14/20	09/12/20	09/20/20		1,181.35	0.00	0.00	1,181.35 ✓	
CE'S BOOKS/RENEWAL LICEN										
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		S1801	TRACI SHEFCIK			1,181.35	0.00	0.00	1,181.35	

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	
2921012875 ✓	LAUNDRY	09/13/20	09/04/20	09/29/20		75.29	0.00	0.00	75.29 ✓	
2921012874 ✓	LAUNDRY	09/13/20	09/04/20	09/29/20		2,531.81	0.00	0.00	2,531.81 ✓	
2921013207 ✓	LAUNDRY	09/13/20	09/07/20	10/02/20		228.21	0.00	0.00	228.21 ✓	
2921013206 ✓	LAUNDRY	09/13/20	09/07/20	10/02/20		244.19	0.00	0.00	244.19 ✓	
2921013202 ✓	LAUNDRY	09/13/20	09/07/20	10/02/20		76.49	0.00	0.00	76.49 ✓	
2921013205 ✓	LAUNDRY	09/13/20	09/07/20	10/02/20		254.51	0.00	0.00	254.51 ✓	
2921013208 ✓	LAUNDRY	09/13/20	09/07/20	10/02/20		101.70	0.00	0.00	101.70 ✓	
2921013199 ✓	LAUNDRY	09/13/20	09/07/20	10/02/20		174.05	0.00	0.00	174.05 ✓	
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		U1064	UNIFIRST HOLDINGS INC			3,686.25	0.00	0.00	3,686.25	

Vendor#	Vendor Name	Class	Pay Code							
11280	VICTORIA ADVOCATE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
0314780	NEWSPAPER	09/13/20	08/31/20	09/15/20		27.10	0.00	0.00	27.10 ✓	
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		11280	VICTORIA ADVOCATE			27.10	0.00	0.00	27.10	

Vendor#	Vendor Name	Class	Pay Code							
11110	WERFEN USA LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9111370212 ✓	CONTRACT	09/13/20	08/15/20	09/09/20		1,571.67	0.00	0.00	1,571.67 ✓	
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		11110	WERFEN USA LLC			1,571.67	0.00	0.00	1,571.67	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	397,065.00	0.00	0.00	397,065.00

APPROVED ON

SEP 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 20907-20973

RECEIVED BY THE
COUNTY AUDITOR ON
SEP 14 2023
RUN DATE: 09/14/23
TIME: 10:39

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT
NUMBER PAYEE NAME DATE AMOUNT PAY CODE PAT TYPE DESCRIPTION GL NUM

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		091323	116.60	✓	3	REFUND FO	
		091323	223.23	✓	2	REFUND FO	
		091323	427.45	✓	5	REFUND FO	
		091323	119.91	✓	3	REFUND FO	
		091323	119.00	✓	3	REFUND FO	
		091323	1600.97	✓	2	REFUND FO	
		091323	375.00	✓	2	REFUND FO	
		091323	703.73	✓	2	REFUND FO	
		072623	65.18	✓	2	REFUND FO	
		091323	324.67	✓	5	REFUND FO	
		091323	311.88	✓	2	REFUND FO	
		091323	100.00	✓	2	REFUND FO	

ARID=0001 TOTAL

4487.62

TOTAL

4487.62

APPROVED ON

SEP 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 20979-20990

RECEIVED BY THE COUNTY AUDITOR ON

SEP 12 2023

CALHOUN COUNTY, TEXAS

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ROSHANDA S THOMAS



Account Inquiries

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

Account Number XXXX-XXXX-XXXX-9457

Summary of Account Activity

Total Activity \$4,874.59

Not an invoice. For your records only.

Credit Limit	\$15,000
Cash Advance Limit	\$0
Statement Closing Date	09/03/2023
Days in Billing Period	31

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

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
NOTICE MEMO ITEM(S) LISTED BELOW					
08/07	08/04	9399	05134373217600044162308	1 NPDB NPDB HRSA GOV FA RFAX VA 22033 USA	65.00 ✓
				N97941581	
08/07	08/04	9399	05134373217600044162480	2 NPDB NPDB HRSA GOV FA RFAX VA 22033 USA	5.00 ✓
				N97941834	
08/07	08/04	9399	05134373217600044162555	3 NPDB NPDB HRSA GOV FA RFAX VA 22033 USA	5.00 ✓
				N97941913	
08/08	08/07	9399	05134373220600032460347	4 NPDB NPDB HRSA GOV FA RFAX VA 22033 USA	2.50 ✓
				N98012371	
08/08	08/07	9399	05134373220600032460420	5 NPDB NPDB HRSA GOV FA RFAX VA 22033 USA	2.50 ✓
				N98012666	
08/08	08/07	9399	05134373220600032460594	6 NPDB NPDB HRSA GOV FA RFAX VA 22033 USA	2.50 ✓
				N98013010	
08/09	08/08	3665	55436873221152213162100	7 HAMPTON INNS PORT LAVACA TX 77979 USA	457.32 ✓
				00914796 CHECK N: 08/08/2023 00914796	
08/14	08/11	7372	55429503223852473657059	8 SYSTEM13 NC 4349770000 VA 22911 USA	500.00 ✓
				47365705	
08/18	08/09	3665	55436873229162229186151	9 HAMPTON INNS PORT LAVACA TX 77979 USA	232.45 CR ✓
				00914796 CHECK N: 08/08/2023 00914796	
08/18	08/17	8299	55429503229852709874217	10 RQ PARTNERS 8662931034 TX 75231 USA	149.00 ✓
				70987421	

NOTICE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

Account Number XXXX-XXXX-XXXX-9457
Statement Closing Date September 03 2023

Not an invoice.
For your records only

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

00007905040

M 9/27/23

Account: XXXX-XXXX-XXXX-9457

Transactions (cont)

Post Date	Trans Date	MCC	Reference Number	Descr pt on/Locat on	Amount
08/18	08/17	9399	05134373230600035379864	11 NPDB NPDB HRSA.GOV FARFAX VA N98394931	22033 USA ✓ 2.50 ✓
08/18	08/17	9399	05134373230600035379948	12 NPDB NPDB HRSA.GOV FARFAX VA N98395098	22033 USA ✓ 2.50 ✓
08/18	08/17	9399	05134373230600035380003	13 NPDB NPDB HRSA.GOV FARFAX VA N98395306	22033 USA ✓ 2.50 ✓
08/18	08/17	9399	05134373230600035380185	14 NPDB NPDB HRSA.GOV FARFAX VA N98395904	22033 USA ✓ 2.50 ✓
08/18	08/17	9399	05134373230600035380268	15 NPDB NPDB HRSA.GOV FARFAX VA N98396121	22033 USA ✓ 2.50 ✓
08/18	08/17	9399	05134373230600035380342	16 NPDB NPDB HRSA.GOV FARFAX VA N98396410	22033 USA ✓ 2.50 ✓
08/18	08/17	9399	05134373230600035380425	17 NPDB NPDB HRSA.GOV FARFAX VA N98396681	22033 USA ✓ 2.50 ✓
08/18	08/17	9399	05134373230600035380599	18 NPDB NPDB HRSA.GOV FARFAX VA N98396914	22033 USA ✓ 2.50 ✓
08/18	08/17	9399	05134373230600035380672	19 NPDB NPDB HRSA.GOV FARFAX VA N98397478	22033 USA ✓ 2.50 ✓
08/18	08/17	9399	05134373230600035380755	20 NPDB NPDB HRSA.GOV FARFAX VA N98397936	22033 USA ✓ 2.50 ✓
08/18	08/17	9399	05134373230600035380839	21 NPDB NPDB HRSA.GOV FARFAX VA N98398474	22033 USA ✓ 2.50 ✓
08/18	08/17	9399	05134373230600035380912	22 NPDB NPDB HRSA.GOV FARFAX VA N98398649	22033 USA ✓ 2.50 ✓
08/22	08/21	1711	82305093233000016732996	23 SP ATHENASUPPLY CHICAGO L	60664 USA ✓ 3,580.50 ✓
08/23	08/21	7394	85179243234001863333249	24 KING S EVENTS AND TENT VCTOR A TX	77901 USA ✓ 173.25 ✓
08/24	08/23	3665	55436873236172360195789	25 HAMPTON NNS PORT LAVACA TX 00946257 CHECK N: 08/22/2023 00946257	77979 USA ✓ 134.47 ✓
----- TOTAL AMOUNT OF MEMO TEM(S)					\$4,874.59 ✓

APPROVED ON

SEP 12 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER PURCHASE ORDER

①

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

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

Vendor Name: Citicbank

Date: 9/6/2023

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB X 26 Providers			65.00
2			Renewals			
3	—		NPDB X 2 Providers - Enroll			5.00
4	—		NPDB X 2 Providers - Enroll			5.00
5	—		NPDB X 1 Provider - Enroll			2.50
6	—		" "			2.50
7	—		" "			2.50
8	—		Hampton Inn + Suites			457.30
9			Hotel - Dr. Hobson - OB/Gyn			
10	—		System 13 - Qtr Certification Renewal Orders			500.00

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

NOTES:

Charges made to Roshandra's credit card (MC)

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshandra Thomas 9/7/23</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: 9/6/2023

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	-		Hampton Inn + Suites			- 232.4
2			Credit refund			
3	-		NPDB x 12 Provider-Enroll	2.50		30.00
4	-		SP Athena - parts for			3580.50
5			Plant Ops - (Boilers)			
6	-		King's Events + Tents			173.20
7	2		Clinic 10-yr Anniversary			
8	-		Hampton Inn + Suites			134.4
9			Hotel - Dr. Hobson, DB/Organ			
10			8/22/23 per contract			

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

NOTES:

charges made to Roshanda's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 9/7/23</u>

MEMORIAL MEDICAL CENTER PURCHASE ORDER

3

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

Citibank

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

Vendor Name: American Academy of Pediatrics

Date: 8/16/23

Vendor Address: _____

P.O. # _____

Vendor Phone #: 800-433-9016 #4

Account # _____

Vendor Fax #: _____

Initiated By: Jenise Svetnik

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	65.00 +		NRP Instructor Renewal Curriculum 8th edition			149.00
	5.00 +					
2	5.00 +					
	2.50 +					
3	2.50 +					
	2.50 +					
4	457.52 +					
5	500.00 +					
	232.45 -					
6	30.00 +					
	3,580.50 +					
7	173.25 +					
	134.47 +					
8	149.00 +					
	4,874.59 +					
9						
10						

Est. Freight _____

Est. Total Cost _____

TOTAL COST \$4874.59

NOTES:

To continue NRP Instructor for mmc employees of OB dept.

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

Dept. Director _____
Dir. Nursing <u>[Signature]</u>
Dir. Clinical Services <u>[Signature]</u>
CFO _____
Administrator <u>Roshane Thomas 9/7/23</u>

Wire Transfer

- COUNTY OF CALHOUN TEXAS



Wire Details

Transaction Number ;
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 4,874.59
Debit Account *4357 - DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 09/27/2023

Originator Information

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

Beneficiary / Payee Information

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

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment

Additional Information For
Beneficiary

Status History

Timestamp	Status	Initiator	Description
Sep 27, 2023 8:31:06 AM CDT	Created		issack (MELISSA McKISSACK) Wire Created.

M 9/27/23

CITIBANK CORPORATE CARD

Account Statement

Comme:ca Card Account
C000: CALHOUN COUNTY MMC



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

Account Number: XXXX-XXXX-XXXX-2799
Invoice # 3653004062

Summary of Account		
Previous Balance		\$5,344.92
Payments	5,344.92 +	\$5,602.42
Credits	5,602.42 -	\$232.45
Purchases & Other Charges		\$5,107.04
Cash Transactions	257.50 -*	\$0.00
Cash Transaction Fees		\$0.00
Interest Charges		\$0.00

Payment Information	
New Balance	\$4,617.09
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$4,617.09
Payment Due Date	09/28/2023
Statement Closing Date	09/03/2023
Days in Billing Period	31

Credit Limit	\$30,000
Available Credit Limit	\$25,382
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

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

Company Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
08/18	08/17	0000	75563973230230000003461	1 PAYMENT THANK YOU	5,602.42 PY

Cardholder Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
08/07	08/04	9399	05134373217600044162308	1 NPDB NPDB.HRSA.GOV FA/RFAX VA 22033 USA	65.00
08/07	08/04	9399	05134373217600044162480	2 NPDB NPDB.HRSA.GOV FA/RFAX VA 22033 USA	5.00
08/07	08/04	9399	05134373217600044162555	3 NPDB NPDB.HRSA.GOV FA/RFAX VA 22033 USA	5.00

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION Page 1 of 4

Please detach and return (with payment) in envelope pre-addressed to the address appearing on this page.

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

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

Account Number XXXX-XXXX-XXXX-2799
Payment Due Date September 28 2023
New Balance \$4,617.09
Past Due Amount \$0.00
Minimum Payment Due \$4,617.09

Mail Checks To

Amount Enclosed
\$

Past Due Amounts included in the Minimum Payment Due

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

28000 0461709 0461709 0560242 05567090005272799 0300

Account: XXXX-XXXX-XXXX-2799

Cardholder Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Descr'pt'on/Locat'on	Amount
08/08	08/07	9399	05134373220600032460347	4 NPDB NPDB HRSA.GOV FA RFAX VA N98012371	22033 USA 2.50
08/08	08/07	9399	05134373220600032460420	5 NPDB NPDB HRSA.GOV FA RFAX VA N98012666	22033 USA 2.50
08/08	08/07	9399	05134373220600032460594	6 NPDB NPDB HRSA.GOV FA RFAX VA N98013010	22033 USA 2.50
08/09	08/08	3665	55436873221152213162100	7 HAMPTON INNS PORT LAVACA TX 00914796 CHECK N: 08/08/2023 00914796	77979 USA 457.32
08/14	08/11	7372	55429503223852473657059	8 SYSTEM13 INC 4349770000 VA 47365705	22911 USA 500.00
08/18	08/09	3665	55436873229162229186151	9 HAMPTON INNS PORT LAVACA TX 00914796 CHECK N: 08/08/2023 00914796	77979 USA 232.45 CR
08/18	08/17	8299	55429503229852709874217	10 RQ PARTNERS 8662931034 TX 70987421	75231 USA 149.00
08/18	08/17	9399	05134373230600035379864	11 NPDB NPDB HRSA.GOV FA RFAX VA N98394931	22033 USA 2.50
08/18	08/17	9399	05134373230600035379948	12 NPDB NPDB HRSA.GOV FA RFAX VA N98395098	22033 USA 2.50
08/18	08/17	9399	05134373230600035380003	13 NPDB NPDB HRSA.GOV FA RFAX VA N98395306	22033 USA 2.50
08/18	08/17	9399	05134373230600035380185	14 NPDB NPDB HRSA.GOV FA RFAX VA N98395904	22033 USA 2.50
08/18	08/17	9399	05134373230600035380268	15 NPDB NPDB HRSA.GOV FA RFAX VA N98396121	22033 USA 2.50
08/18	08/17	9399	05134373230600035380342	16 NPDB NPDB HRSA.GOV FA RFAX VA N98396410	22033 USA 2.50
08/18	08/17	9399	05134373230600035380425	17 NPDB NPDB HRSA.GOV FA RFAX VA N98396681	22033 USA 2.50
08/18	08/17	9399	05134373230600035380599	18 NPDB NPDB HRSA.GOV FA RFAX VA N98396914	22033 USA 2.50
08/18	08/17	9399	05134373230600035380672	19 NPDB NPDB HRSA.GOV FA RFAX VA N98397478	22033 USA 2.50
08/18	08/17	9399	05134373230600035380755	20 NPDB NPDB HRSA.GOV FA RFAX VA N98397936	22033 USA 2.50
08/18	08/17	9399	05134373230600035380839	21 NPDB NPDB HRSA.GOV FA RFAX VA N98398474	22033 USA 2.50
08/18	08/17	9399	05134373230600035380912	22 NPDB NPDB HRSA.GOV FA RFAX VA N98398649	22033 USA 2.50
08/22	08/21	1711	82305093233000016732996	23 SP ATHENASUPPLY CHICAGO IL	60664 USA 3,580.50
08/23	08/21	7394	85179243234001863333249	24 KING S EVENTS AND TENT VICTORIA TX	77901 USA 173.25
08/24	08/23	3665	55436873236172360195789	25 HAMPTON INNS PORT LAVACA TX 00946257 CHECK N: 08/22/2023 00946257	77979 USA 134.47

FINANCE CHARGE SUMMARY		Your Annual Percentage Rate (APR) is the annual interest rate on your account.	
Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges
PURCHASE AND FEES	10.25%	0.8542% (M)	\$0.00
CASH	10.25%	0.8542% (M)	\$0.00

(D) Daily Rate
(M) Monthly Rate

MCKESSON

STATEMENT

As of: 09/15/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 09/15/2023
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: 09/16/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 09/16/2023

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: 15,959.41 USD

Future Due: 0.00

If Paid By 09/19/2023,
Pay This Amount:

15,178.36 USD

Due if Paid On Time:

USD 15,178.36 ✓

Past Due: 23,091.42-

Disc lost if paid late:
781.05

Last Payment 2,451.97
08/07/2017

If Paid After 09/19/2023,
Pay this Amount:

15,959.41 USD

Due if Paid Late:

USD 15,959.41

Andrew DeKorntes
9/18/23

14,143.49 +
732.85 +
302.02 +
15,178.36 *

APPROVED ON

SEP 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

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

Company: 8000

DC: 8115

As of: 09/15/2023
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: 09/16/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/16/2023 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											
09/11/2023	09/19/2023	7443457670	87659239	115Invoice	21.01	1,050.70		1,029.69	✓	7443457670	
09/11/2023	09/19/2023	7443457671	87702884	115Invoice	14.87	743.71		728.84	✓	7443457671	
09/11/2023	09/19/2023	7443457672	87742504	115Invoice	29.77	1,488.35		1,458.58	✓	7443457672	
09/11/2023	09/19/2023	7443457673	87778069	115Invoice	14.87	743.71		728.84	✓	7443457673	
09/12/2023	09/19/2023	7443808895	87916861	115Invoice	42.11	2,105.27		2,063.16	✓	7443808895	
09/12/2023	09/19/2023	7443808896	87986909	115Invoice	14.87	743.69		728.82	✓	7443808896	
09/12/2023	09/19/2023	7443808897	87997287	115Invoice	2.33	116.27		113.94	✓	7443808897	
09/13/2023	09/19/2023	7444128866	88074611	115Invoice	14.87	743.71		728.84	✓	7444128866	
09/13/2023	09/19/2023	7444128867	88144222	115Invoice		0.16		0.16	✓	7444128867	
09/13/2023	09/19/2023	7444310822	88080907	195Invoice	2.10	104.85		102.75	✓	7444310822	
09/14/2023	09/19/2023	7444427439	88286348	115Invoice	29.75	1,487.39		1,457.64	✓	7444427439	
09/14/2023	09/19/2023	7444581223	88218321	195Invoice	55.65	2,782.56		2,726.91	✓	7444581223	
09/15/2023	09/19/2023	7444717858	88340553	115Invoice	2.21	110.62		108.41	✓	7444717858	
09/15/2023	09/19/2023	7444717859	88412672	115Invoice	45.66	2,282.95		2,237.29	✓	7444717859	
09/15/2023	09/19/2023	7444882085	88347191	195Invoice	1.49	74.48		72.99	✓	7444882085	
09/15/2023	09/15/2023	7444997142	MFC PR CORR CR	Pricing Cor		1,565.52- P		1,565.52- P	✓	7444997142	
09/15/2023	09/15/2023	7444997143	MFC PR CORR CR	Pricing Cor		391.38- P		391.38- P	✓	7444997143	
09/15/2023	09/15/2023	7444997144	MFC PR CORR CR	Pricing Cor		1,565.52- P		1,565.52- P	✓	7444997144	
09/15/2023	09/15/2023	7444997145	MFC PR CORR CR	Pricing Cor		782.76- P		782.76- P	✓	7444997145	
09/15/2023	09/15/2023	7444997146	MFC PR CORR CR	Pricing Cor		782.76- P		782.76- P	✓	7444997146	
09/15/2023	09/15/2023	7444997148	MFC PR CORR CR	Pricing Cor		391.38- P		391.38- P	✓	7444997148	
09/15/2023	09/15/2023	7444997149	MFC PR CORR CR	Pricing Cor		2,348.28- P		2,348.28- P	✓	7444997149	
09/15/2023	09/15/2023	7444997150	MFC PR CORR CR	Pricing Cor		3,913.80- P		3,913.80- P	✓	7444997150	
09/15/2023	09/15/2023	7444997151	MFC PR CORR CR	Pricing Cor		782.76- P		782.76- P	✓	7444997151	
09/15/2023	09/15/2023	7444997152	MFC PR CORR CR	Pricing Cor		782.76- P		782.76- P	✓	7444997152	
09/15/2023	09/15/2023	7444997153	MFC PR CORR CR	Pricing Cor		1,565.52- P		1,565.52- P	✓	7444997153	
09/15/2023	09/15/2023	7444997154	MFC PR CORR CR	Pricing Cor		782.76- P		782.76- P	✓	7444997154	
09/15/2023	09/15/2023	7444997155	MFC PR CORR CR	Pricing Cor		2,348.28- P		2,348.28- P	✓	7444997155	
09/15/2023	09/15/2023	7444997156	MFC PR CORR CR	Pricing Cor		1,174.14- P		1,174.14- P	✓	7444997156	
09/15/2023	09/15/2023	7444997157	MFC PR CORR CR	Pricing Cor		391.38- P		391.38- P	✓	7444997157	
09/15/2023	09/15/2023	7444997158	MFC PR CORR CR	Pricing Cor		1,565.52- P		1,565.52- P	✓	7444997158	

MCKESSON

STATEMENT

As of: 09/15/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 09/15/2023
Mail to:

Page: 002
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: 09/16/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 09/16/2023 **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	
09/15/2023	09/15/2023	7444997159	MFC PR CORR CR	Pricing Cor		782.76-	P	782.76-	P ✓	7444997159	
09/15/2023	09/15/2023	7444997160	MFC PR CORR CR	Pricing Cor		391.38-	P	391.38-	P ✓	7444997160	
09/15/2023	09/15/2023	7444997161	MFC PR CORR CR	Pricing Cor		391.38-	P	391.38-	P ✓	7444997161	
09/15/2023	09/15/2023	7444997162	MFC PR CORR CR	Pricing Cor		391.38-	P	391.38-	P ✓	7444997162	
09/15/2023	09/19/2023	7444997163	MFC PR CORR IN	Pricing Cor	31.75	1,587.55		1,555.80	✓	7444997163	
09/15/2023	09/19/2023	7444997164	MFC PR CORR IN	Pricing Cor	7.94	396.89		388.95	✓	7444997164	
09/15/2023	09/19/2023	7444997165	MFC PR CORR IN	Pricing Cor	31.75	1,587.55		1,555.80	✓	7444997165	
09/15/2023	09/19/2023	7444997166	MFC PR CORR IN	Pricing Cor	15.88	793.78		777.90	✓	7444997166	
09/15/2023	09/19/2023	7444997167	MFC PR CORR IN	Pricing Cor	15.88	793.78		777.90	✓	7444997167	
09/15/2023	09/19/2023	7444997168	MFC PR CORR IN	Pricing Cor	7.94	396.89		388.95	✓	7444997168	
09/15/2023	09/19/2023	7444997169	MFC PR CORR IN	Pricing Cor	47.63	2,381.33		2,333.70	✓	7444997169	
09/15/2023	09/19/2023	7444997170	MFC PR CORR IN	Pricing Cor	79.38	3,968.88		3,889.50	✓	7444997170	
09/15/2023	09/19/2023	7444997171	MFC PR CORR IN	Pricing Cor	15.88	793.78		777.90	✓	7444997171	
09/15/2023	09/19/2023	7444997172	MFC PR CORR IN	Pricing Cor	31.75	1,587.55		1,555.80	✓	7444997172	
09/15/2023	09/19/2023	7444997173	MFC PR CORR IN	Pricing Cor	15.88	793.78		777.90	✓	7444997173	
09/15/2023	09/19/2023	7444997174	MFC PR CORR IN	Pricing Cor	15.88	793.78		777.90	✓	7444997174	
09/15/2023	09/19/2023	7444997175	MFC PR CORR IN	Pricing Cor	47.63	2,381.33		2,333.70	✓	7444997175	
09/15/2023	09/19/2023	7444997176	MFC PR CORR IN	Pricing Cor	23.81	1,190.66		1,166.85	✓	7444997176	
09/15/2023	09/19/2023	7444997177	MFC PR CORR IN	Pricing Cor	7.94	396.89		388.95	✓	7444997177	
09/15/2023	09/19/2023	7444997178	MFC PR CORR IN	Pricing Cor	31.75	1,587.55		1,555.80	✓	7444997178	
09/15/2023	09/19/2023	7444997179	MFC PR CORR IN	Pricing Cor	15.88	793.78		777.90	✓	7444997179	
09/15/2023	09/19/2023	7444997180	MFC PR CORR IN	Pricing Cor	7.94	396.89		388.95	✓	7444997180	
09/15/2023	09/19/2023	7444997181	MFC PR CORR IN	Pricing Cor	7.94	396.89		388.95	✓	7444997181	
09/15/2023	09/19/2023	7444997182	MFC PR CORR IN	Pricing Cor	7.94	396.89		388.95	✓	7444997182	

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

MCKESSON

STATEMENT

As of: 09/15/2023

Page: 003

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

Company: 8000

DC: 8115

As of: 09/15/2023

Page: 003

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

Mail to:

Comp: 8000

Customer: 256342

Date: 09/16/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 09/16/2023 ITEMS NOT PAID (✓)

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 14,903.42 USD

Future Due: 0.00

If Paid By 09/19/2023,
Pay This Amount:

14,143.49 USD

Due If Paid On Time:
USD

14,143.49 ✓

Past Due: 23,091.42

Disc lost if paid late:

759.93

Last Payment 09/11/2023 7,796.78

If Paid After 09/19/2023,
Pay this Amount:

14,903.42 USD

Due If Paid Late:
USD

14,903.42

Andrew Defos Santos
9/18/23

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 09/15/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 09/15/2023
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: 09/16/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 09/16/2023

**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											
09/13/2023	09/19/2023	7444199957	2676425	115Invoice	6.12	306.05		299.93	✓	7444199957	
09/13/2023	09/19/2023	7444199958	2676425	115Invoice	8.84	441.76		432.92	✓	7444199958	

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: 747.81 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,796.78
09/11/2023

If Paid By 09/19/2023,
Pay This Amount:

732.85 USD

If Paid After 09/19/2023,
Pay this Amount:

747.81 USD

Due If Paid On Time:

USD 732.85 ✓

Disc lost if paid late:

14.96

Due If Paid Late:

USD 747.81

Andrew De los Santos
9/18/23

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

MCKESSON

STATEMENT

As of: 09/15/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 09/15/2023

Page: 001

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

Mail to:

Comp: 8000

Customer: 835438

Date: 09/16/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438

PLEASE CHECK ANY

Date: 09/16/2023

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	
09/13/2023	09/19/2023	7444339100	CVS PHCY 7475/MEM MC PHS	632536 2676426	115 Invoice	6.16	308.18		302.02	✓	7444339100	

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: 308.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 09/11/2023 7,796.78

If Paid By 09/19/2023,
Pay This Amount: 302.02 USD

If Paid After 09/19/2023,
Pay this Amount: 308.18 USD

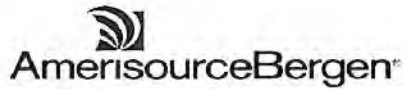
Due If Paid On Time:
USD 302.02 ✓

Disc lost if paid late:
6.16

Due If Paid Late:
USD 308.18

Andrew DeFos Bentler
9/18/23

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



STATEMENT

Statement Number: 65946079
Date: 09-15-2023

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

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

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days ✓

Summary

Not Yet Due:	0.00
Current:	537.77
Past Due:	0.00
Total Due:	537.77
Account Balance:	537.77

DEA: RA0289276
866-451-9655

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

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-11-2023	09-22-2023	3146386802	7004000605	Invoice	17.70		0.00	17.70 ✓
09-11-2023	09-22-2023	3146505615	7004012671	Invoice	264.19		0.00	264.19 ✓
09-11-2023	09-22-2023	3146505616	7004025256	Invoice	65.47		0.00	65.47 ✓
09-12-2023	09-22-2023	3146677626	7004035439	Invoice	27.82		0.00	27.82 ✓
09-12-2023	09-22-2023	3146677627	7004035176	Invoice	108.14		0.00	108.14 ✓
09-14-2023	09-22-2023	3147004565	7004056025	Invoice	47.34		0.00	47.34 ✓
09-15-2023	09-22-2023	3147163420	7004068550	Invoice	3.68		0.00	3.68 ✓
09-15-2023	09-22-2023	3147163421	7004068322	Invoice	3.43		0.00	3.43 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
537.77	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
09-15-2023	(7,147.63)

Reminders	
Due Date	Amount
09-22-2023	537.77
Total Due:	537.77

Andrew D. Santos
9/18/23

APPROVED ON
SEP 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	MEMORIAL MEDICAL CENTER - TX 815 NORTH VIRGINIA PORT LAVACA TX 77979-3025 ✓	Customer Number	100055589 / 037086553
	DEA: RA0289276 866-451-9655			Terms	Semi-Monthly Due in 10 days ✓

Remit To:	AMERISOURCEBERGEN PO Box 978526 DALLAS TX 75397-8526	Summary
		Not Yet Due: 0.00 Current: 11,489.64 Past Due: (7,858.96) Total Due: 3,630.68 Account Balance: 3,630.68

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-23-2023	08-25-2021	A128852	080521RETjh	Customer Document	(7,003.16)	08-07-2021	855.80	(7,858.96)
09-14-2023	09-25-2023	3147045347	20230914	Invoice	11,429.60		0.00	11,429.60
09-15-2023	09-25-2023	3147058838	20230914	Invoice	60.04		0.00	60.04

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
11,489.64	0.00	0.00	0.00	0.00	0.00	(7,858.96)

Thank You for Your Payment		
Date	Payment Number	Amount
09-06-2023	200639	(11,607.80)
09-11-2023	200704	(356.40)

Reminders	
Due Date	Amount
08-25-2021	(7,858.96)
09-25-2023	11,489.64
Total Due:	3,630.68

APPROVED ON
SEP 18 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLos Santos
9/18/23

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Sept 11, 2023 - Sept 17, 2023 ✓**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>
9/11/2023	TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	1128.96 ✓
9/11/2023	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129
9/11/2023	PAY PLUS ACHTrans 000000001290630 1010006922	- 3rd Party Payor Fee	128.93 ✓
9/11/2023	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	540.88 ✓
9/11/2023	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	169.47
9/11/2023	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	1102.52
9/11/2023	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110	- Credit Card Processing Fee	25.9 ✓
9/11/2023	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	2828.37 ✓
9/11/2023	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110	- Credit Card Processing Fee	275.32 ✓
9/12/2023	PAY PLUS ACHTrans 000000001335306 1010006933	- 3rd Party Payor Fee	98.82
9/13/2023	PAY PLUS ACHTrans 000000001488178 1010006943	- 3rd Party Payor Fee	11.7
9/13/2023	MCKESSON DRUG AUTO ACH ACH05653442 910000119	- 340B Drug Program Expense	7796.78*
9/14/2023	PAY PLUS ACHTrans 000000001591024 1010006954	- 3rd Party Payor Fee	187.69
9/15/2023	PAY PLUS ACHTrans 000000001744502 1010006964	- 3rd Party Payor Fee	48.65
9/15/2023	EXPERTPAY EXPERTPAY 746003411 91000016656969	- Child Support Payment	351.4
9/15/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	184155.27*
9/15/2023	TEXAS COUNTY DRS RECEIVABLE 0419 21000021669	- Retirement Funding	387496.81*
9/15/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	
9/15/2023	FDMS FDMS PYMT 052-2100911-000 4100012135228	- Credit Card Processing Fee	45.64
9/15/2023	FDMS FDMS PYMT 052-1737276-000 4100012132120	- Credit Card Processing Fee	120.09
9/15/2023	FDMS FDMS PYMT 052-1743547-000 4100012132716	- Credit Card Processing Fee	40.03
9/15/2023	FDMS FDMS PYMT 052-1743548-000 4100012134276	- Credit Card Processing Fee	80.06
			593,909.92

CC Fees

1,128.96 +
129.00 +
540.88 +
169.47 +
1,102.52 +
25.90 +
2,828.37 +
275.32 +
45.64 +
120.09 +
40.03 +
40.06 +
6,486.24 *
128.93 +
98.82 +
11.70 +
187.69 +
48.65 +

Pay Plus

128.93 +
98.82 +
11.70 +
187.69 +
48.65 +
475.79 *

Expert Pay

351.40 +
351.40 *

Texas County DRS

184,155.27 +
184,155.27 *
6,486.24 +
475.79 +
351.40 +
184,155.27 +
191,468.70 *


Andrew De Los Santos September 17, 2023 593,909.92 +
ANDREW DE LOS SANTOS 7,796.78 -
Memorial Medical Center 7,147.63 -

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

<u>Date</u>	<u>Description</u>	<u>Amount</u>
9/20/2023	ACH Payment WEBFILE TAX PYMT DD	1,866.59
	- Sales Tax	191,468.70 +
		191,468.70 -
		0.00 *
		1,866.59 ✓

Andrew De Los Santos APPROVED ON September 18, 2023
ANDREW DE LOS SANTOS SEP 18 2023
Memorial Medical Center

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

 Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 08/31/2023 (2308)

Taxpayer ID:	Taxpayer Name:	Entered By:
User ID	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number	Taxpayer Address:	Telephone Number: (361) 552-0342
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	
09/13/2023, 08:49:44 AM	77979-3025	
	IP Address	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number:	Type of Bank Account: Checking
State Amount: \$1,414.08	Trace Number:	Account Holder Name:
Local Amount: \$452.51		Memorial Medical Center Operating
Amount to Pay: \$1,866.59		Bank Routing Number:
Electronic Check: \$1,866.59		Bank Account Number:
		Payment Effective Date: 09/20/2023

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	22739	22739	0	22739	1421.19	22739	0.02	454.78
SubTotal	22739	22739	0	22739	1421.19	22739		454.78

Total Tax for Locations

\$1,875.97

Total Tax Due:	\$1,875.97
Timely Filing Discount:	-\$9.38
Balance Due:	\$1,866.59
Pending Payments:	-\$0.00

Total Amount Due and Payable: \$1,866.59
 (State amount due is \$1,414.08) (Local amount due is \$452.51)

Date/Time 09-11-2023 / 10:44 AM
Submitted By

Pay Date 08-31-2023

Employee Deposits	\$74,342.14
Employer Contributions	\$109,813.13
Group Term Life Premiums	\$0.00
Total	\$184,155.27 ✓

Comments

Payroll File August 2023 Retirement Upload.xlsx

CLOSE

PRINT

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 14 2023

09/14/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090823		09/13/20	09/08/20	10/08/20		5,400.00	0.00	0.00	5,400.00 ✓

TRANSFER *NH insurance pymt deposited into MMC operating*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	5,400.00	0.00	0.00	5,400.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,400.00	0.00	0.00	5,400.00

APPROVED ON

SEP 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#20975

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 14 2023

09/14/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

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
090123		09/13/20	09/01/20	10/07/20		4,491.15	0.00	0.00	4,491.15 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC open</i>							
090523		09/13/20	09/05/20	10/07/20		1,200.00	0.00	0.00	1,200.00 ✓
	TRANSFER	"							
090523A		09/13/20	09/05/20	10/07/20		471.12	0.00	0.00	471.12 ✓
	TRANSFER	"							
090723A		09/13/20	09/07/20	10/07/20		1,172.90	0.00	0.00	1,172.90 ✓
	TRANSFER	"							
090723		09/13/20	09/07/20	10/07/20		2,762.74	0.00	0.00	2,762.74 ✓
	TRANSFER	"							
090823		09/13/20	09/08/20	10/08/20		406.80	0.00	0.00	406.80 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	10,504.71	0.00	0.00	10,504.71

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,504.71	0.00	0.00	10,504.71

APPROVED ON

SEP 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#200974

RECEIVED BY THE
COUNTY AUDITOR ON

SEP 14 2023

09/14/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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
090623		09/13/20	09/06/20	10/07/20		894.81	0.00	0.00	894.81 ✓
090723	TRANSFER								
	<i>NI insurance pymt deposited into mmc operating</i>								
		09/14/20	09/07/20	10/07/20		354.92	0.00	0.00	354.92 ✓
	TRANSFER								
	<i>" "</i>								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	1,249.73	0.00	0.00	1,249.73

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,249.73	0.00	0.00	1,249.73

APPROVED ON

SEP 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#100977

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SEP 14 2023

09/14/2023
CALHOUN COUNTY, TEXAS
10:18

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
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090523		09/13/20	09/05/20	10/07/20		400.00	0.00	0.00	400.00 ✓
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TRANSFER NH insurance pymt deposited into mme operatin

090523A		09/13/20	09/05/20	10/07/20		4,800.00	0.00	0.00	4,800.00 ✓
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TRANSFER "

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	5,200.00	0.00	0.00	5,200.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,200.00	0.00	0.00	5,200.00

APPROVED ON

SEP 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLH 100978

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SEP 14 2023

09/14/2023

10:17

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090123A		09/13/20	09/01/20	10/07/20		263.18	0.00	0.00	263.18 ✓
	TRANSFER	<i>NH insurance pymt deposited into mmc operating</i>							
090123		09/13/20	09/01/20	10/07/20		8,535.07	0.00	0.00	8,535.07 ✓
	TRANSFER	"							
090523		09/13/20	09/05/20	10/07/20		1,314.30	0.00	0.00	1,314.30 ✓
	TRANSFER	"							
090623		09/13/20	09/06/20	10/07/20		1,125.15	0.00	0.00	1,125.15 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	11,237.70	0.00	0.00	11,237.70

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,237.70	0.00	0.00	11,237.70

APPROVED ON

SEP 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#200974

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RUN DATE:09/18/23
TIME:15:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/20/23 THRU 09/20/23

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	200907	09/20/23	300.00	3WON, LLC
A/P	200908	09/20/23	905.81	ACE HARDWARE 15521
A/P	200909	09/20/23	1,400.00	ACUTE CARE INC
A/P	200910	09/20/23	3,469.63	AIRGAS USA, LLC - CENTRAL DIV
A/P	200911	09/20/23	401.66	AMAZON CAPITAL SERVICES
A/P	200912	09/20/23	8,075.00	AUTHORITYRX
A/P	200913	09/20/23	54.30	AUTO PARTS & MACHINE CO.
A/P	200914	09/20/23	2,956.50	AYA HEALTHCARE INC
A/P	200915	09/20/23	1,356.16	BAXTER HEALTHCARE
A/P	200916	09/20/23	1,104.08	BAYER HEALTHCARE
A/P	200917	09/20/23	33,369.64	BECKMAN COULTER INC
A/P	200918	09/20/23	3,863.49	BIO-RAD LABORATORIES, INC
A/P	200919	09/20/23	713.95	BLUE CROSS BLUE SHIELD REFUND
A/P	200920	09/20/23	54.85	BOSART LOCK & KEY INC
A/P	200921	09/20/23	10.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	200922	09/20/23	12,830.00	CARRIER CORPORATION
A/P	200923	09/20/23	432.04	CDW GOVERNMENT, INC.
A/P	200924	09/20/23	1,699.00	CERVEY, LLC
A/P	200925	09/20/23	53,832.33	CITIZENS MEDICAL CENTER
A/P	200926	09/20/23	12,362.45	COMMUNITY INFUSION SOLUTIONS
A/P	200927	09/20/23	2,908.70	CORROHEALTH, INC.
A/P	200928	09/20/23	2,869.52	DEWITT POTH & SON
A/P	200929	09/20/23	50,311.25	DIAMOND HEALTHCARE CORP
A/P	200930	09/20/23	48,947.50	EMERGENCY STAFFING SOLUTIONS
A/P	200931	09/20/23	545.00	FASTHEALTH CORPORATION
A/P	200932	09/20/23	264.08	FEDERAL EXPRESS CORP.
A/P	200933	09/20/23	3,880.24	FIRST INSURANCE FUNDING
A/P	200934	09/20/23	1,154.08	FRONTIER
A/P	200935	09/20/23	12,898.24	GE PRECISION HEALTHCARE, LLC
A/P	200936	09/20/23	407.50	GRACE FLOORING AND GLASS
A/P	200937	09/20/23	10,366.90	GREAT AMERICA FINANCIAL SVCS
A/P	200938	09/20/23	711.33	GULF COAST PAPER COMPANY
A/P	200939	09/20/23	249.97	HAYES ELECTRIC SERVICE
A/P	200940	09/20/23	456.50	HEALTHCARE CODING & CONSULTING
A/P	200941	09/20/23	6,407.96	HEALTHCARE FINANCIAL SERVICES
A/P	200942	09/20/23	4,245.10	HEALTHSTREAM, INC.
A/P	200943	09/20/23	15,327.47	HUNTER PHARMACY SERVICES
A/P	200944	09/20/23	1,014.54	IRON MOUNTAIN
A/P	200945	09/20/23	9,000.00	JINDAL X LLC
A/P	200946	09/20/23	1,126.78	LOWE'S BUSINESS ACCT/SYNCR
A/P	200947	09/20/23	1,115.86	M G TRUST
A/P	200948	09/20/23	70.00	MARIAH SANDERS
A/P	200949	09/20/23	3,396.34	MEDICAL DATA SYSTEMS, INC.
A/P	200950	09/20/23	602.00	MEDICAL TECHNOLOGY ASSOCIATES
A/P	200951	09/20/23	22.47	MEDIMPACT HEALTHCARE SYS, INC.
A/P	200952	09/20/23	1,770.37	MEDLINE INDUSTRIES INC
A/P	200953	09/20/23	260.00	MEMORIAL MEDICAL CLINIC
A/P	200954	09/20/23	.00	VOIDED
A/P	200955	09/20/23	10,905.67	MORRIS & DICKSON CO, LLC
A/P	200956	09/20/23	945.00	OCCUPRO LLC

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9/20/2023

RUN DATE:09/18/23
TIME:15:38

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/20/23 THRU 09/20/23

PAGE 2
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	200957	09/20/23	431.86	OLYMPUS AMERICA INC
A/P	200958	09/20/23	18.44	PERFORMANCE HEALTH
A/P	200959	09/20/23	1,658.90	PRO ENERGY PARTNERS LLC
A/P	200960	09/20/23	14,403.33	REMI CORPORATION
A/P	200961	09/20/23	470.31	SHERWIN WILLIAMS
A/P	200962	09/20/23	19,666.66	SINGLETON ASSOCIATES, P.A.
A/P	200963	09/20/23	5,686.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	200964	09/20/23	2,250.00	SPARKLIGHT
A/P	200965	09/20/23	2,795.68	STERICYCLE, INC
A/P	200966	09/20/23	6,130.42	T-SYSTEM, INC
A/P	200967	09/20/23	4,125.00	TEXAS SELECT STAFFING, LLC
A/P	200968	09/20/23	143.00	THE REYNOLDS COMPANY
A/P	200969	09/20/23	1,447.77	TK ELEVATOR CORPORATION
A/P	200970	09/20/23	1,181.35	TRACI SHEFCIK
A/P	200971	09/20/23	3,686.25	UNIFIRST HOLDINGS INC
A/P	200972	09/20/23	27.10	VICTORIA ADVOCATE
A/P	200973	09/20/23	1,571.67	WERFEN USA LLC
A/P	200974	09/20/23	11,237.70	BETHANY SENIOR LIVING
A/P	200975	09/20/23	5,400.00	FORTBEND HEALTHCARE CENTER
A/P	200976	09/20/23	10,504.71	GOLDENCREEK HEALTHCARE
A/P	200977	09/20/23	1,249.73	GULF POINTE PLAZA
A/P	200978	09/20/23	5,200.00	TUSCANY VILLAGE
A/P	200979	09/20/23	116.60	
A/P	200980	09/20/23	223.23	
A/P	200981	09/20/23	119.91	
A/P	200982	09/20/23	65.18	
A/P	200983	09/20/23	119.00	
A/P	200984	09/20/23	427.45	
A/P	200985	09/20/23	375.00	
A/P	200986	09/20/23	100.00	
A/P	200987	09/20/23	324.67	
A/P	200988	09/20/23	311.88	
A/P	200989	09/20/23	703.73	
A/P	200990	09/20/23	1,600.97	
TOTALS:			435,144.76	

Payables 397,065.00 +
Patient refunds 4,487.62 +
NH Transfers 33,592.14 +
435,144.76 *

Total 397,065.00

Total 4,487.62

APPROVED ON

SEP 20 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

200991 - 3,880.21 First Insurance Funding (Reissued check)

RECEIVED
9/20/2023

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 9/18/2023

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		146,729.96	146,471.22	125,685.63		125,944.37	125,580.70
	Bank Balance					125,944.37	
	Variance						
	Leave in Balance					100.00	

Routing Information for Ashford Gardens:

	July Interest	37.62					
	August Interest	226.05					
	Adjust Balance/Transfer Amt	125,580.70					
Broadmoor	91,904.54	91,636.62	107,753.71			108,021.63	107,753.71
	Bank Balance					108,021.63	
	Variance						
	Leave in Balance					100.00	

	July Interest	21.18					
	August Interest	146.74					
	Adjust Balance/Transfer Amt	107,753.71					
Crescent	97,194.59	96,810.65	299,554.67			299,938.61	270,138.89
	Bank Balance					299,938.61	
	Variance						
	Leave in Balance					100.00	

	Claim payments owed to Tuscany	29,415.78					
	July Interest	42.08					
	August Interest	241.86					
	Adjust Balance/Transfer Amt	270,138.89					
Fort Bend	37,171.97	36,984.28	48,681.47			48,869.16	48,681.47
	Bank Balance					48,869.16	
	Variance						
	Leave in Balance					100.00	

	July Interest	15.07					
	August Interest	72.62					
	Adjust Balance/Transfer Amt	48,681.47					
Solera at W Houston	60,573.08	60,226.42	78,193.58			78,540.24	78,193.58
	Bank Balance					78,540.24	
	Variance						
	Leave in Balance					100.00	

125,580.70 +
 107,753.71 + *Broad / Broadmoor*
 270,138.89 +
 48,681.47 +
 78,193.58 +
 630,348.35 * *ing home. sited to open account.*

	July Interest	40.92					
	August Interest	205.74					
	Adjust Balance/Transfer Amt	78,193.58					

TOTAL TRANSFERS 630,348.35
 Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 9/18/2023

APPROVED ON
 SEP 18 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY TEXAS

Ashford Gardens

9/15/2023 Enhanced Analysis Ch
9/15/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/14/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
9/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000233457
9/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/13/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/11/2023 UnitedHealthcare HCCLAIMPMT 746003411 910000
9/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Table with columns: Transfer-Out, Transfer-In, QIPP/Comp1, QIPP/Comp 2, QIPP/Comp3, QIPP/Comp4&Lapse, QIPP TI, NH PORTION. Includes sub-totals for MMC PORTION and NH PORTION.

Broadmoor

9/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000271641
9/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000271641
9/15/2023 AARP Supplementa HCCLAIMPMT 746003411 124384
9/14/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
9/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000283177
9/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000233457
9/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000233457
9/13/2023 AARP Supplementa HCCLAIMPMT 746003411 124384
9/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2023 HUMANA CHA DISB HCCLAIMPMT 29650453 42000017
9/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/11/2023 HUMANA CHA DISB HCCLAIMPMT 29438075 42000013
9/11/2023 HEALTH HUMAN SVC HCCLAIMPMT 7460034113004 2

Table with columns: Transfer-Out, Transfer-In, QIPP/Comp1, QIPP/Comp 2, QIPP/Comp3, QIPP/Comp4&Lapse, QIPP TI, NH PORTION. Includes sub-totals for MMC PORTION and NH PORTION.

Crescent

9/15/2023 MANAGEANDNET1718 MNS PMNT 00000000003268 41
9/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000271641
9/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000271242
9/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000271242
9/15/2023 HUMANA INS CO HCCLAIMPMT 29872906 8300005123
9/15/2023 DEVOTED HEALTH P HCCLAIMPMT 21000028336879
9/15/2023 DEVOTED HEALTH P HCCLAIMPMT 21000028336877
9/15/2023 DEVOTED HEALTH P HCCLAIMPMT 21000028336875
9/15/2023 DEVOTED HEALTH P HCCLAIMPMT 21000028336873
9/14/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
9/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000233457
9/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000233457
9/14/2023 DEVOTED HEALTH P HCCLAIMPMT 21000029166388
9/14/2023 DEVOTED HEALTH P HCCLAIMPMT 21000029166384
9/14/2023 DEVOTED HEALTH P HCCLAIMPMT 21000029166382
9/14/2023 DEVOTED HEALTH P HCCLAIMPMT 21000029166386
9/13/2023 DeposIt
9/13/2023 HNB - ECHO HCCLAIMPMT 746003411 440000295823
9/13/2023 DEVOTED HEALTH P HCCLAIMPMT 21000025192451
9/13/2023 DEVOTED HEALTH P HCCLAIMPMT 21000025192449
9/13/2023 DEVOTED HEALTH P HCCLAIMPMT 21000025192447
9/13/2023 AARP Supplementa HCCLAIMPMT 746003411 124384
9/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000259350
9/12/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384
9/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2023 DEVOTED HEALTH P HCCLAIMPMT 21000029912384
9/12/2023 DEVOTED HEALTH P HCCLAIMPMT 21000029912382
9/12/2023 DEVOTED HEALTH P HCCLAIMPMT 21000029912386
9/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000244787
9/11/2023 MANAGEANDNET1718 MNS PMNT 00000000003268 41
9/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/11/2023 HUMANA CHA DISB HCCLAIMPMT 29438081 42000013
9/11/2023 DEVOTED HEALTH P HCCLAIMPMT 21000024817533
9/11/2023 DEVOTED HEALTH P HCCLAIMPMT 21000024817531
9/11/2023 DEVOTED HEALTH P HCCLAIMPMT 21000024817529
9/11/2023 DEVOTED HEALTH P HCCLAIMPMT 21000024817527

Table with columns: Transfer-Out, Transfer-In, QIPP/Comp1, QIPP/Comp 2, QIPP/Comp3, QIPP/Comp4&Lapse, QIPP TI, NH PORTION. Includes sub-totals for MMC PORTION and NH PORTION.

Fort Bend

9/14/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
9/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000233457
9/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/13/2023 Deposit
9/13/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000259350
9/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2023 AARP Supplementa HCCLAIMPMT 746003411 124384
9/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000244787
9/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Table with columns: Transfer-Out, Transfer-In, QIPP/Comp1, QIPP/Comp 2, QIPP/Comp3, QIPP/Comp4&Lapse, QIPP TI, NH PORTION. Includes sub-totals for MMC PORTION and NH PORTION.

Solera at West Houston

9/15/2023 HUMANA CHA DISB HCCLAIMPMT 29905425 42000014
9/14/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III
9/14/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384
9/14/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000259350
9/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
9/12/2023 HUMANA INS CO HCCLAIMPMT 29527274 8300005905
9/12/2023 HUMANA CHA DISB HCCLAIMPMT 29641352 42000017
9/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000244787
9/11/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Table with columns: Transfer-Out, Transfer-In, QIPP/Comp1, QIPP/Comp 2, QIPP/Comp3, QIPP/Comp4&Lapse, QIPP TI, NH PORTION. Includes sub-totals for MMC PORTION and NH PORTION.

TOTALS

Summary row with columns: Transfer-Out, Transfer-In, QIPP/Comp1, QIPP/Comp 2, QIPP/Comp3, QIPP/Comp4&Lapse, QIPP TI, NH PORTION.

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,608,829.52	\$1,539,521.38	\$1,608,829.52	\$2,288,629.52
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$538.46	\$538.46	\$538.46	\$538.46
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$433.49	\$433.49	\$433.49	\$433.49
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$125,944.37 ✓	\$138,367.23	\$125,944.37	\$121,892.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$108,021.63 ✓	\$109,977.91	\$108,021.63	\$98,489.82
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$299,938.61 ✓	\$303,098.61	\$299,938.61	\$258,775.25
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$78,540.24 ✓	\$88,540.71	\$78,540.24	\$72,030.24
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$48,869.16 ✓	\$55,319.16	\$48,869.16	\$48,869.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$57,503.81	\$67,613.06	\$57,503.81	\$57,503.81
*4551 CAL CO INDIGENT HEALTHCARE	\$10,016.19	\$10,016.19	\$10,016.19	\$10,016.19
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$19,857.88	\$28,663.83	\$19,857.88	\$19,790.62
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$32,943.01	\$34,490.01	\$32,943.01	\$32,943.01
*5506 MMC -NH BETHANY SENIOR LIVING	\$143,717.64	\$143,717.64	\$143,717.64	\$143,717.64
*3407 MMC -NH TUSCANY VILLAGE	\$44,451.31	\$44,451.31	\$44,451.31	\$16,976.17
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75
Total Balance	\$4,662,501.07	\$4,647,644.74	\$4,662,501.07	\$5,253,501.13

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 9/18/2023

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		190,125.44	153,965.78	21,344.15		57,503.81	54,872.73
						Bank Balance Variance	
						57,503.81	
						Leave in Balance	
						100.00	
						Medicare Recoups owed to Tuscany	
						2,357.30	
						July Interest	
						25.70	
						August Interest	
						148.08	
						Adjust Balance/Transfer Amt	
						54,872.73	

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 9/18/2023

APPROVED ON
 SEP 18 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek ✓

9/14/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
9/14/2023 HNB - ECHO HCCLAIMPMT 746003411.44000233177
9/13/2023 Deposit
9/12/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
9/11/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
9/11/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001422

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
153965.78	0					-	-
0	4038.66					-	4,038.66
0	4898.98					-	4,898.98
0	672					-	672.00
0	7800					-	7,800.00
0	3934.51					-	3,934.51
						-	-
						-	-
						-	-
						-	-
						-	-
153,965.78	21,344.15	-	-	-	-	-	21,344.15

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,608,829.52	\$1,539,521.38	\$1,608,829.52	\$2,288,629.52
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$538.46	\$538.46	\$538.46	\$538.46
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$433.49	\$433.49	\$433.49	\$433.49
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$125,944.37	\$138,367.23	\$125,944.37	\$121,892.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$108,021.63	\$109,977.91	\$108,021.63	\$98,489.82
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$299,938.61	\$303,098.61	\$299,938.61	\$258,775.25
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$78,540.24	\$88,540.71	\$78,540.24	\$72,030.24
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$48,869.16	\$55,319.16	\$48,869.16	\$48,869.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$57,503.81 ✓	\$67,613.06	\$57,503.81	\$57,503.81
*4551 CAL CO INDIGENT HEALTHCARE	\$10,016.19	\$10,016.19	\$10,016.19	\$10,016.19
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$19,857.88	\$28,663.83	\$19,857.88	\$19,790.62
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$32,943.01	\$34,490.01	\$32,943.01	\$32,943.01
*5506 MMC -NH BETHANY SENIOR LIVING	\$143,717.64	\$143,717.64	\$143,717.64	\$143,717.64
*3407 MMC -NH TUSCANY VILLAGE	\$44,451.31	\$44,451.31	\$44,451.31	\$16,976.17
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75
Total Balance	\$4,662,501.07	\$4,647,644.74	\$4,662,501.07	\$5,253,501.13

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 9/18/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Private Pay		3,191.78	-	16,666.10			19,857.88	19,698.67
						Bank Balance Variance	19,857.88	
						Leave in Balance	100.00	

July Interest 5.53
 August Interest 53.68
 Adjust Balance/Transfer Amt 19,698.67

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		153,811.77	153,600.43	32,731.67			32,943.01	32,731.67
						Bank Balance Variance	32,943.01	
						Leave in Balance	100.00	

July Interest 18.07
 August Interest 93.27
 Adjust Balance/Transfer Amt 32,731.67

Routine Information for Gulf Pointe Plaza:
 [Redacted]

TOTAL TRANSFERS 52,430.34

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 9/18/2023

APPROVED ON
 SEP 18 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Guif Pointe Plaza-Private Pay

9/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000271242
 9/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000233165
 9/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000233784
 9/12/2023 NDC SWEEP FAC H261 21000020880214 SWEEP FR
 9/12/2023 HNB - ECHO HCCLAIMPMT 746003411 440000259341

Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	
0	67.26					67.26
0	40					40.00
0	409.05					409.05
0	15360.67					15,360.67
0	789.12					789.12
-	16,666.10	-	-	-	-	16,666.10

Guif Pointe Plaza-Medicare/Medicaid

9/14/2023 WIRE OUT HMG Rockport SNF, LP - Commerical
 9/13/2023 Deposit
 9/13/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 9/12/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001529489
 9/11/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 9/11/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001

Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	
153600.43	0					-
0	554.15					554.15
0	1234.91					1,234.91
0	9924					9,924.00
0	5027.61					5,027.61
0	15991					15,991.00
153,600.43	32,731.67	-	-	-	-	32,731.67
153,600.43	49,397.77	-	-	-	-	49,397.77

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,608,829.52	\$1,539,521.38	\$1,608,829.52	\$2,288,629.52
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$538.46	\$538.46	\$538.46	\$538.46
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$433.49	\$433.49	\$433.49	\$433.49
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$125,944.37	\$138,367.23	\$125,944.37	\$121,892.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$108,021.63	\$109,977.91	\$108,021.63	\$98,489.82
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$299,938.61	\$303,098.61	\$299,938.61	\$258,775.25
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$78,540.24	\$88,540.71	\$78,540.24	\$72,030.24
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$48,869.16	\$55,319.16	\$48,869.16	\$48,869.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$57,503.81	\$67,613.06	\$57,503.81	\$57,503.81
*4551 CAL CO INDIGENT HEALTHCARE	\$10,016.19	\$10,016.19	\$10,016.19	\$10,016.19
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$19,857.88 ✓	\$28,663.83	\$19,857.88	\$19,790.62
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$32,943.01 ✓	\$34,490.01	\$32,943.01	\$32,943.01
*5506 MMC -NH BETHANY SENIOR LIVING	\$143,717.64	\$143,717.64	\$143,717.64	\$143,717.64
*3407 MMC -NH TUSCANY VILLAGE	\$44,451.31	\$44,451.31	\$44,451.31	\$16,976.17
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75
Total Balance	\$4,662,501.07	\$4,647,644.74	\$4,662,501.07	\$5,253,501.13

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 9/18/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cts Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		65,409.78	65,309.78	44,351.31			44,451.31	44,351.31
						Bank Balance	44,451.31	
						Variance		
						Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt 44,351.31
 Approved: Andrew De Los Santos 9/18/2023
 ANDREW DE LOS SANTOS

APPROVED ON

SEP 18 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village

MMC PORTION

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
9/15/2023 HNB - ECHO HCCLAIMPMT 746003411 440000271242	0	27475.14	-	-	-	-	-	27,475.14
9/14/2023 WIRE OUT LINBAR ENTERPRISES, LLC	65309.78	0	-	-	-	-	-	-
9/13/2023 Deposit	0	2398.91	-	-	-	-	-	2,398.91
9/13/2023 HNB - ECHO HCCLAIMPMT 746003411 440000295823	0	11638.69	-	-	-	-	-	11,638.69
9/13/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000116	0	682.35	-	-	-	-	-	682.35
9/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000244787	0	2156.22	-	-	-	-	-	2,156.22
	65,309.78	44,351.31	-	-	-	-	-	44,351.31

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,608,829.52	\$1,539,521.38	\$1,608,829.52	\$2,288,629.52
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$538.46	\$538.46	\$538.46	\$538.46
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$433.49	\$433.49	\$433.49	\$433.49
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$125,944.37	\$138,367.23	\$125,944.37	\$121,892.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$108,021.63	\$109,977.91	\$108,021.63	\$98,489.82
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$299,938.61	\$303,098.61	\$299,938.61	\$258,775.25
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$78,540.24	\$88,540.71	\$78,540.24	\$72,030.24
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$48,869.16	\$55,319.16	\$48,869.16	\$48,869.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$57,503.81	\$67,613.06	\$57,503.81	\$57,503.81
*4551 CAL CO INDIGENT HEALTHCARE	\$10,016.19	\$10,016.19	\$10,016.19	\$10,016.19
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$19,857.88	\$28,663.83	\$19,857.88	\$19,790.62
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$32,943.01	\$34,490.01	\$32,943.01	\$32,943.01
*5506 MMC -NH BETHANY SENIOR LIVING	\$143,717.64	\$143,717.64	\$143,717.64	\$143,717.64
*3407 MMC -NH TUSCANY VILLAGE ✓	\$44,451.31 ✓	\$44,451.31	\$44,451.31	\$16,976.17
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75
Total Balance	\$4,662,501.07	\$4,647,644.74	\$4,662,501.07	\$5,253,501.13

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 9/18/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bathany Senior Living		167,287.65	166,864.05	143,294.04			143,717.64	143,294.04
						Bank Balance	143,717.64	
						Variance	.	
						Leave in Balance	100.00	
						July Interest	50.14	
						August Interest	273.46	
						Adjust Balance/Transfer Amt	143,294.04	
Approved: <i>Andrew De Los Santos</i>								
ANDREW DE LOS SANTOS								9/18/2023

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

APPROVED ON

SEP 18 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

9/14/2023 WIRE OUT PORT LAVACA NH, LLC
9/14/2023 NDC SWEEP FAC K236 31316961030114 SWEEP FR
9/14/2023 HNB - ECHO HCCLAIMPMT 746003411 440000233457
9/14/2023 Deposit
9/13/2023 Deposit
9/13/2023 Deposit
9/13/2023 Deposit
9/12/2023 Deposit
9/11/2023 HNB - ECHO HCCLAIMPMT 746003411 440000244787
9/11/2023 Deposit
9/11/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2

		MMC PORTION					
Transfer-Out	Transfer-in	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
166864.05	0					-	-
0	12305.12					-	12,305.12
0	2065.52					-	2,065.52
0	6053.99					-	6,053.99
0	4309.86					-	4,309.86
0	75961.14					-	75,961.14
0	22406.5					-	22,406.50
0	0.12					-	0.12
0	17940.07					-	17,940.07
0	2251.72					-	2,251.72
<u>166,864.05</u>	<u>143,294.04</u>	-	-	-	-	-	<u>143,294.04</u>

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,608,829.52	\$1,539,521.38	\$1,608,829.52	\$2,288,629.52
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$538.46	\$538.46	\$538.46	\$538.46
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$433.49	\$433.49	\$433.49	\$433.49
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$125,944.37	\$138,367.23	\$125,944.37	\$121,892.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$108,021.63	\$109,977.91	\$108,021.63	\$98,489.82
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$299,938.61	\$303,098.61	\$299,938.61	\$258,775.25
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$78,540.24	\$88,540.71	\$78,540.24	\$72,030.24
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$48,869.16	\$55,319.16	\$48,869.16	\$48,869.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$57,503.81	\$67,613.06	\$57,503.81	\$57,503.81
*4551 CAL CO INDIGENT HEALTHCARE	\$10,016.19	\$10,016.19	\$10,016.19	\$10,016.19
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$19,857.88	\$28,663.83	\$19,857.88	\$19,790.62
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$32,943.01	\$34,490.01	\$32,943.01	\$32,943.01
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$143,717.64 ✓	\$143,717.64	\$143,717.64	\$143,717.64
*3407 MMC -NH TUSCANY VILLAGE	\$44,451.31	\$44,451.31	\$44,451.31	\$16,976.17
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75	\$2,082,795.75
Total Balance	\$4,662,501.07	\$4,647,644.74	\$4,662,501.07	\$5,253,501.13

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Crescent*

P Tuscany Village

Date Requested: 9/18/2023

A _____

Y _____

E _____

E _____

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

SEP 18 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CIC# 000302

AMOUNT: 29415.78

G/L NUMBER: 21400007

EXPLANATION: Claim payments from Crescent owed to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DeB...*

9/18/23

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000302

88-2265/1131

Date 9.20.23

PAY
TO THE
ORDER OF

Tuscany Village

\$ 29,415. ⁷⁰/₁₀₀

Twenty-nine thousand, four hundred fifteen dollars & ⁷⁰/₁₀₀

DOLLARS



PROSPERITY
BANK

county auditor

MP

FOR

Claim payment transfers

county treasurer
Security features are included. Details on back.

0

RUN DATE:09/20/23
TIME:08:53

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/20/23 THRU 09/20/23

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000302 09/20/23 29,415.78 TUSCANY
TOTALS: 29,415.78

APPROVED ON

SEP 20 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

13016 FIRST INSURANCE FUNDING
 PO BOX 7000, CAROL STREAM, IL 60197-7000
 MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

u

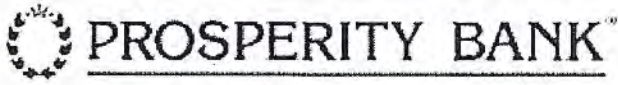
200991

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
081123	08/11/23	3,880.21			3,880.21
CHECK NO. 200991 09/19/23		TOTALS		TOTALS	3,880.21

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

200991

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
081123	08/11/23	3,880.21			3,880.21
CHECK NO. 200991		TOTALS		TOTALS	3,880.21



Menu

Dashboard

Request Stop Pay... X

Stop Payment Acti...

Request Stop Pay...

Request Stop Payment

Alerts (2)

Your stop payment request transaction number is STP-02295240



Reque

Company Name

COUNTY OF CALHOUN TEXAS

Contact Name

MELISSA MCKISSACK

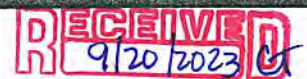
Phone Number

(361)553-4620

Stop Request

Check	Date Written	Written to	Reason	Action
200483	08/23/2023	FIRST INSURANCE FUNDING	Lost	Stop

Showing 1 check



Melissa McKissack

Chief Deputy Treasurer
Calhoun County Treasurer's Office
202 S. Ann, Suit A
Port Lavaca, TX 77979
P: 361.553.4618
F: 361.553.4614

From: ltrevino@mmcportlavaca.com (Lisa Trevino) [mailto:ltrevino@mmcportlavaca.com]
Sent: Tuesday, September 19, 2023 8:57 AM
To: Melissa McKissack <Melissa.McKissack@calhouncotx.org>
Subject: FW: FIRST Insurance Funding - Notice of Intent to Cancel - 98135726 (CSR2HWWM35SK)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning Melissa,

Please issue a stop payment on check #200483 issued to First Insurance Funding dated 8/23/23 in the amount of \$3,880.21.

Vendor has not received payment, and I'll need to reissue a check.

Thank you,

Lisa M. Trevino

Accounts Payable
Memorial Medical Center
815 N Virginia St.
Port Lavaca, TX 77979
Ph: 361.552.0256

From: CSR [mailto:CSR@firstinsurancefunding.com]
Sent: Thursday, September 14, 2023 1:35 PM
To: Lisa Trevino <ltrevino@mmcportlavaca.com>
Subject: FW: FIRST Insurance Funding - Notice of Intent to Cancel - 98135726 (CSR2HWWM35SK)

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