

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---October 25, 2023**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,180,541.25	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 102,539.67	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 1,247,966.42	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED October 25, 2023	\$ 2,531,047.34	✓

**APPROVED**

**OCT 25 2023**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---October 25, 2023**

**PAYABLES AND PAYROLL**

10/19/2023 Weekly Payables	361,419.88
10/19/2023 Patient Refunds	2,211.13
10/23/2023 Citibank Credit Card-see attached	8,704.42
10/23/2023 McKesson-340B Prescription Expense	10,510.49
10/23/2023 Amerisource Bergen-340B Prescription Expense	751.05
10/23/2023 Payroll Liabilities -Payroll Taxes	128,205.51
10/23/2023 Payroll	389,218.28

**Prosperity Electronic Bank Payments**

10/16/2023 Credit Card & Lease Fees	285.82
10/16/2023 TCDRS September Retirement	278,740.79
10/16/2023 Debt Management Services-wage garnishment	228.40
10/16-10/20/23 Pay Plus-Patient Claims Processing Fee	265.48

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 1,180,541.25**

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

10/19/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	64,785.18
10/19/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	2,200.00
10/19/2023 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	35,154.49
10/19/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating	400.00

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 102,539.67**

**NURSING HOME UPL EXPENSES**

10/23/2023 Nursing Home UPL-Cantex Transfer	869,384.13
10/23/2023 Nursing Home UPL-Nexion Transfer	131,755.21
10/23/2023 Nursing Home UPL-HMG Transfer	15,750.79
10/23/2023 Nursing Home UPL-Tuscany Transfer	82,872.99
10/23/2023 Nursing Home UPL-HSL Transfer	23,283.34

**QIPP CHECKS TO MMC**

10/23/2023 Golden Creek	25,796.48
10/23/2023 Gulf Pointe	19,588.94
10/23/2023 Bethany	20,492.54

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

10/23/2023 Crescent to Tuscany-correction of Tuscany insurance payment deposited into Crescent in error	59,042.00
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**TOTAL NURSING HOME UPL EXPENSES** **\$ 1,247,966.42**

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

**GRAND TOTAL DISBURSEMENTS APPROVED October 25, 2023** **\$ 2,531,047.34**

RECEIVED BY THE  
COUNTY AUDITOR ON

OCT 19 2023

14:22

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Due Dates Through: 11/10/2023

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M											
				9142595015 ✓		10/18/20	09/30/20	10/25/20		3,701.38	0.00	0.00	3,701.38 ✓
					OXYGEN BULK								
				9142600703 ✓		10/18/20	09/30/20	10/25/20		2,481.16	0.00	0.00	2,481.16 ✓
					RENAL BULK								
				5502650020 ✓		10/19/20	09/30/20	10/25/20		1,083.62	0.00	0.00	1,083.62 ✓
					OXYGEN								
				5502649911 ✓		10/19/20	09/30/20	10/25/20		550.82	0.00	0.00	550.82 ✓
					OXYGEN								
				5502649912 ✓		10/19/20	09/30/20	10/25/20		246.07	0.00	0.00	246.07 ✓
					OXYGEN								
				9142765394 ✓		10/19/20	10/05/20	10/30/20		355.58	0.00	0.00	355.58 ✓
					OYXGEN								
				9142900374 ✓		10/19/20	10/10/20	11/04/20		613.35	0.00	0.00	613.35 ✓
					OXYGEN								
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV							9,031.98	0.00	0.00	9,031.98
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
				13W3-4KDK-LKQD ✓		10/01/20	09/22/20	10/22/20		93.76	0.00	0.00	93.76 ✓
					SUPPLIES								
				1NWQ-CXPV-CVLT ✓		10/18/20	10/06/20	11/05/20		46.88	0.00	0.00	46.88 ✓
					SUPPLIES								
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		14028	AMAZON CAPITAL SERVICES							140.64	0.00	0.00	140.64
Vendor#	Vendor Name	Class	Pay Code										
A1360	AMERISOURCEBERGEN DRUG CORP ✓	W											
				Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
				3143052506 ✓		10/11/20	08/10/20	11/08/20		1,445.00	0.00	0.00	1,445.00 ✓
					INVENTORY								
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		A1360	AMERISOURCEBERGEN DRUG CORP							1,445.00	0.00	0.00	1,445.00
Vendor#	Vendor Name	Class	Pay Code										
A2218	AQUA BEVERAGE COMPANY ✓	M											
				Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
				093023		10/18/20	09/30/20	10/25/20		72.50	0.00	0.00	72.50 ✓
					WATER								
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY							72.50	0.00	0.00	72.50
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
				3571490 ✓		10/11/20	10/05/20	11/05/20		2,976.75	0.00	0.00	2,976.75 ✓
					KARIANN DUNN 9/26/9/28 ✓								
				3588845 ✓		10/17/20	10/12/20	11/10/20		4,333.50	0.00	0.00	4,333.50 ✓

KARIANN DUNN W/E 10/2

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11756	AYA HEALTHCARE INC		7,310.25	0.00	0.00	7,310.25	
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
110895535 ✓		10/11/20	10/02/20	10/27/20		265.45	0.00	0.00	265.45 ✓
SUPPLIES									
110897470 ✓		10/11/20	10/04/20	10/29/20		862.49	0.00	0.00	862.49 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B1220	BECKMAN COULTER INC		1,127.94	0.00	0.00	1,127.94	
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
906672169 ✓		10/18/20	09/27/20	10/18/20		1,510.40	0.00	0.00	1,510.40 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11072	BIO-RAD LABORATORIES, INC		1,510.40	0.00	0.00	1,510.40	
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
90312371 ✓		10/17/20	09/28/20	10/28/20		12,830.00	0.00	0.00	12,830.00 ✓
200 TON CHLLER 7/17-813/23									
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
MG94205 ✓		10/18/20	09/29/20	10/29/20		12,805.13	0.00	0.00	12,805.13 ✓
LVO M80Q/MICROSOFT OFFIC									
MH60363 ✓		10/18/20	10/02/20	11/01/20		7,775.86	0.00	0.00	7,775.86 ✓
HONEYWELL XENON									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		C1992	CDW GOVERNMENT, INC.		20,580.99	0.00	0.00	20,580.99	
Vendor#	Vendor Name			Class	Pay Code				
C2157	COOPER SURGICAL INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6838972 ✓		10/18/20	10/03/20	11/01/20		1,155.97	0.00	0.00	1,155.97 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		C2157	COOPER SURGICAL INC		1,155.97	0.00	0.00	1,155.97	
Vendor#	Vendor Name			Class	Pay Code				
10006	CUSTOM MEDICAL SPECIALTIES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
311401 ✓		10/18/20	10/12/20	11/01/20		1,149.01	0.00	0.00	1,149.01 ✓
SUPPLIES									
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		10006	CUSTOM MEDICAL SPECIALTIES		1,149.01	0.00	0.00	1,149.01	
Vendor#	Vendor Name			Class	Pay Code				
11524	DATA INNOVATIONS LLC ✓								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
94307		10/18/20	09/26/20	10/21/20		1,500.00	0.00	0.00	1,500.00		
NETWORK LICENSE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11524	DATA INNOVATIONS LLC	1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name	Class			Pay Code						
14292	DEARBORN LIFE INSURANCE COMPAN										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
101323		10/17/20	10/13/20	11/01/20		4,113.56	0.00	0.00	4,113.56		
LIFE INS NOV 23											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14292	DEARBORN LIFE INSURANCE COMPAN	4,113.56	0.00	0.00	4,113.56
Vendor#	Vendor Name	Class			Pay Code						
10368	DEWITT POTHS & SON										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
732992-0		10/18/20	10/06/20	10/31/20		42.74	0.00	0.00	42.74		
SUPPLIES											
733203-0		10/18/20	10/10/20	11/04/20		809.59	0.00	0.00	809.59		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10368	DEWITT POTHS & SON	852.33	0.00	0.00	852.33
Vendor#	Vendor Name	Class			Pay Code						
10789	DISCOVERY MEDICAL NETWORK INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
093023R		10/19/20	09/30/20	10/01/20		24,697.82	0.00	0.00	24,697.82		
SHORTPAID INV											
MMC101523		10/19/20	10/15/20	10/16/20		166,787.23	0.00	0.00	166,787.23		
PHYSICIAN SERVICES (10/11-10/15/23)											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10789	DISCOVERY MEDICAL NETWORK INC	191,485.05	0.00	0.00	191,485.05
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		
42591		10/19/20	09/30/20	10/10/20		9,667.50	0.00	0.00	9,667.50		
PHYSICIAN SERV											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11284	EMERGENCY STAFFING SOLUTIONS	9,667.50	0.00	0.00	9,667.50
Vendor#	Vendor Name	Class			Pay Code						
11944	EQUIFAX WORKFORCE SOLUTIONS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
2057539856		10/11/20	10/08/20	11/07/20		10.99	0.00	0.00	10.99		
CREDIT REPORTING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11944	EQUIFAX WORKFORCE SOLUTIONS	10.99	0.00	0.00	10.99
Vendor#	Vendor Name	Class			Pay Code						
14172	ESO SOLUTIONS, INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
ESO-121916		10/19/20	10/02/20	11/02/20		1,875.00	0.00	0.00	1,875.00		
V5 TRAUMA REGIS ANNUAL IV											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14172	ESO SOLUTIONS, INC.	1,875.00	0.00	0.00	1,875.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10003	FILTER TECHNOLOGY CO, INC ✓			120238 ✓		10/18/20	10/09/20	10/09/20		515.59	0.00	0.00	515.59 ✓		
	SUPPLIES														
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										10003	FILTER TECHNOLOGY CO, INC	515.59	0.00	0.00	515.59

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
F1400	FISHER HEALTHCARE ✓	M		6568615 ✓		10/18/20	09/28/20	10/23/20		245.46	0.00	0.00	245.46 ✓		
	SUPPLIES														
				6568619 ✓		10/18/20	09/28/20	10/23/20		24.07	0.00	0.00	24.07 ✓		
	SUPPLIES														
				6568616 ✓		10/18/20	09/28/20	10/23/20		613.65	0.00	0.00	613.65 ✓		
	SUPPLIES														
				6568617 ✓		10/18/20	09/28/20	10/23/20		65.09	0.00	0.00	65.09 ✓		
	SUPPLIES														
				6568618 ✓		10/18/20	09/28/20	10/23/20		544.31	0.00	0.00	544.31 ✓		
	SUPPLIES														
				6568614 ✓		10/18/20	09/28/20	10/23/20		490.92	0.00	0.00	490.92 ✓		
	SUPPLIES														
				6642704 ✓		10/18/20	10/02/20	10/27/20		1,578.60	0.00	0.00	1,578.60 ✓		
	SUPPLIES														
				6642705 ✓		10/18/20	10/02/20	10/27/20		2,438.36	0.00	0.00	2,438.36 ✓		
	SUPPLIES														
				6679914 ✓		10/18/20	10/03/20	10/28/20		1,199.36	0.00	0.00	1,199.36 ✓		
	SUPPLIES														
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										F1400	FISHER HEALTHCARE	7,199.82	0.00	0.00	7,199.82

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11149	GBS ADMINISTRATORS, INC ✓			172051425007 ✓		10/17/20	10/01/20	10/31/20		1,930.05	0.00	0.00	1,930.05 ✓		
	LIFE INS														
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										11149	GBS ADMINISTRATORS, INC	1,930.05	0.00	0.00	1,930.05

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
G1210	GULF COAST PAPER COMPANY ✓	M		2453601 ✓		10/18/20	10/10/20	11/09/20		46.29	0.00	0.00	46.29 ✓		
	SUPPLIES														
Vendor Totals										Number	Name	Gross	Discount	No-Pay	Net
										G1210	GULF COAST PAPER COMPANY	46.29	0.00	0.00	46.29

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
H1100	HAYES ELECTRIC SERVICE ✓	W		A2230721-03 ✓		10/18/20	07/21/20	07/31/20		280.00	0.00	0.00	280.00 ✓
	LABOR/ELECTRICAL												
				A2230725-05 ✓		10/18/20	07/25/20	08/04/20		239.99	0.00	0.00	239.99 ✓
	LABOR/ELECTRICAL												

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		H1100	HAYES ELECTRIC SERVICE	519.99	0.00	0.00	519.99		
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
14333		10/17/20	09/30/20	10/30/20		394.50	0.00	0.00	394.50
CHARTS									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10804	HEALTHCARE CODING & CONSULTING	394.50	0.00	0.00	394.50		
Vendor#	Vendor Name	Class		Pay Code					
14296	J & K SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
004651		10/18/20	08/01/20	09/01/20		915.00	0.00	0.00	915.00
KITCHEN EXHAUST SYSTEM									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		14296	J & K SERVICES	915.00	0.00	0.00	915.00		
Vendor#	Vendor Name	Class		Pay Code					
11600	LEGAL SHIELD								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
101523		10/17/20	10/15/20	11/01/20		367.10	0.00	0.00	367.10
PAYROLL DEDUCT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11600	LEGAL SHIELD	367.10	0.00	0.00	367.10		
Vendor#	Vendor Name	Class		Pay Code					
11612	MEDICAL AIR SERVICES ASSOC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1664998		10/17/20	10/15/20	11/01/20		1,693.00	0.00	0.00	1,693.00
PAYROLL DEDUCT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11612	MEDICAL AIR SERVICES ASSOC.	1,693.00	0.00	0.00	1,693.00		
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
100323		10/19/20	10/03/20	10/25/20		69.27	0.00	0.00	69.27
INDIGENT									
101623		10/19/20	10/16/20	10/26/20		21.06	0.00	0.00	21.06
INDIGENT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10613	MEDIMPACT HEALTHCARE SYS, INC.	90.33	0.00	0.00	90.33		
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
2283449133		10/01/20	09/04/20	10/29/20		8,023.77	0.00	0.00	8,023.77
SUPPLIES									
2284574231		10/01/20	09/13/20	10/29/20		519.57	0.00	0.00	519.57
SUPPLIES									
2284574237		10/01/20	09/13/20	10/29/20		39.26	0.00	0.00	39.26
SUPPLIES									
2285384234		10/01/20	09/19/20	10/29/20		157.34	0.00	0.00	157.34
SUPPLEIS									
2285384233		10/01/20	09/19/20	10/29/20		132.97	0.00	0.00	132.97

		SUPPLIES										
2285384236	✓		10/01/20	09/19/20	10/29/20		779.62	0.00	0.00	779.62	✓	
		SUPPLIES										
2285384235	✓		10/01/20	09/19/20	10/29/20		464.39	0.00	0.00	464.39	✓	
		SUPPLIES										
2286230049	✓		10/01/20	09/25/20	10/20/20		6.88	0.00	0.00	6.88	✓	
		SUPPLIES										
2286230050	✓		10/01/20	09/25/20	10/29/20		110.76	0.00	0.00	110.76	✓	
		SUPPLIES										
2286230051	✓		10/01/20	09/25/20	10/29/20		526.60	0.00	0.00	526.60	✓	
		SUPPLIES										
2287653848	✓		10/11/20	10/04/20	10/29/20		225.13	0.00	0.00	225.13	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	10,986.29	0.00	0.00	10,986.29
Vendor#	Vendor Name		Class		Pay Code							
10182	MERCEDES SCIENTIFIC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
2761396	✓		10/18/20	10/03/20	11/02/20		54.31	0.00	0.00	54.31	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10182	MERCEDES SCIENTIFIC	54.31	0.00	0.00	54.31
Vendor#	Vendor Name		Class		Pay Code							
14704	METTLER-TOLEDO RAININ, LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
679019560	✓		10/18/20	09/29/20	10/29/20		129.60	0.00	0.00	129.60	✓	
		SUPPLIES										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							14704	METTLER-TOLEDO RAININ, LLC	129.60	0.00	0.00	129.60
Vendor#	Vendor Name		Class		Pay Code							
G0333	MICHAEL GAINES				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
101823	✓		10/19/20	10/18/20	10/25/20		99.00	0.00	0.00	99.00	✓	
		REIMBURSEMENT										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							G0333	MICHAEL GAINES	99.00	0.00	0.00	99.00
Vendor#	Vendor Name		Class		Pay Code							
M2621	MMC AUXILIARY GIFT SHOP				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
101223	✓		10/18/20	10/12/20	10/25/20		235.12	0.00	0.00	235.12	✓	
		PAYROLL DEDUCT										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2621	MMC AUXILIARY GIFT SHOP	235.12	0.00	0.00	235.12
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		
1138043	✓		10/17/20	10/08/20	10/18/20		619.76	0.00	0.00	619.76	✓	
		INVENTORY										
1138044	✓		10/17/20	10/08/20	10/18/20		3,845.05	0.00	0.00	3,845.05	✓	
		INVENTORY										
1139652	✓		10/17/20	10/09/20	10/19/20		37.25	0.00	0.00	37.25	✓	



		INVENTORY										
1141400	✓		10/17/20	10/09/20	10/19/20		395.83	0.00	0.00	395.83 ✓		
		INVENTORY										
1141630	✓		10/17/20	10/09/20	10/19/20		61.96	0.00	0.00	61.96 ✓		
		INVENTORY										
1141399	✓		10/17/20	10/09/20	10/19/20		396.70	0.00	0.00	396.70 ✓		
		INVENTORY										
1141401	✓		10/17/20	10/09/20	10/19/20		85.70	0.00	0.00	85.70 ✓		
		INVENTORY										
1144918	✓		10/17/20	10/10/20	10/20/20		64.66	0.00	0.00	64.66 ✓		
		INVENTORY										
1147733	✓		10/17/20	10/10/20	10/20/20		777.51	0.00	0.00	777.51 ✓		
		INVENTORY										
1147732	✓		10/17/20	10/10/20	10/20/20		55.85	0.00	0.00	55.85 ✓		
		INVENTORY										
1151618	✓		10/17/20	10/10/20	10/20/20		68.72	0.00	0.00	68.72 ✓		
		INVENTORY										
1151619	✓		10/17/20	10/11/20	10/21/20		395.62	0.00	0.00	395.62 ✓		
		INVENTORY										
1150294	✓		10/17/20	10/11/20	10/21/20		637.70	0.00	0.00	637.70 ✓		
		INVENTORY										
1153936	✓		10/17/20	10/11/20	10/21/20		63.36	0.00	0.00	63.36 ✓		
		INVENTORY										
1150293	✓		10/17/20	10/11/20	10/21/20		0.39	0.00	0.00	0.39 ✓		
		INVENTORY										
1153935	✓		10/17/20	10/11/20	10/21/20		406.58	0.00	0.00	406.58 ✓		
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	7,912.64	0.00	0.00	7,912.64
Vendor#	Vendor Name		Class		Pay Code							
10188	NATUS MEDICAL INC ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1041509925	✓	10/19/20	09/26/20	10/21/20			498.07	0.00	0.00	498.07 ✓		
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10188	NATUS MEDICAL INC	498.07	0.00	0.00	498.07
Vendor#	Vendor Name		Class		Pay Code							
11163	NINA GREEN											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
10122		10/18/20	10/12/20	10/25/20			78.00	0.00	0.00	78.00 ✓		
	TRAVEL REMIMB <i>Texas AIM 9/25-9/26/23</i>											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11163	NINA GREEN	78.00	0.00	0.00	78.00
Vendor#	Vendor Name		Class		Pay Code							
15072	NOVARTIS PHARMACEUTICALS CORP. ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
101823		10/19/20	10/18/20	10/25/20			5,432.35	0.00	0.00	5,432.35 ✓		
	340B REFUND											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							15072	NOVARTIS PHARMACEUTICALS CORP.	5,432.35	0.00	0.00	5,432.35
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	
32680		10/11/20	10/07/20	11/06/20		472.50	0.00	0.00	472.50	
	MONTHLY LICENSE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11472	OCCUPRO LLC				472.50	0.00	0.00	472.50	
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	
35085416		10/18/20	09/27/20	10/22/20		846.76	0.00	0.00	846.76	
	SUPPLIES									
35113925		10/18/20	10/03/20	10/28/20		1,033.41	0.00	0.00	1,033.41	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	O1500	OLYMPUS AMERICA INC				1,880.17	0.00	0.00	1,880.17	
Vendor#	Vendor Name				Class	Pay Code				
10152	PARTSSOURCE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
04962086		10/18/20	09/29/20	10/29/20		253.83	0.00	0.00	253.83	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10152	PARTSSOURCE, LLC				253.83	0.00	0.00	253.83	
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	
IN96906589		10/18/20	10/10/20	11/04/20		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				
14764	PL-CPR, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
255		10/17/20	10/10/20	10/10/20		250.00	0.00	0.00	250.00	
	BLS CLASS									
256		10/17/20	10/10/20	10/11/20		525.00	0.00	0.00	525.00	
	ACLS CLASS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14764	PL-CPR, LLC				775.00	0.00	0.00	775.00	
Vendor#	Vendor Name				Class	Pay Code				
P2100	PORT LAVACA WAVE				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
081423		10/18/20	08/14/20	09/08/20		80.00	0.00	0.00	80.00	
	2 YEAR SUBSCRIPTION									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	P2100	PORT LAVACA WAVE				80.00	0.00	0.00	80.00	
Vendor#	Vendor Name				Class	Pay Code				
R1045	R & D BATTERIES INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1742975		10/19/20	08/17/20	09/17/20		283.28	0.00	0.00	283.28	
	SUPPLIES									
1742936		10/19/20	08/17/20	10/19/20		285.14	0.00	0.00	285.14	

SUPPLIES

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	R1045		R & D BATTERIES INC		568.42	0.00	0.00	568.42	
Vendor#	Vendor Name		Class	Pay Code					
11080	RADSOURCE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
SC32091123 ✓		10/18/20	10/12/20	11/06/20		1,791.67	0.00	0.00	1,791.67 ✓
	SERV AGREEMENT								
SC32691123 ✓		10/19/20	10/16/20	11/10/20		1,708.33	0.00	0.00	1,708.33 ✓
	SERVICE AGRMENT								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	11080		RADSOURCE		3,500.00	0.00	0.00	3,500.00	
Vendor#	Vendor Name		Class	Pay Code					
11024	REED, CLAYMON, MEEKER & HARGET ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
29645 ✓		10/19/20	10/17/20	11/01/20		2,565.00	0.00	0.00	2,565.00 ✓
	LEGAL SERV QIPP/HMG								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	11024		REED, CLAYMON, MEEKER & HARGET		2,565.00	0.00	0.00	2,565.00	
Vendor#	Vendor Name		Class	Pay Code					
14996	REMED18 LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
22671 ✓		10/18/20	09/28/20	09/29/20		2,585.00	0.00	0.00	2,585.00 ✓
	INSPECTION/SMOKE DETEC								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	14996		REMED18 LLC		2,585.00	0.00	0.00	2,585.00	
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
246-093023-001 ✓		10/18/20	10/03/20	10/04/20		14,266.66	0.00	0.00	14,266.66 ✓
	ONSITE SERVICES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	14868		SINGLETON ASSOCIATES, P.A.		14,266.66	0.00	0.00	14,266.66	
Vendor#	Vendor Name		Class	Pay Code					
S2694	STANFORD VACUUM SERVICE ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
095278 ✓		10/17/20	10/17/20	10/31/20		550.00	0.00	0.00	550.00 ✓
	GREASE TRAP								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	S2694		STANFORD VACUUM SERVICE		550.00	0.00	0.00	550.00	
Vendor#	Vendor Name		Class	Pay Code					
S3940	STERIS CORPORATION ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
11629098 ✓		10/18/20	10/02/20	10/27/20		907.95	0.00	0.00	907.95 ✓
	SUPPLIES								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	S3940		STERIS CORPORATION		907.95	0.00	0.00	907.95	
Vendor#	Vendor Name		Class	Pay Code					
15012	TASHA NORMAN, FNP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
101623 ✓		10/19/20	10/16/20	11/01/20		888.00	0.00	0.00	888.00 ✓

DEA LICENSE RENEWAL

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net		
15012	TASHA NORMAN, FNP			888.00	0.00	0.00	888.00		
Vendor Totals	Number Name			Gross	Discount	No-Pay	Net		
14856	TEXAS A&M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
H181385		10/18/20	10/09/20	11/01/20		2,625.00	0.00	0.00	2,625.00
	OCT -DEC REVIEW SERV								
Vendor Totals	Number Name			Gross	Discount	No-Pay	Net		
14856	TEXAS A&M			2,625.00	0.00	0.00	2,625.00		
Vendor#	Vendor Name	Class	Pay Code						
10758	TEXAS SELECT STAFFING, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0022867		10/18/20	10/12/20	10/13/20		4,125.00	0.00	0.00	4,125.00
	BRANDON BATES W/E 10/7/23								
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						
T2250	TK ELEVATOR CORPORATION	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
5002184091		10/17/20	07/05/20	08/01/20		875.60	0.00	0.00	875.60
	TRAVEL/LABOR Elevator I not responding								
3007410877		10/17/20	08/01/20	09/01/20		1,447.77	0.00	0.00	1,447.77
	BRONZE OIL								
7588037		10/18/20	07/05/20	07/06/20		875.60	0.00	0.00	875.60
	SUPPLIES								
Vendor Totals	Number Name			Gross	Discount	No-Pay	Net		
T2250	TK ELEVATOR CORPORATION			3,198.97	0.00	0.00	3,198.97		
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
100523		10/19/20	10/05/20	10/25/20		292.64	0.00	0.00	292.64
	EPOCRATES/ALS PALS RECEI								
Vendor Totals	Number Name			Gross	Discount	No-Pay	Net		
S1801	TRACI SHEFCIK			292.64	0.00	0.00	292.64		
Vendor#	Vendor Name	Class	Pay Code						
11067	TRIZETTO PROVIDER SOLUTIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
35FK102300		10/18/20	10/01/20	10/26/20		1,175.80	0.00	0.00	1,175.80
	STATMENTS								
Vendor Totals	Number Name			Gross	Discount	No-Pay	Net		
11067	TRIZETTO PROVIDER SOLUTIONS			1,175.80	0.00	0.00	1,175.80		
Vendor#	Vendor Name	Class	Pay Code						
11001	ULINE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
168973030		10/18/20	09/27/20	10/27/20		904.99	0.00	0.00	904.99
	SUPPLIES								
Vendor Totals	Number Name			Gross	Discount	No-Pay	Net		
11001	ULINE			904.99	0.00	0.00	904.99		
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		
2921008964	✓ LAUNDRY	10/17/20	07/13/20	08/07/20		2,053.01	0.00	0.00	2,053.01 ✓		
2921013203	✓ LAUNDRY	10/17/20	09/07/20	10/02/20		2,026.39	0.00	0.00	2,026.39 ✓		
2921014819	✓ LAUNDRY	10/17/20	09/28/20	10/23/20		2,296.65	0.00	0.00	2,296.65 ✓		
2921015890	✓ LAUNDRY	10/17/20	10/12/20	11/06/20		228.21	0.00	0.00	228.21 ✓		
2921015888	✓ LAUNDRY	10/17/20	10/12/20	11/06/20		299.18	0.00	0.00	299.18 ✓		
2921015891	✓ LAUNDRY	10/17/20	10/12/20	11/06/20		104.58	0.00	0.00	104.58 ✓		
2921015886	✓ LAUNDRY	10/17/20	10/12/20	11/06/20		2,253.78	0.00	0.00	2,253.78 ✓		
2921015885	✓ LAUNDRY	10/17/20	10/12/20	11/06/20		200.69	0.00	0.00	200.69 ✓		
2921015884	✓ LAUNDRY	10/17/20	10/12/20	11/06/20		107.85	0.00	0.00	107.85 ✓		
2921015889	✓ LAUNDRY	10/17/20	10/12/20	11/06/20		244.19	0.00	0.00	244.19 ✓		
2921015887	✓ LAUNDRY	10/17/20	10/12/20	11/06/20		29.95	0.00	0.00	29.95 ✓		
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U1064	UNIFIRST HOLDINGS INC	9,844.48	0.00	0.00	9,844.48
Vendor#	Vendor Name				Class	Pay Code					
U1056	UNIFORM ADVANTAGE ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
SIV-14048486	✓	10/19/20	08/12/20	08/27/20		286.27	0.00	0.00	286.27 ✓		
UNIFORMS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U1056	UNIFORM ADVANTAGE	286.27	0.00	0.00	286.27
Vendor#	Vendor Name				Class	Pay Code					
U2000	US POSTAL SERVICE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
101223		10/19/20	10/12/20	10/25/20		2,200.00	0.00	0.00	2,200.00 ✓		
POSTAGE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						U2000	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00
Vendor#	Vendor Name				Class	Pay Code					
12208	WAGeworks ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV5681130	✓	10/19/20	09/25/20	10/25/20		475.25	0.00	0.00	475.25 ✓		
COMPLIANCE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12208	WAGeworks	475.25	0.00	0.00	475.25
Vendor#	Vendor Name				Class	Pay Code					
I1110	WERFEN USA LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9111398103	✓	10/18/20	10/12/20	11/06/20		1,328.28	0.00	0.00	1,328.28 ✓		
SUPPLIES											

9111398895	✓	10/18/20 10/13/20 11/07/20	1,571.67	0.00	0.00	1,571.67	✓
CONTRACT							
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net	
	I1110	WERFEN USA LLC	2,899.95	0.00	0.00	2,899.95	
Report Summary							
Grand Totals:		Gross	Discount	No-Pay		Net	
		362,295.48	0.00	0.00		362,295.48	
						<875.60>	
						<u>\$361,419.88</u>	

APPROVED ON

OCT 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 201294-201358

RECEIVED BY THE  
COUNTY AUDITOR ON  
OCT 19 2023

RUN DATE: 10/19/23  
TIME: 13:52

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
[REDACTED]	[REDACTED]	101923	50.00 ✓	2		REFUND FOR	[REDACTED]
[REDACTED]	[REDACTED]	101923	100.00 ✓	2		REFUND FOR	[REDACTED]
[REDACTED]	[REDACTED]	101923	119.95 ✓	2		REFUND FOR	[REDACTED]
[REDACTED]	[REDACTED]	101923	426.70 ✓	2		REFUND FOR	[REDACTED]
[REDACTED]	[REDACTED]	101923	100.00 ✓	3		REFUND FOR	[REDACTED]
[REDACTED]	[REDACTED]	101923	500.00 ✓	2		REFUND FOR	[REDACTED]
[REDACTED]	[REDACTED]	101923	215.46 ✓	2		REFUND FOR	[REDACTED]
[REDACTED]	[REDACTED]	101923	699.02 ✓	2		REFUND FOR	[REDACTED]
ARID=0001 TOTAL			2211.13				

TOTAL 2211.13

APPROVED ON  
OCT 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
C.K.# 201362-201369

**CITIBANK CORPORATE CARD**

**Account Statement**

Comme:ca 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 *8,259.09* \$8,704.42

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

*\* See page 4 for explanation*

**Not an invoice. For your records only**

Credit Limit	\$15,000
Cash Advance Limit	\$0
Statement Closing Date	10/03/2023
Days in Billing Period	30

**Transactions**

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
NOTICE MEMO ITEM(S) LISTED BELOW					
09/07	09/06	3665	55436873250162509940527	1 HAMPTON NNS PORT LAVACA TX 00925543 CHECK N 09/05/2023 00925543	77979 USA <i>✓</i> 134.47 <i>✓</i>
09/07	09/06	9399	05134373250800037451005	2 NPDB NPDB HRSA GOV FARFAX VA N99135862	22033 USA <i>✓</i> 20.00 <i>✓</i>
09/07	09/06	9399	05134373250600037451187	3 NPDB NPDB HRSA GOV FARFAX VA N99136343	22033 USA <i>✓</i> 62.50 <i>✓</i>
09/07	09/06	5912	55436873250162507476060	4 MPR M SRX 503B LEDGEWOOD NJ 1824819	USA <i>✓</i> 680.00 <i>✓</i>
09/11	09/08	9399	05134373252600035471672	5 NPDB NPDB HRSA GOV FARFAX VA N99221997	22033 USA <i>✓</i> 2.50 <i>✓</i>
09/11	09/08	9399	05134373252600035471755	6 NPDB NPDB HRSA GOV FARFAX VA N99222393	22033 USA <i>✓</i> 2.50 <i>✓</i>
09/11	09/08	9399	05134373252600035471839	7 NPDB NPDB HRSA GOV FARFAX VA N99223053	22033 USA <i>✓</i> 2.50 <i>✓</i>
09/11	09/08	9399	05134373252600035471912	8 NPDB NPDB HRSA GOV FARFAX VA N99223433	22033 USA <i>✓</i> 2.50 <i>✓</i>
09/11	09/08	9399	05134373252600035472092	9 NPDB NPDB HRSA GOV FARFAX VA N99223884	22033 USA <i>✓</i> 2.50 <i>✓</i>
09/11	09/09	8999	55432863252201039013737	10 AMA-CREDENTIALING 800-621-8335 IL	60511 USA <i>✓</i> 86.00 <i>✓</i>
09/12	09/11	5065	75428563254403201641217	11 (PC) 9075 CES VICTORIA TX 9075COD	77901 USA <i>✓</i> 397.68 <i>✓</i>

*Id. 10-27-23 Confirmation # DWR-02369375*

NOTICE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

**Citi** CITIBANK N.A.  
PO BOX 6125  
S OUX FALLS SD 57117-6125

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

Not an invoice  
For your records only

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

00007905040



# Wire Transfer

COUNTY OF CALHOUN TEXAS



## Wire Details

**Transaction Number**  
**Recurring Frequency** One-Time Payment  
**Template Name** CITI CARD PRGM - MMC  
**Amount** USD 8,259.09  
**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** 10/27/2023

## 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

**Name**  
**ACCOUNT Beneficiary ID Type**  
**Beneficiary ID**  
**Address 1** 5  
**Address 2**  
**Address 3** F  
**Beneficiary Country** US  
**Contact Name**  
**Phone Number**

## Beneficiary Bank Information

**Name**  
**Beneficiary Bank ID Type**  
**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
Oct 27, 2023 8:33:21 AM CDT	Created		Wire Created.

## Information About Your Citi® Corporate Card Account

- Report a Lost or Stolen Card Immediately.** Our e-phone lines are open every day 24 hours a day. Call the Customer Service e-phone number specified on the front of the statement or go to [citi.com](http://citi.com).
- Cardholder Credit Line.** Each Cardholder has an individual Credit Line (a portion of which may be used on Cash Advances) which is the maximum amount that the Cardholder can charge a day. The size of each Cardholder's Credit Line (and Cash Limit) is determined by the Company and is a portion of the total Company Credit Line.
- To Increase or Reallocate a Company or Cardholder Credit Line.** The Company may require changes to Credit Lines by contacting Citi Corporate Card Customer Service. Our e-phone lines are open every day 24 hours a day. The e-phone number specified on the front of the statement.
- Add On Cardholders.** The Company may require applications to add on Cardholders by contacting Citi Corporate Card Service. Our e-phone lines are open every day 24 hours a day. The e-phone number specified on the front of the statement.
- Citi Manager® Online Tool.** You can easily manage your Citi Corporate Card online using the Citi Manager online tool. Citi Manager enables you to manage business expenses from anywhere and online. You can view your computer or mobile device. You can view statements online as well as account balances. To explore Citi Manager, please go on to [www.citimanager.com](http://www.citimanager.com) and click on the Self-Service on the Cardholder's link. From there, follow the prompts to establish your account.
- Payments.** You may make payments on your individual Cardholder account online using Citi Manager. Please note that some organizations do not have the Citi Manager online payment feature enabled for Cardholders. If you are unable to pay online, please call our Customer Service. Please write your account number on the front of the check. For Cardholder accounts, please be sure to send on Company check as payment on Cardholder balances. We receive your mailed payment in paper form at our processing facility by 5:00 p.m. Eastern Time. We will credit it as of the day. Payments can also be made by electronic funds transfer using ACH transfers, debit and other methods. Call the number on the front of the statement for details.
- Company Ratification.** By its payment of any amount charged to the Account, the Company ( ) ratifies the original Application for the Account and the authority of a person authorized to sign such Application and ( ) authorizes the continued use of the Account under the terms of the Corporate Card Agreement by a Cardholder to whom Cards are issued.
- Special Information on Cash Advances.** Cardholders may get a Cash Advance of up to \$10,000 on any one day.
  - The Cardholder's Cash Advance Limit is a portion of the Cardholder's Total Credit Line. There is no additional fee to receive a Cash Advance.
  - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.

## Account Inquiries

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

Account: XXXX-XXXX-XXXX-9457

Transactions (cont)

Post Date	Trans Date	MCC	Reference Number	Descr pt on/Local on	Amount
09/14	09/13	3665	55436873257162578362051	12 HAMPTON NNS PORT LAVACA TX 00964868 CHECK N 09/12/2023 00964868	77979 USA 145.77 ✓
09/15	09/13	8062	55457373257200873500051	13 TEXAS HOSP TAL ASSOC AUST N TX	78701 USA 55.00 ✓
09/15	09/15	8062	55432863258202783692712	14 WPY-TORCH 855 999-3729 TX	78664 USA 490.00 ✓
09/15	09/15	8062	55432863258202783692696	15 WPY-TORCH 855 999-3729 TX	78664 USA 490.00 ✓
09/15	09/15	8062	55432863258202783692753	16 WPY-TORCH 855 999-3729 TX	78664 USA 490.00 ✓
09/15	09/15	8062	55432863258202783692746	17 WPY-TORCH 855 999-3729 TX	78664 USA 490.00 ✓
09/18	09/15	7011	75120713259900016435160	18 KALAHAR RESORT - TX - ROUND ROCK TX 39QBHL D CHECK N 09/15/2023	78665 USA 242.24 ✓
09/18	09/15	7011	75120713259900016435202	19 KALAHAR RESORT - TX - ROUND ROCK TX 2126FQPX CHECK N 09/15/2023	78665 USA 212.24 ✓
09/18	09/15	7011	75120713259900016435210	20 KALAHAR RESORT - TX - ROUND ROCK TX GCK79N2G CHECK N 09/15/2023	78665 USA 242.24 ✓
09/18	09/15	7011	75120713259900016435236	21 KALAHAR RESORT - TX - ROUND ROCK TX 9WXXW9N4M CHECK N 09/15/2023	78665 USA 242.24 ✓
09/26	09/24	7011	75120713268900017980585	22 KALAHAR RESORT - TX ROUND ROCK TX RGCK79N2G CHECK N 09/24/2023	78665 USA 754.48 ✓
09/26	09/24	7011	75120713268900017987432	23 KALAHAR RESORT - TX ROUND ROCK TX R2126FQPX CHECK N 09/24/2023	78665 USA 768.96 ✓
09/26	09/24	7011	75120713268900017989479	24 KALAHAR RESORT - TX ROUND ROCK TX R9WXXW9N4M CHECK N 09/24/2023	78665 USA 624.47 ✓
09/27	09/26	3509	5543286326920625886482	25 AC HOTEL R VERWALK SAN ANTON O TX 126250 CHECK N 09/24/2023	78205 USA 293.16 ✓
09/28	09/27	5968	75418233270183632337228	26 WEB-NETWORKSOLUTIONS JACKSONVILLE FL	32258 USA 159.95 ✓
09/29	09/26	3509	55432863271206830828875	27 AC HOTEL R VERWALK SAN ANTON O TX 126250 CHECK N 09/24/2023	78205 USA 97.42 ✓
09/29	09/26	3509	55432863271206830828677	28 AC HOTEL R VERWALK SAN ANTON O TX 126252 CHECK N 09/24/2023	78205 USA 293.16 ✓
09/29	09/26	3509	55432863271206830828800	29 AC HOTEL R VERWALK SAN ANTON O TX 126251 CHECK N 09/24/2023	78205 USA 293.16 ✓
09/29	09/28	5968	75418233271183679183526	30 WEB-NETWORKSOLUTIONS JACKSONVILLE FL	32258 USA 153.78 ✓
09/29	09/28	8734	55457373271207567700311	31 NTOX METERS INC SA NT LOU'S MO	63146 USA 170.00 ✓
10/02	09/29	9399	05134373273600037734411	32 NPDB NPDB HRSA GOV FA RFAX VA N99872918	22033 USA 2.50 ✓
10/02	09/29	9399	05134373273600037734585	33 NPDB NPDB HRSA GOV FA RFAX VA N99873081	22033 USA 2.50 ✓
10/02	09/30	8999	55432663273207295156313	34 AMA-CREDENTIAL'NG 800-621-8335 L	60611 USA 89.00 ✓
10/02	10/01	8999	25247703275027154107080	35 SOCIETYFORHUMANRESOURC ALEXANDR'A CS1994709	22314 USA 244.00 ✓
10/02	10/01	8999	25247703275027154132088	36 SOCIETYFORHUMANRESOURC ALEXANDR'A CS1994713	22314 USA 244.00 ✓

Dr. Patel introducing me  
Sivas  
Patel  
Nathan  
Mitchler  
Nathan  
Patel  
Mitchler

----- TOTAL AMOUNT OF MEMO ITEM(S) \$8,704.42

\*See next page

\* MMC needs to be Patel < 65.00 >  
reimburse 5K walk Silvas < 65.00 >  
T-shirts @ 30.00 each. Mutchler < 65.00 >  
Lazy-Man-Beer-Run Nguyen < 85.57 >  
• 5K @ 30.00 each Patel < 91.65 >  
Nguyen took per diem Nguyen < 73.11 >  
but also charged on resort  
bill 8.12 and 12.45  
Needs to be reimbursed.  
91.65 and 73.11 are  
unknown charges on  
resort bill. Asked for  
additional documentation  
yet to be received. 8,259.09  
to be paid until  
reimbursements / documentation  
provided.

APPROVED ON

OCT 23 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

1

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citicbank

Date: 10/5/2023

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 - Hotel expense			134.47
2			for David Hobson, MD - OB/Gyn			
3	—		NPDB - 8 Renewals (Provider)	2.50		20.00
4	—		NPDB - 33 Renewals (Provider)	2.50		82.50
5	—		NPDB - 1 Enrollment (Provider)			2.50
6	—		NPDB - 1 Enrollment (Provider)			2.50
7	—		"			2.50
8	—		"			2.50
9	—		"			2.50
10	—		AMA - Credentialing x 2 Physicians	44.00		88.00

Est. Freight

Est. Total Cost

TOTAL COST

690.00

NOTES:

Drx - Moxi Ketor PF Eye Injection 20 Vials per pack

Charges to Roshanda Thomas Mastercard

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

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	_____
Administrator	<u>Roshanda Thomas 10/20/23</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: 10/5/2023

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

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

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

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

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

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

Date Required		Expense #	Department	Deliver To			Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost		
1	-		(PC) CES-Victoria-lights			397.68		
2			for clinic parking lot					
3	-		Hampton Inns - hotel expense			145.77		
4			for Dr. David Hobson, OB/Gyn	9/12/23	per contract			
5	-		Texas Hosp Assoc - Registration			55.00		
6			for Webinar - Pam Firac (Admin)				✓	
7	-	*Need Reimbursed	WPY-TORCH - conference regist	490		1,960.00		
8			for Clinic Staff - (x4) *Shirts 35.00 (x4)	= 140.00				
9			Grant funds to reimburse *Donut - Beer run - SK	30.00 x (4) = 120.00				
10			the cost) Mimi Nguyen, Dr. Patel, Heather Mutchler & Christi Silvers					
Est. Freight			Kalahari Resort - Hotel Deposit - Christy			TOTAL COST		2422.47

NOTES:

charges made to Roshanda's Mastercard

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

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	_____
Administrator	<u>Roshanda S. Thomas 10/5/23</u>

# 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: 10/5/2023

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	-		Kalahar Resort - Hotel exp deposit			212.24
2			for Dr. Patel - <sup>will be</sup> reimbursed by grant			
3	-		Kalahar Resort - Hotel exp deposit			242.24
4			for Heather Mitchell - <sup>will be</sup> reimbursed by grant			
5	-		Kalahar Resort - Hotel exp deposit			242.24
6			for Mimi Nguyen - <sup>will be</sup> reimbursed by grant			
7	-		Kalahar Resort - Hotel exp			754.48
8			for mimi Nguyen - <sup>will be</sup> reimbursed			
9	-		Kalahar Resort - Hotel exp			768.96
10			for Dr. Patel - <sup>will be</sup> reimbursed			

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

NOTES:

Charges made to Roshanda's Mastercard

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

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

4

# 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: 10/5/2023

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	-		Kalahari Resort - Hotel exp			624.4
2			for Heather Mitzler - will be reimbursed			
3	-	Texas AIM Collaborative	AC Hotel Riverwalk - Hotel			293.16
4		1/25 - 1/26/23	exp for Donn Stringo (L+D)			
5	-		Web-Network Solutions			159.95
6			IT - Domain Privacy + Protection			
7	-		AC Hotel Riverwalk - Hotel			
8			exp for Jenise Svetlik (L+D)			97.40
9	-	Texas AIM Collaborative	AC Hotel Riverwalk - Hotel			293.16
10		1/25 - 1/26/23	exp for Jenise Svetlik (L+D)			

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	_____



5

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

134.47 +  
20.00 +  
82.50 +  
2.50 +  
2.50 +  
2.50 +  
2.50 +  
2.50 +  
88.00 +  
680.00 +  
397.68 +  
145.77 +  
55.00 +  
1,960.00 +

1. VIRGINIA ST.  
LAVACA, TX 77979  
TE: (361) 552-6713  
(361) 552-0312

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

Citibank

Date: 10/5/2023

P.O. #

Account #

Initiated By:

Form # 9401

Expense #

Department

Deliver To

Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
242.24	AC Hotel Riverwalk - Hotel			293.16
754.48	exp Nina Green (L+D)			✓
624.47	Web-Network Solutions			153.76
293.16	SSL Certificate (IT)			✓
293.16	Antoximeters &nc- Lab			170.00
153.78	supplies			✓
170.00	NPDB x 2 providers	2.50		5.00
88.00	AMA-credentialing			✓
244.00	NPDB x 2 providers	44.		88.00
244.00	Society for Human Resources			244.00
8,704.42	(Marissa + Andrie) Renewal			244.00

Est. Freight

Est. Total Cost

TOTAL COST

\$8704.42

ops made to Roshandia's MC

Missing reimbursement!

<445.00>

documentation

\$ 8,259.09

8,259.09

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

Dept. Director	
Dir. Nursing	
Dir. Clinical Services	
CFO	
Administrator	Roshandia Thomas 10/10/23

**When**

Wednesday, September 27, 2023 from 5:30 PM to 7:00 PM CDT

[Add to Calendar](#)

**Where**

Kalahari Resorts & Convention Center  
3001 Kalahari Blvd  
Round Rock, TX 78665



[Driving Directions](#)

**Contact**

Carrie Ruiz  
TORCH  
(512) 673-0045  
[cr Ruiz@torchnet.org](mailto:cr Ruiz@torchnet.org)

**3rd Annual Lazy Man Beer & Donuts .5K**

Don't like to run and despise the word exercise? Then join us for the 3rd Annual Lazy Man .5k run/walk benefiting the TORCH Foundation. The race starts with a cold beer, and at the half way mark you will get to eat some famous Round Rock Donuts. All race finishers cool off with another ice cold beer. Who needs water when you have beer and donuts?

Registration is closed. This event has already been held.

**Pam Fikac**

---

**From:** Heather Mutchler  
**Sent:** Friday, October 06, 2023 10:55 AM  
**To:** Pam Fikac  
**Subject:** FW: Thank you for registering for 2023 TORCH/TARHC Fall Conference & Trade Show

Pam,

Please see below email for my conference registration receipt.

Thank you,  
Heather Mutchler, RN  
Clinical Coordinator  
Memorial Medical Clinic  
1016 N. Virginia St  
Port Lavaca, TX 77979  
p: (361)552-0287

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message and any attachments.

**From:** Carrie Ruiz [mailto:info@torchnet.ccsend.com] **On Behalf Of** Carrie Ruiz  
**Sent:** Thursday, September 14, 2023 4:52 PM  
**To:** Heather Mutchler <HMutchler@mmcportlavaca.com>  
**Subject:** Thank you for registering for 2023 TORCH/TARHC Fall Conference & Trade Show

---

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---

## **2023 TORCH/TARHC Fall Conference & Trade Show**

Join us for the 2023 TORCH & TARHC Fall Conference and Tradeshow

**Monday, September 25, 2023 at 10:00 AM CDT**  
**-to-**  
**Thursday, September 28, 2023 at 1:00 PM CDT**

**Kalahari Resort & Spa**  
3001 Kalahari Blvd.  
Round Rock, TX 78664

Thank you again for registering for the 2023 TORCH/TARHC Fall Conference. This email is confirmation of your successful registration. If any of the information displayed below is incorrect, please contact us as soon as possible.

**NOTE:**

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There is a \$50 cancellation fee for cancellations prior to September 15. No refunds after September 15.

All other participants may attend the conference only as an exhibitor and/or as a sponsor (refer to the Exhibitor Prospectus for more information).

**Personal Information**

First Name: Heather  
Last Name: Mutchler  
Email Address: [hmutchler@mmcportlavaca.com](mailto:hmutchler@mmcportlavaca.com)  
Address 1: 1016 N Virginia St  
City: Port Lavaca  
State: Texas  
ZIP Code: 77979  
Phone: 3619200598

**Business Information**

Company: Memorial Medical Clinic  
Job Title: RN - Clinical Coordinator

**Badge Information**

Badge Name: Heather Mutchler

**Payment Method:** Credit Card

**Payment Summary**

<i>Name</i>	<i>Type</i>	<i>Quantity</i>	<i>Fee</i>	<i>Total</i>
Heather Mutchler	Non-Member Clinic Registration - In Person or Virtual	1	\$425.00	\$425.00
				<b>Subtotal: \$425.00</b>

<i>Additional Items</i>	<i>Option</i>	<i>Quantity</i>	<i>Price</i>	<i>Total</i>
Tuesday 5K Fun Run/Walk	Unisex Shirt Size Small	1	\$35.00	\$35.00
Wednesday - Lazy Man Fun Run - Beer & Donuts	-	1	\$30.00	\$30.00
				<b>Subtotal: \$65.00</b>

Total \$490.00

**Contact**

Carrie Ruiz  
TORCH  
(512) 873-0045  
[cruiz@torchnet.org](mailto:cruiz@torchnet.org)

[Add to Calendar](#)

This email was sent to [hmutchler@mmcporthlavaca.com](mailto:hmutchler@mmcporthlavaca.com) by [cruiz@torchnet.org](mailto:cruiz@torchnet.org) because you registered for 2023 TORCH/TARHC Fall Conference & Trade Show. [Click here if you no longer wish to receive emails about this event.](#)

TORCH | 3309 Forest creek Dr #305 | Round Rock | Texas | 78664

**Pam Fikac**

---

**From:** Mimi Nguyen  
**Sent:** Friday, October 06, 2023 11:26 AM  
**To:** Pam Fikac  
**Subject:** FW: [BULK] Thank you for registering for 2023 TORCH/TARHC Fall Conference & Trade Show

Registration email.

Mimi Nguyen, RN

**From:** Carrie Ruiz <info@torchnet.ccsend.com> **On Behalf Of** Carrie Ruiz  
**Sent:** Thursday, September 14, 2023 4:52 PM  
**To:** Mimi Nguyen <minguyen@mmcportlavaca.com>  
**Subject:** [BULK] Thank you for registering for 2023 TORCH/TARHC Fall Conference & Trade Show

---

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---

## 2023 TORCH/TARHC Fall Conference & Trade Show

Join us for the 2023 TORCH & TARHC Fall Conference and Tradeshow

**Monday, September 25, 2023 at 10:00 AM CDT**

**-to-**

**Thursday, September 28, 2023 at 1:00 PM CDT**

**Kalahari Resort & Spa**  
3001 Kalahari Blvd.  
Round Rock, TX 78664

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All other participants may attend the conference only as an exhibitor and/or as a sponsor (refer to the Exhibitor Prospectus for more information).

**Personal Information**

First Name: Mimi  
 Last Name: Nguyen  
 Email Address: [minguyen@mmcpportlavaca.com](mailto:minguyen@mmcpportlavaca.com)  
 Address 1: 1016 N. Virginia  
 City: Port Lavaca  
 State: Texas  
 ZIP Code: 77979  
 Phone: 3616499779

**Business Information**

Company: Memorial Medical Center  
 Job Title: Clinical Supervisor

**Badge Information**

Badge Name: Mimi Nguyen

**Payment Method:** Credit Card

**Payment Summary**

<i>Name</i>	<i>Type</i>	<i>Quantity</i>	<i>Fee</i>	<i>Total</i>
Mimi Nguyen	Non-Member Clinic Registration - In Person or Virtual	1	\$425.00	\$425.00
				<b>Subtotal: \$425.00</b>

<i>Additional Items</i>	<i>Option</i>	<i>Quantity</i>	<i>Price</i>	<i>Total</i>
Tuesday 5K Fun Run/Walk	Unisex Shirt Size Medium	1	\$35.00	\$35.00
Wednesday - Lazy Man Fun Run - Beer & Donuts	-	1	\$30.00	\$30.00
				<b>Subtotal: \$65.00</b>
				<b>Total \$490.00</b>

**Contact**

Carrie Ruiz  
 TORCH  
 (512) 873-0045  
[cruiz@torchnet.org](mailto:cruiz@torchnet.org)

[Add to Calendar](#)

This email was sent to [minguyen@mmcpportlavaca.com](mailto:minguyen@mmcpportlavaca.com) by [cruiz@torchnet.org](mailto:cruiz@torchnet.org) because you registered for 2023 TORCH/TARHC Fall Conference & Trade Show. [Click here if you no longer wish to receive emails about this event.](#)

TORCH | 3309 Forest creek Dr #305 | Round Rock | Texas | 78664

## Christy Silvas

---

**From:** Carrie Ruiz <info@torchnet.ccsend.com> on behalf of Carrie Ruiz <cruiz@torchnet.org>  
**Sent:** Thursday, September 14, 2023 4:57 PM  
**To:** Christy Silvas  
**Subject:** Thank you for registering for 2023 TORCH/TARHC Fall Conference & Trade Show

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### 2023 TORCH/TARHC Fall Conference & Trade Show

Join us for the 2023 TORCH & TARHC Fall Conference and Tradeshow

**Monday, September 25, 2023 at 10:00 AM CDT**

**-to-**

**Thursday, September 28, 2023 at 1:00 PM CDT**

**Kalahari Resort & Spa**  
3001 Kalahari Blvd.  
Round Rock, TX 78664

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All other participants may attend the conference only as an exhibitor and/or as a sponsor (refer to the Exhibitor Prospectus for more information).

**Personal Information**

First Name:	Christy
Last Name:	Silvas
Email Address:	csilvas@mmcpportlavaca.com
Address 1:	1016 N Virginia St
City:	Port Lavaca
State:	Texas



ZIP Code: 77979  
Phone: 3619200598

**Business Information**

Company: Memorial Medical Clinic  
Job Title: Front Office Manager

**Badge Information**

Badge Name: Christy Silvas

Payment Method: Credit Card

**Payment Summary**

<i>Name</i>	<i>Type</i>	<i>Quantity</i>	<i>Fee</i>	<i>Total</i>
Christy Silvas	Non-Member Clinic Registration - In Person or Virtual	1	\$425.00	\$425.00
				<b>Subtotal: \$425.00</b>

<i>Additional Items</i>	<i>Option</i>	<i>Quantity</i>	<i>Price</i>	<i>Total</i>
Tuesday 5K Fun Run/Walk	Unisex Shirt Size XX-Large	1	\$35.00	\$35.00
Wednesday - Lazy Man Fun Run - Beer & Donuts	-	1	\$30.00	\$30.00
				<b>Subtotal: \$65.00</b>
				<b>Total \$490.00</b>

**Contact**  
Carrie Ruiz  
TORCH  
(512) 873-0045  
cruiz@torchnet.org

[Add to Calendar](#)

This email was sent to csilvas@mmcportlavaca.com by cruiz@torchnet.org because you registered for 2023 TORCH/TARHC Fall Conference & Trade Show. [Click here if you no longer wish to receive emails about this event.](#)

TORCH | 3309 Forest creek Dr #305 | Round Rock | Texas | 78664

Create ▼

# 2023 TORCH/TARHC Fall Conference & Trade Show

Monday, September 25, 2023 at 10:00 AM CDT to Thursday, September 28, 2023 at 1:00 PM CDT

[Back to event details page](#) [Reschedule](#)

## Registrant Details: Dhaval Patel

[Edit Registrant Detail](#)

### Registrant Status

Registration Date: Thursday, September 14, 2023 at 4:55 PM CDT

Registration Status: Registered

Order Amount: **\$490.00**

Payment Type: Credit Card

Payment Status: Paid

[Online Payment History](#)

### NOTE:

THIS REGISTRATION FORM IS FOR HOSPITALS ONLY. ONLY one registrant per registration form. Hospitals also have the option to attend virtually with unlimited number of hospital staff participating by selecting the Hospital Wide registration option. All sessions will be recorded and posted online in the conference app for playback at your convenience.

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All other participants may attend the conference only as an exhibitor and/or as a sponsor (refer to the Exhibitor Prospectus for more information).

### Personal Information

First Name: Dhaval

Last Name: Patel

Email Address: dpatel@mmcportlavaca.com

Address 1: 1016 N. Virginia

City: Port Lavaca

State: Texas

ZIP Code: 77979

Phone: 2108500037

### Business Information

Company: Memorial Medical Center

Job Title: Practice Administrator

### Badge Information

[Have a product idea or request? Submit it here!](#)

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[Share Screen](#)

### Cost Summary:

**Registration**

1 Non-Member Clinic Registration - In Person or Virtual @ \$425.00/each **\$425.00**

---

**TOTAL REGISTRANT COST: \$425.00**

### Items

Tuesday 5K Fun Run/Walk

1 Unisex Shirt Size Large @ \$35.00/each **\$35.00**

1 Wednesday - Lazy Man Fun Run - Beer & Donuts @ \$30.00/each **\$30.00**

---

**TOTAL ITEM COST: \$65.00**

### Send Dhaval a:

[Personal email](#)

[Event confirmation](#)

[Ticket link \(View Dhaval's ticket\)](#)

**Pam Fikac**

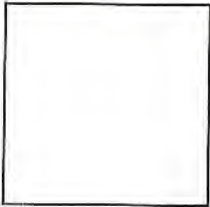
**From:** Christy Silvas  
**Sent:** Monday, October 09, 2023 9:38 AM  
**To:** Pam Fikac  
**Cc:** Mimi Nguyen  
**Subject:** FW: Round Rock, TX - Invoice for R39QBEHLD

Here is a copy of my receipt.

Thank you,  
Christy Silvas

**From:** Round Rock, TX <ResSupervisor@KalahariResorts.com>  
**Sent:** Friday, September 29, 2023 4:10 AM  
**To:** Christy Silvas <csilvas@mmcportlavaca.com>  
**Subject:** Round Rock, TX - Invoice for R39QBEHLD

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3001 Kalahari Boulevard  
Round Rock, Texas, 78665  
877-525-2427  
www.kalahariresorts.com

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

Guest Name: **Christy Silvas** Folio Number: R39QBEHLD  
Via Email to: csilvas@mmcportlavaca.com No. of Guests: 3

Arrival: 09/24/2023

Departure: 09/28/2023

Date	Ref#	Charge Type	Charges	Credits
09/15/2023	0915MCFFW7Q5B	DEP MASTERCARD	\$0.00	(\$242.24)
09/24/2023	09249537550	PAY VISA	\$0.00	(\$754.48)
09/24/2023	6225	ROOM REVENUE	\$242.24	
09/24/2023	6225t	OCCUPANCY STATE TAX	\$14.53	
09/24/2023	6225t	OCCUPANCY LOCAL TAX	\$21.80	
09/25/2023	6225	ROOM REVENUE	\$199.74	
09/26/2023	6225	ROOM REVENUE	\$212.24	
09/27/2023	6225	ROOM REVENUE	\$212.49	
09/28/2023	09289537550	PAY VISA	\$93.68	

Folio Balance: \$0.00

← on personal reimbursement pd. self

Thank you for choosing Kalahari Resorts & Conventions in Round Rock Texas. We hope to see you again in the near future. The charges on this statement are as of the printed date above.



Guest Name: **Dhaval Patel**  
 Texas Organization of Rural & Community Hospit  
 100 E. Hutchinson St. #238  
 Beeville, TX 78102 US

Room #: 4212  
 Conf #: R2126FOPX  
 Group #: 1201  
 Guests: 1  
 C/O Clerk:

Arrived: 09/24/23 Arrival Time: 16:25 Depart Date: 09/28/23 Printed 10:42:58 Status: FOL

Date	Description	Reference	Comment	Charges	Credits
09/15/2023	DEP MASTERCARD	0915MCFTVCP	098226		(\$212.24)
09/24/2023	PAY MASTERCARD	09249547548	*****9457 066523		(\$768.96)
09/24/2023	ROOM REVENUE	4212		\$242.24	
09/24/2023	OCC STATE TAX	4212t	OCCUPANCY STATE TAX	\$14.53	
09/24/2023	OCC LOCAL TAX	4212t	OCCUPANCY LOCAL TAX	\$21.80	
09/25/2023	ROOM REVENUE	4212		\$199.74	
09/26/2023	ROOM REVENUE	4212		\$212.24	
09/27/2023	ROOM REVENUE	4212		\$199.00	
09/28/2023	PAY AMERICAN EXPRESS	09289527548	*****4017	\$91.65	
09/28/2023	OCC STATE TAX	4212t	OCCUPANCY STATE TAX		(\$14.53)
09/28/2023	OCC LOCAL TAX	4212t	OCCUPANCY LOCAL TAX		(\$21.80)

Folio Balance: (\$36.33)

Guest Signature: \_\_\_\_\_

I agree that I am personally liable for the payment of this account and if the person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association. 09/28/2023

Thank you for choosing Kalahari Resort Round Rock! We hope to see you again in the near future. The charges on this statement are as of the printed date and time listed above. Any charges not posted to your account as of this time will be charged to your method of payment on file on your day of departure.

3001 Kalahari Blvd  
 Round Rock, TX 78665  
 Telephone 512-651-1000

**Pam Fikac**

---

**From:** Heather Mutchler  
**Sent:** Friday, September 29, 2023 9:50 AM  
**To:** Pam Fikac  
**Subject:** FW: Round Rock, TX - Invoice for R9WXW9N4M

Good morning Pam,

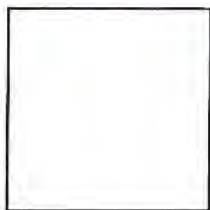
Here is the invoice for my room at Kalahari.

Thank you,  
Heather Mutchler, RN  
Clinical Coordinator  
Memorial Medical Clinic  
1016 N. Virginia St  
Port Lavaca, TX 77979  
p: (361)552-0287

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**From:** Round Rock, TX [mailto:ResSupervisor@KalahariResorts.com]  
**Sent:** Friday, September 29, 2023 4:11 AM  
**To:** Heather Mutchler <HMutchler@mmcportlavaca.com>  
**Subject:** Round Rock, TX - Invoice for R9WXW9N4M

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**3001 Kalahari Boulevard  
Round Rock, Texas, 78665  
877-525-2427  
www.kalahariresorts.com**

Guest Name: **Heather Mutchler** Folio Number: **R9WXW9N4M**  
Via Email to: **hmutchler@mmcportlavaca.com** No. of Guests: **3**  
Arrival: **09/24/2023** Departure: **09/28/2023**

Date	Ref#	Charge Type	Charges	Credits
------	------	-------------	---------	---------

09/15/2023	0915MCFO1F34G	DEP MASTERCARD	\$0.00	(\$242.24) ✓
09/24/2023	09249547552	PAY MASTERCARD	\$0.00	(\$624.47) ✓
09/24/2023	4415	ROOM REVENUE	\$242.24 .	
09/25/2023	4415	ROOM REVENUE	\$199.74 .	
09/26/2023	4415	ROOM REVENUE	\$212.24 .	
09/27/2023	4415	ROOM REVENUE	\$212.49	

Folio Balance:\$0.00

APPROVED ON

OCT 17 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Thank you for choosing Kalahari Resorts & Conventions in Round Rock Texas. We hope to see you again in the near future. The charges on this statement are as of the printed date above.

**Pam Fikac**

---

**From:** Mimi Nguyen  
**Sent:** Friday, October 06, 2023 11:23 AM  
**To:** Pam Fikac  
**Subject:** FW: Round Rock, TX - Invoice for RGCK79N2G

Mimi Nguyen, RN

**From:** Round Rock, TX <ResSupervisor@KalahariResorts.com>  
**Sent:** Friday, September 29, 2023 4:16 AM  
**To:** Mimi Nguyen <minguyen@mmcportlavaca.com>  
**Subject:** Round Rock, TX - Invoice for RGCK79N2G

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3001 Kalahari Boulevard  
Round Rock, Texas, 78665  
877-525-2427  
[www.kalahariresorts.com](http://www.kalahariresorts.com)

Guest Name: Mimi Nguyen Folio Number: RGCK79N2G  
Via Email to: [minguyen@mmcportlavaca.com](mailto:minguyen@mmcportlavaca.com) No. of Guests: 1  
Arrival: 09/24/2023 Departure: 09/28/2023

Date	Ref#	Charge Type	Charges	Credits
09/15/2023	0915MCFA06O4H	DEP MASTERCARD	\$0.00	(\$242.24)
09/24/2023	09249547563	PAY MASTERCARD	\$0.00	(\$754.48)
09/24/2023	1849	ZULU GRILLE	\$8.12	
09/24/2023	9946	DIPPIN DOTS	\$12.45	
09/24/2023	9121	ROOM REVENUE	\$242.24	
09/24/2023	9121t	OCCUPANCY STATE TAX	\$14.53	
09/24/2023	9121t	OCCUPANCY LOCAL TAX	\$21.80	
09/25/2023	9121	ROOM REVENUE	\$199.74	
09/26/2023	9121	ROOM REVENUE	\$212.24	



09/27/2023	9121	ROOM REVENUE	\$212.49
09/28/2023	09289537563	PAY VISA	\$73.11
			Folio Balance:\$0.00

Thank you for choosing Kalahari Resorts & Conventions in Round Rock Texas. We hope to see you again in the near future. The charges on this statement are as of the printed date above.

# MCKESSON

# STATEMENT

As of: 10/20/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 10/20/2023 Page: 002  
Mail to: 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: 10/21/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 10/21/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	632536	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
--------------	----------	-------------------	----------------------------------	--------	-------------	---------------	----------------	-----	--------------	-----	-------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 10,725.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 10/24/2023,  
Pay This Amount:

10,510.49 USD

If Paid After 10/24/2023,  
Pay this Amount:

10,725.00 USD

Due If Paid On Time:

USD 10,510.49 ✓

Disc lost if paid late:

214.51

Due If Paid Late:

USD 10,725.00

9,087.47 +  
1,416.18 +  
6.84 +

10,510.49 \*

*Andrew DePascual*  
10/23/23

APPROVED ON

OCT 23 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 10/20/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 10/20/2023  
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: 10/21/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 10/21/2023 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											
10/16/2023	10/24/2023	7451310663	91944767	115Invoice	16.00	799.83		783.83	✓	7451310663	
10/16/2023	10/24/2023	7451310664	92021967	115Invoice	12.66	632.99		620.33	✓	7451310664	
10/16/2023	10/24/2023	7451514657	91911333	195Invoice	0.34	16.92		16.58	✓	7451514657	
10/16/2023	10/24/2023	7451514658	91990899	195Invoice	0.55	27.45		26.90	✓	7451514658	
10/17/2023	10/24/2023	7451667986	92243815	115Invoice	19.13	956.54		937.41	✓	7451667986	
10/17/2023	10/24/2023	7451830866	92071454	115Invoice	0.34	16.92		16.58	✓	7451830866	
10/18/2023	10/24/2023	7451962214	92409280	115Invoice	12.66	632.99		620.33	✓	7451962214	
10/18/2023	10/24/2023	7452133927	92346832	195Invoice	0.89	44.37		43.48	✓	7452133927	
10/19/2023	10/24/2023	7452248525	92480961	115Invoice	4.47	223.52		219.05	✓	7452248525	
10/19/2023	10/24/2023	7452248526	92553366	115Invoice	31.94	1,596.98		1,565.04	✓	7452248526	
10/20/2023	10/24/2023	7452514710	92604284	115Invoice	6.37	318.51		312.14	✓	7452514710	
10/20/2023	10/24/2023	7452514712	92604284	115Invoice	80.12	4,005.92		3,925.80	✓	7452514712	

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: 9,272.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/16/2023 8,716.03

If Paid By 10/24/2023,  
Pay This Amount: 9,087.47 USD

If Paid After 10/24/2023,  
Pay this Amount: 9,272.94 USD

Due If Paid On Time:  
USD 9,087.47 ✓

Disc lost if paid late:  
185.47

Due If Paid Late:  
USD 9,272.94

*Andrew D. Santos*  
10/23/23

APPROVED ON

OCT 23 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 10/20/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 10/20/2023  
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: 10/21/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434 PLEASE CHECK ANY  
Date: 10/21/2023 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 835434 CVS PHCY 8923/MEM MC PHS											
10/18/2023	10/24/2023	7452035162	2763293	115Invoice	0.28	13.96		13.68	✓	7452035162	
10/18/2023	10/24/2023	7452035163	2763293	115Invoice	28.62	1,431.12		1,402.50	✓	7452035163	

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

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

Subtotals: 1,445.08 USD

Future Due: 0.00

If Paid By 10/24/2023,  
Pay This Amount:

1,416.18 USD

Due If Paid On Time:

USD 1,416.18 ✓

Past Due: 0.00

Disc lost if paid late: 28.90

Last Payment 10/16/2023 8,716.03

If Paid After 10/24/2023,  
Pay this Amount:

1,445.08 USD

Due If Paid Late: USD 1,445.08

*Andrew DeFossantes*  
10/23/23

APPROVED ON

OCT 23 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 10/20/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 10/20/2023  
Mail to:

Page: 001  
Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Territory: 7001

Customer: 835438  
Date: 10/21/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438 PLEASE CHECK ANY  
Date: 10/21/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438	CVS PHCY 7475/MEM MC PHS											
10/18/2023	10/24/2023	7452128479		2763294	115Invoice	0.14	6.98		6.84	✓	7452128479	

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: 6.98 USD

Future Due: 0.00

If Paid By 10/24/2023,  
Pay This Amount:

6.84 USD

Due If Paid On Time:  
USD

6.84 ✓

Past Due: 0.00

Disc lost if paid late:

0.14

Last Payment 8,716.03  
10/16/2023

If Paid After 10/24/2023,  
Pay this Amount:

6.98 USD

Due If Paid Late:  
USD

6.98

*Andrew D. Santos*  
10/23/23

APPROVED ON

OCT 23 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

**Served By:**  
AMERISOURCEBERGEN DRUG CORP  
12727 W. AIRPORT BLVD.  
SUGAR LAND TX 77478-6101  
  
DEA: RA0289276  
866-451-9655

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

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

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	751.05
Past Due:	0.00
Total Due:	751.05
Account Balance:	751.05

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-16-2023	10-27-2023	3150558249	7004387785	Invoice	35.13		0.00	35.13
10-16-2023	10-27-2023	3150558680	7004399418	Invoice	337.43		0.00	337.43
10-16-2023	10-27-2023	3150680851	7004411016	Invoice	77.78		0.00	77.78
10-16-2023	10-27-2023	3150680852	7004411171	Invoice	64.19		0.00	64.19
10-17-2023	10-27-2023	3150837997	7004420644	Invoice	11.11		0.00	11.11
10-18-2023	10-27-2023	3150998983	7004431583	Invoice	71.95		0.00	71.95
10-19-2023	10-27-2023	3151139353	7004441579	Invoice	102.00		0.00	102.00
10-19-2023	10-27-2023	3151139354	7004441041	Invoice	12.16		0.00	12.16
10-20-2023	10-27-2023	3151301608	7004452781	Invoice	15.48		0.00	15.48
10-20-2023	10-27-2023	3151301609	7004452611	Invoice	23.82		0.00	23.82

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
751.05	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
10-20-2023	(266.20)

**APPROVED ON**

**OCT 23 2023**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

Reminders	
Due Date	Amount
10-27-2023	751.05
<b>Total Due:</b>	<b>751.05</b>

*Andrew DeFoy Santos*  
10/23/23

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		23
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		03
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 128,205.51 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"		0	\$ 63,587.34 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 15,290.02 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 49,350.47 #
		CHECK		\$ 22.32
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

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

PAY PERIOD: BEGIN	10/6/2023	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	10/19/2023					
PAY DATE:	10/27/2023					
GROSS PAY:	\$ 559,532.69			\$ -		\$ 559,532.69
<b>DEDUCTIONS:</b>						
A/R	\$ 275.00					\$ 275.00
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 1,206.28					\$ 1,206.28
SUNLIFE ACCIDENT	\$ 786.88					\$ 786.88
IRS TAX	\$ 328.67					\$ 328.67
SUNLIFE SHORT TERM DIS	\$ 1,968.40					\$ 1,968.40
BCBS VISION	\$ 1,040.22					\$ 1,040.22
CAFÉ-D	\$ 1,622.47					\$ 1,622.47
CAFÉ-H	\$ 23,428.77					\$ 23,428.77
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 791.48					\$ 791.48
CLINIC	\$ 140.00					\$ 140.00
COMBIN	\$ 271.83					\$ 271.83
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 1,063.06					\$ 1,063.06
SUNLIFE HOSP INDEM	\$ 739.47					\$ 739.47
FED TAX	\$ 49,350.47					\$ 49,350.47
FICA-M	\$ 7,606.48					\$ 7,606.48
FICA-O	\$ 31,793.67					\$ 31,793.67
FICA-M ADDITIONAL	\$ 77.06					\$ 77.06
FIRST C						\$ -
FLEX S	\$ 3,447.31					\$ 3,447.31
FLX-FE	\$ -					\$ -
GIFT S	\$ 88.62					\$ 88.62
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 1,034.54					\$ 1,034.54
OTHER	\$ 1,405.46					\$ 1,405.46
NATIONAL FARM LIFE	\$ 1,523.92					\$ 1,523.92
MED SURCHARGE	\$ 360.00					\$ 360.00
PR FIN	\$ -					\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 1,115.86					\$ 1,115.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 38,848.49					\$ 38,848.49
UW/HOS	\$ -					\$ -
<b>TOTAL DEDUCTIONS:</b>	\$ 170,314.41	\$ -	\$ -	\$ -	\$ -	\$ 170,314.41
<b>NET PAY:</b>	\$ 389,218.28	\$ -	\$ -	\$ -	\$ -	\$ 389,218.28

TOTAL CAFÉ 125 PLAN:	\$ 34,944.86	Less Exempt:				
<b>TAXABLE PAY:</b>	\$ 524,587.83	\$ 512,802.07				

		**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,606.52		
FICA - MED (EE)	1.45%	\$ 7,606.52	\$ 7,606.48	\$ 0.04
FICA - SOC SEC (ER)	6.20%	\$ 31,793.73		
FICA - SOC SEC (EE)	6.20%	\$ 31,793.73	\$ 31,793.67	\$ 0.06
FED WITHHOLDING		\$ 49,350.47	\$ 49,350.47	

Employees over FICA-SS Cap:  
 Roshanda Thomas \$ 8,562.45  
 Michael Gaines \$ 3,223.31  
 \$ -

Paycode S - Employee Reimb.:  
 TOTAL: \$ 11,785.76

TAX DEPOSIT:	\$ 128,150.97	\$ 128,150.77		
FICA - MEDICARE	2.90%	\$ 15,213.04	\$ 15,212.96	
FICA - SOCIAL SECURITY	12.40%	\$ 63,587.46	\$ 63,587.34	
FED WITHHOLDING		\$ 49,350.47	\$ 49,350.47	
<b>TOTAL TAX:</b>	\$ 128,150.97	\$ 128,150.77	\$ 0.20	

PREPARED BY: Caitlin Clevenger  
 PREPARED DATE: 10/23/2023



Run Date: 10/23/23  
Time: 09:48

MEMORIAL MEDICAL CENTER  
Payroll Register ( Bi-Weekly )  
Pay Period 10/06/23 - 10/19/23 Run# 1

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P2REG

Final Summary

*-- Pay Code Summary						*-- Deductions Summary			
PayCd	Description	Hrs	OT	SH	WE HC CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9863.75	N	N	N	233378.89	A/R	275.00	A/R2 A/R3
1	REGULAR PAY-S1	1933.25	N	N	N	94298.02	ADVANC		AWARDS BCBSVI 1040.22 ✓
1	REGULAR PAY-S1	339.50	Y	N	N	11783.43	BOOTS		CAFE-H CAFE-1
2	REGULAR PAY-S2	2699.75	N	N	N	73830.93	CAFE-2		CAFE-3 CAFE-4
2	REGULAR PAY-S2	85.00	Y	N	N	3933.34	CAFE-5		CAFE-C CAFE-D 1622.47 ✓
3	REGULAR PAY-S3	1497.50	N	N	N	52398.24	CAFE-F		CAFE-H 23428.77 ✓ CAFE-I
3	REGULAR PAY-S3	48.75	Y	N	N	2579.41	CAFE-L		CAFE-P CANCER
4	CALL BACK PAY	29.50	N	1	N	1333.03	CHILD	791.48	CLINIC 140.00 ✓ COMBIN 271.83 ✓
4	CALL BACK PAY	45.50	N	2	N	1915.33	CREDON		DD ADV DENTAL
4	CALL BACK PAY	6.00	N	3	N	294.69	DEP-LF		DIS-LF EAT
4	CALL BACK PAY	.50	Y	2	N	36.73	EMCSH		FEDTAX 49350.47 ✓ FICA-M 7683.54 ✓
C	CALL PAY	2414.00	N	1	N	4828.00	FICA-O	31793.67	FIRSTC ✓ FLEX S 3447.31 ✓
D	DOUBLE TIME	11.25	N	2	N	1050.46	FLX FE		FORT D FUTA
D	DOUBLE TIME	24.75	N	3	N	2341.35	GIFT S	88.62	GRANT ✓ GRP-IN
D	DOUBLE TIME	3.50	Y	2	N	623.49	GTL		HOSP-I ID TFF
D	DOUBLE TIME	8.25	Y	3	N	1494.41	IRSTAX	328.67	LEAF ✓ LEGAL 200.54 ✓
E	EXTRA WAGES		N	N	N	27669.87	MASA	834.00	MEALS 1405.45 ✓ METVIS
E	EXTRA WAGES		N	1	N	1983.35	MISC		MISC/ MMCshr
I	INSERVICE	9.25	N	1	N	385.49	NATFML	1523.92	OTHER ✓ PHI
K	EXTENDED-ILLNESS-BANK	207.00	N	1	N	5248.11	PHI***		PR FIN RELAY
P	PAID-TIME-OFF	189.11	N	N	N	3264.96	REPAY		SAMS SCRUBS
P	PAID-TIME-OFF	1121.00	N	1	N	34176.16	SIGNON		ST-TX STONDF 1115.86 ✓
X	CALL PAY 2	176.00	N	1	N	352.00	STONE		STONE2 STUDEN
Y	YMCA/CURVES		N	N	N	45.00	SUNACC	786.88	SUNILL 1206.28 ✓ SUNIND 739.47 ✓
Z	CALL PAY 3	96.00	N	1	N	288.00	SUNLIF	1063.06	SUNSTD 1968.40 ✓ SUNVIS
							SURCHG	360.00	TSA-1 TSA-2
							TSA-C		TSA-P TSA-R 38848.49 ✓
							TUTION		UNIFOR UW/HOS

\*----- Grand Totals: 20809.11 ----- ( Gross: 559532.69 Deductions: 170314.41 Net: 389218.28 )  
 | Checks Count:- FT 208 PT 13 Other 36 Female 230 Male 26 Credit OverAmt 13 ZeroNet Term Total: 256 |

*Andrew De los Santos*  
10/23/23

Run Date: 10/23/23  
Time: 10:40

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 10/06/23--10/19/23 Run: 1  
Type=NET 10000001 OPERATING - PROSPERITY

Page 1  
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
01451	JENNIFER L ZISSA	616.95	00063351	10/27/23
65485	JESSICA SANCHEZ	496.44	00063352	10/27/23
00041	CARL LEE KING	997.98	DD	10/27/23
00083	SYLVIA A VARGAS	969.06	DD	10/27/23
00094	SYLVIA A MENDOZA	1023.50	DD	10/27/23
00113	JACLYN CARREON	1124.74	DD	10/27/23
00132	SANDRA A BRAUN	178.26	DD	10/27/23
00192	BRENDA D PENA	1507.61	DD	10/27/23
00344	SANDRA LEE RUDDICK	2922.93	DD	10/27/23
00387	BILLIE F DUCKWORTH	2931.06	DD	10/27/23
00392	MONICA T CARR	1091.80	DD	10/27/23
00399	LINDA J TIJERINA	2510.18	DD	10/27/23
00401	VELMA J PINA	2035.60	DD	10/27/23
00417	SHERRY L KING	2545.24	DD	10/27/23
00423	DONN V STRINGO	2049.37	DD	10/27/23
00482	PAM FIKAC	1439.51	DD	10/27/23
00581	CYNTHIA L RUSHING	1675.49	DD	10/27/23
00681	RILLA RENEZ WOOD	1667.60	DD	10/27/23
00692	DEBORAH E WITNEBERT	233.86	DD	10/27/23
00697	MARIA C FARIAS	1190.06	DD	10/27/23
00707	KIMBERLY RESENDEZ	1713.82	DD	10/27/23
00895	EMILIE DIANE WILKEY	704.49	DD	10/27/23
01015	SUSAN B SMALLEY	2613.56	DD	10/27/23
01191	SHARON M SPARKS	606.50	DD	10/27/23
01234	JENISE N SVETLIK	3401.43	DD	10/27/23
01241	MANDY MACE	1960.79	DD	10/27/23
01367	MARILYN A SANDERS	840.97	DD	10/27/23
01791	RAUSHANAH J MONDAY	2129.93	DD	10/27/23
02011	ERIN R CLEVENGER	3925.22	DD	10/27/23
02014	AGAPITA C CANTU	391.09	DD	10/27/23
02021	ERIKA OSORNIA-SANCHEZ	408.75	DD	10/27/23
02022	AMANDA J GRIGGS, OTR	2551.86	DD	10/27/23
02064	ANNA LAURA GARCIA	1718.62	DD	10/27/23
02099	TRACI M SHEPCIK	8769.41	DD	10/27/23
02112	LESLIE THOMAS	2294.20	DD	10/27/23
02132	JASMINE RUIZ	1771.68	DD	10/27/23
02136	TAMMY ESQUIVEL	425.04	DD	10/27/23
02154	JUSTINE STREL CZYK	869.25	DD	10/27/23
02162	MIRIAM PALUKA	1579.83	DD	10/27/23
02168	JENSICA KNIGHT	1461.52	DD	10/27/23
02193	TIKI VENGLAR	1684.31	DD	10/27/23
02202	SENON I SANCHEZ	169.43	DD	10/27/23
02271	DAWN J BUBENIK	2319.00	DD	10/27/23
02301	NICOLAS TIJERINA	1212.54	DD	10/27/23
02302	CATHERINE MARIE DECILOS	7.01	DD	10/27/23
02303	CONNIE M LUNA	2259.83	DD	10/27/23
02315	NINA M GREEN	2370.16	DD	10/27/23
02331	JESSICA B BIFFLE	880.37	DD	10/27/23
02346	JEANETTE L FALCON	1878.43	DD	10/27/23
02416	JANELLE SCOTT	1543.15	DD	10/27/23
02511	MAGDALENA SEPULVEDA	353.16	DD	10/27/23
02535	STEFANIE M SOLIZ	423.34	DD	10/27/23
02552	VERONICA RAGUSIN	1947.31	DD	10/27/23

Run Date: 10/23/23  
Time: 10:40

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 10/06/23--10/19/23 Run: 1  
Type=NET 10000001 OPERATING - PROSPERITY

Page 2  
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02622	JESUSA MARIE BENAVIDES	1090.51	DD	10/27/23
02678	MELISSA NESLONEY	1431.28	DD	10/27/23
02685	JULIANA TORRES	228.23	DD	10/27/23
02701	RONDA DAWNELLE GOHLKE	2380.07	DD	10/27/23
02719	DAWN M MCCLELLAND	2044.29	DD	10/27/23
02720	ELDA M LUERA	2017.76	DD	10/27/23
02733	ROBIN N PLEDGER	2609.36	DD	10/27/23
02735	ZANDEA A GARCIA	1100.61	DD	10/27/23
02763	JESSICA MARQUEZ	1823.43	DD	10/27/23
02794	HEATHER L MUTCHLER	2043.53	DD	10/27/23
02812	BRITTANY N RUDDICK	2286.01	DD	10/27/23
02907	MARIA F LONGORIA	1309.66	DD	10/27/23
02927	MICHAEL L GAINES	12701.17	DD	10/27/23
02963	DOROTHY J RENDON	163.38	DD	10/27/23
02970	DIANNE G ATKINSON	2233.66	DD	10/27/23
03864	JACQUELINE R HERRERA	1583.45	DD	10/27/23
05003	COURTNE D THURLKILL	4642.11	DD	10/27/23
05006	REGINA A MARTINEZ	2034.48	DD	10/27/23
05122	MARISSA RANGEL	410.70	DD	10/27/23
05345	ERICA NGUYEN	744.52	DD	10/27/23
05641	AMANDA R KEY	1927.76	DD	10/27/23
05757	SHARON T HOLDER	2043.70	DD	10/27/23
07123	CYNTHIA GUERRA	1606.39	DD	10/27/23
07147	CHAD A VORCE	2338.52	DD	10/27/23
07878	DIANA C SAUCEDA	1161.95	DD	10/27/23
11197	CATHERINE A SAENZ	2940.63	DD	10/27/23
12011	KIMBERLY J REYNA	475.00	DD	10/27/23
12115	LISA J HINOJOSA	990.12	DD	10/27/23
12129	MICHAEL HERMES	1803.85	DD	10/27/23
15097	KYLE L DANIEL	3268.44	DD	10/27/23
15131	SAVANNAH HARLEY	1587.20	DD	10/27/23
15139	KRISTEN NICOLE BALLARD	2162.96	DD	10/27/23
15163	KELSEY HEINOLD	5681.74	DD	10/27/23
15171	JESSICA BARRON	415.23	DD	10/27/23
15286	DAWN M MAREK	2108.71	DD	10/27/23
15555	STEPHANIE MARTIN	798.46	DD	10/27/23
15909	JULIE NGUYEN	2811.95	DD	10/27/23
15915	BRIANNE J KEY	2028.67	DD	10/27/23
20112	YULMA PATRICA RODRIGUEZ	397.94	DD	10/27/23
20144	SOPHIE M PECENA	695.84	DD	10/27/23
20156	ERIN ASHLEY WISDOM	2455.07	DD	10/27/23
20168	JOSHUA PEPPERS	887.23	DD	10/27/23
20178	AMY GARCIA	3433.65	DD	10/27/23
20184	MELISSA ZAMORANO	825.47	DD	10/27/23
20206	KELLI B GOFF	1738.50	DD	10/27/23
20207	SHAWNA G HARTL	2544.51	DD	10/27/23
20243	MELANIE CORTEZ	1553.79	DD	10/27/23
20272	ANGELA YEAGER	2264.77	DD	10/27/23
20290	DELORISE CAMPBELL	1127.16	DD	10/27/23
20294	JESSICA D WALTHER	889.39	DD	10/27/23
20324	PATRICIA STRIBLEY	2510.31	DD	10/27/23
20343	SAVANNAH N SOCARRAS	653.74	DD	10/27/23
20456	SAYDI A ST CLAIR	687.59	DD	10/27/23
20759	JAMIE SADLER	1229.80	DD	10/27/23

Run Date: 10/23/23  
Time: 10:40

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 10/06/23--10/19/23 Run: 1  
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Num.	Name	Amount	CHECK NUM	DATE
20788	JAYLIN RAMIREZ	340.97	DD	10/27/23
20797	BETHANN M DIGGS	1975.71	DD	10/27/23
20977	CHERYL L TESCH	1834.86	DD	10/27/23
20990	SAVANA LENTO	702.17	DD	10/27/23
21450	DIANA E LEAL	1546.24	DD	10/27/23
21629	JACOBY R CRAWFORD	1640.36	DD	10/27/23
22618	HEATHER L LOPEZ	745.41	DD	10/27/23
28034	KRISTINA A BUENGER	1105.37	DD	10/27/23
28120	JESSICA V SELVEEA	1034.93	DD	10/27/23
29199	KELLY A SCHOTT	1817.42	DD	10/27/23
31035	STACIE L EPLEY	2046.89	DD	10/27/23
31054	LORA L LAMBDEN	943.41	DD	10/27/23
31219	LAUREN PHILLIPS	1516.60	DD	10/27/23
31241	MONICA SALAZAR	206.86	DD	10/27/23
31251	CYNTHIA L BIAS	2164.07	DD	10/27/23
31313	KATHERINE LYNN JIMENEZ	1976.53	DD	10/27/23
31319	STACY L FARMER	1791.94	DD	10/27/23
31463	EDWARD E MATULA	2552.17	DD	10/27/23
31508	RACHEL A HEFFNER	2097.24	DD	10/27/23
31821	KAYLA M ALVAREZ	1866.03	DD	10/27/23
38118	KRYSTELLA F KISIAH	1025.94	DD	10/27/23
38198	MADELINE ANDERSON	1138.14	DD	10/27/23
41112	ANASTASIA L PEREZ	609.46	DD	10/27/23
41171	TOMMIE M TREVINO	791.35	DD	10/27/23
41219	GUADALUPE OLANDEZ	755.13	DD	10/27/23
41225	LESLIE A CRAIGEN	1428.35	DD	10/27/23
41236	PAMELA K VANNOY	1528.99	DD	10/27/23
41251	SARA YEABBO	804.30	DD	10/27/23
41261	BERNICE AGUILAR	846.00	DD	10/27/23
41269	BERENICE LUGO	694.87	DD	10/27/23
41274	KAREN GANN	965.20	DD	10/27/23
41279	PAMELA R HARMON	860.44	DD	10/27/23
41347	ADRIANNA D STRAKOS	759.26	DD	10/27/23
41418	ANGEL M CASSEL	928.17	DD	10/27/23
41426	TASHA NORMAN	3504.70	DD	10/27/23
41506	JOSEFAT LUGO TORRES	773.82	DD	10/27/23
41612	SONJA A GUAJARDO	1129.59	DD	10/27/23
41617	JACQUELINE M MARTINEZ	933.27	DD	10/27/23
41896	RENAE MICHELLE EMERY	752.29	DD	10/27/23
41897	ROXANNA MUNOZ	837.26	DD	10/27/23
41901	JUANITA R MILLER	1339.33	DD	10/27/23
41953	KAYLENN TREVINO	861.35	DD	10/27/23
42106	CHRISTY SILVAS	965.12	DD	10/27/23
42112	SOCORRO C GONZALES	1032.29	DD	10/27/23
42122	LEI ANA CHAVANA	1733.90	DD	10/27/23
42125	LUCY CALZADA	882.61	DD	10/27/23
42304	MIMI T NGUYEN	2102.54	DD	10/27/23
42536	MARIAH A SOCARRAS	780.80	DD	10/27/23
42820	MARIA D CHAVEZ	1041.53	DD	10/27/23
42842	SHANNA S O DONNELL	3283.75	DD	10/27/23
48680	JESSICA BUSH	104.56	DD	10/27/23
50018	MICHELLE M MORALES	1413.33	DD	10/27/23
50148	PENNY GOULDEN, PT, DPT	3424.91	DD	10/27/23
50161	BRITTNEY MICHELLE ZAMORA	449.32	DD	10/27/23

Run Date: 10/23/23  
Time: 10:40

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

Num.	Name	Amount	CHECK NUM	DATE
50250	SUMMER E NICHOLSON	773.63	DD	10/27/23
50282	JACOB W HAMILTON, PT, DPT	2549.85	DD	10/27/23
50310	JASMINE GRIGSBY	845.28	DD	10/27/23
50546	MELANIE K SAMAYOA	2112.85	DD	10/27/23
50573	DEANA R DAVIS	1616.24	DD	10/27/23
50596	BETTY S DAVIS	2031.45	DD	10/27/23
50719	DEBRA K MUSTERED	2228.85	DD	10/27/23
50928	ADINA RODRIGUEZ	746.79	DD	10/27/23
53541	JACLYN B HARTL	1623.40	DD	10/27/23
54024	MONICA A ESCALANTE	1151.19	DD	10/27/23
55025	LEA C RESENDEZ	1403.40	DD	10/27/23
55026	TRENE B PEREZ	790.22	DD	10/27/23
55127	APRIL N KUBALA, PT, DPT	2736.52	DD	10/27/23
55371	BLANCA HERNANDEZ	980.71	DD	10/27/23
55382	SHANNON JACILDO	553.65	DD	10/27/23
55658	LAJUAN WILKE	796.85	DD	10/27/23
58115	BECKY MARIE SALINAS	787.34	DD	10/27/23
58510	RITA L POLENSKY	913.45	DD	10/27/23
60112	ROBERT A RODRIQUEZ	1968.91	DD	10/27/23
60131	NORA OVALLE	593.13	DD	10/27/23
60156	DANIELLE M KALISEK	1035.50	DD	10/27/23
60165	TERESA A BENITEZ	1969.45	DD	10/27/23
60412	CHRISTOPHER GALINDO	1397.35	DD	10/27/23
60587	NANCI S GARCIA	750.25	DD	10/27/23
60589	JASON J LOYA	1284.05	DD	10/27/23
60616	DOROTHY A LONGORIA	997.32	DD	10/27/23
62322	ALAN KNIGHT	1575.16	DD	10/27/23
63124	SANJUAN M GARCIA	993.93	DD	10/27/23
63193	MICHAEL SOCARRAS	1068.13	DD	10/27/23
63458	VIRGINIA C BERNARDINO	903.35	DD	10/27/23
65100	FELICITA BONUZ	664.62	DD	10/27/23
65125	MARTHA CUMPEAN	845.15	DD	10/27/23
65127	VERONICA ORTIZ	746.85	DD	10/27/23
65136	TINA KORANEK	969.66	DD	10/27/23
65148	MARTA INIGUEZ	763.99	DD	10/27/23
65151	ELIA OLACHIA	1080.44	DD	10/27/23
65168	NORA MIRELES	752.25	DD	10/27/23
65189	ELVIRA SANCHEZ	792.24	DD	10/27/23
65205	JUANA SANTILLAN	755.80	DD	10/27/23
65213	LEE SIMERLY	1207.47	DD	10/27/23
65269	NATALIE BAREFIELD	962.66	DD	10/27/23
65315	ELVA RODRIGUEZ	805.50	DD	10/27/23
65393	RAMONA A PEREZ	1186.13	DD	10/27/23
65453	AMALIA L FLORES	1316.95	DD	10/27/23
65463	MARIA I VELOZ	783.35	DD	10/27/23
65496	ROSA RODRIGUEZ	663.70	DD	10/27/23
65513	MARIA MORALES	991.63	DD	10/27/23
65705	DOMITILA HERRERA	902.08	DD	10/27/23
65715	MARIA R GOMEZ	949.00	DD	10/27/23
65865	MARIA F LEDEZMA	845.90	DD	10/27/23
68368	DOMITILA GARCIA	299.05	DD	10/27/23
68568	CHRISTOPHER RUTHERFORD	902.02	DD	10/27/23
68792	NAZARIO DIAZ HERNANDEZ	2097.47	DD	10/27/23
70119	SARA N BLEDSOE	2578.57	DD	10/27/23

Run Date: 10/23/23  
Time: 10:40

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 10/06/23--10/19/23 Run: 1  
Type-NET 10000001 OPERATING - PROSPERITY

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Num.	Name	Amount	CHECK NUM	DATE
72727	CHRISANDRA LYNN KOVAREK	68.28	DD	10/27/23
73749	GLORIA N REID	2526.95	DD	10/27/23
74159	CAROL VILLARREAL	1301.97	DD	10/27/23
75190	RIKA MILLER	1940.20	DD	10/27/23
76003	IRMA DELEON	720.00	DD	10/27/23
76115	JENNIFER R CARLOCK	772.92	DD	10/27/23
76120	RACHEL CANALES	1296.16	DD	10/27/23
76138	KAREN D GARCIA	719.20	DD	10/27/23
76210	ZOE VILLARREAL	590.57	DD	10/27/23
76300	AIDA JIMENEZ	810.47	DD	10/27/23
76313	PAMELA L BARTON	824.62	DD	10/27/23
76403	KATRINA A POKLUDA	1301.40	DD	10/27/23
76647	CHERYL A SEE	1290.12	DD	10/27/23
76706	GREGORY E MORALES	778.18	DD	10/27/23
76854	MARY PATTERSON	1025.93	DD	10/27/23
76985	VANESSA TRISTAN	390.47	DD	10/27/23
77646	FAREN A GONZALES	1086.75	DD	10/27/23
78020	MISTY R PASSMORE	1623.97	DD	10/27/23
78058	KYANN J POWER	231.09	DD	10/27/23
78072	DONNA M RAWLINGS	1541.18	DD	10/27/23
78128	ALEXA QUINTANILLA	867.25	DD	10/27/23
78287	MARISSA D ALMANZAR	1913.38	DD	10/27/23
78336	JESSICA L GLOVER	1828.06	DD	10/27/23
78566	MELISSA K GEE	861.86	DD	10/27/23
78764	ASHLEY D HADLEY	2462.14	DD	10/27/23
78781	KRISTEN R MACHICEK	2346.63	DD	10/27/23
78787	PARAH I JANAK	2513.60	DD	10/27/23
78897	DAYLE J ROBINSON	661.18	DD	10/27/23
80008	ADAM D BESIO	2657.41	DD	10/27/23
80141	JEANNIE ORTA	1887.33	DD	10/27/23
80928	BRYAN HOBGOOD	1328.61	DD	10/27/23
82227	CAITLIN A CLEVENGER	1242.41	DD	10/27/23
86482	MEGAN M HARPER	824.10	DD	10/27/23
86576	ELSA HERRERA	810.11	DD	10/27/23
88125	LISA M TREVINO	1172.96	DD	10/27/23
88148	MICHELLE CUMBERLAND	1460.29	DD	10/27/23
88321	ANDREW DE LOS SANTOS	2651.53	DD	10/27/23
88435	JOE GARCIA	1840.96	DD	10/27/23
90320	ROSHANDA S THOMAS	6063.03	DD	10/27/23
90929	STEVE BROCK	4923.14	DD	10/27/23
93231	ANDRIS M FLORES	1419.77	DD	10/27/23
98756	ADRIANNA M GALVAN	1687.83	DD	10/27/23

389218.28

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Oct 16, 2023 - Oct 22, 2023 ✓**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>
10/20/2023	PAY PLUS ACHTrans 000000004482556 1010006934	- 3rd Party Payor Fee	\$ 75.19	900887
10/20/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	\$ 266.20 *	500543
10/19/2023	WEBFILE TAX PYMT DD 902/73663280 21000025628	- Sales Tax	\$ 1,722.11 *	700118
10/19/2023	PAY PLUS ACHTrans 000000004373979 1010006925	- 3rd Party Payor Fee	\$ 56.23	900888
10/18/2023	PAY PLUS ACHTrans 000000004240323 1010006915	- 3rd Party Payor Fee	\$ 31.47	900889
10/17/2023	PAY PLUS ACHTrans 000000004147186 1010006903	- 3rd Party Payor Fee	\$ 42.34	500544
10/17/2023	MCKESSON DRUG AUTO ACH ACH05699550 910000143	- 340B Drug Program Expense	\$ 8,716.03 *	annan
10/16/2023	PAY PLUS ACHTrans 000000004003034 1010006991	- 3rd Party Payor Fee	\$ 60.25	Pay Plus
10/16/2023	DEBTMGMTSERVICES PAYMENT 0000 41036042611948	-Wage Garnishment	\$ 228.40	75 * 19 +
10/16/2023	TEXAS COUNTY DRS RECEIVABLE 0419 21000021628	- Retirement Funding	\$ 278,740.79	56 * 20 +
10/16/2023	IRS USATAXPYMT 270368913010146 6103601021601	- Payroll Taxes	\$ 122,918.35 *	31 * 47 +
10/16/2023	FDMS FDMS PYMT 052-1743547-000 4100012005859	- Credit Card Processing Fee	\$ 40.03	42 * 34 +
10/16/2023	FDMS FDMS PYMT 052-1737276-000 4100012005273	- Credit Card Processing Fee	\$ 120.09	60 * 25 +
10/16/2023	FDMS FDMS PYMT 052-1743548-000 4100012007332	- Credit Card Processing Fee	\$ 80.06	265 * 48 *
10/16/2023	FDMS FDMS PYMT 052-2100911-000 4100012008257	- Credit Card Processing Fee	\$ 45.64	228 * 40 +
			<u>413,143.18</u> ✓	228 * 40 *

*Andrew De Los Santos*

October 23, 2023

ANDREW DE LOS SANTOS  
Memorial Medical Center

\* Approved 10/18/23 cc  
\* \* Approved 10/11/23 cc

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

TCDRS  
278,740.79 +  
78,105.00

<u>Date</u>	<u>Description</u>	<u>Amount</u>	<u>CC Fees</u>
	413,143.18 +	120.09 +	
	266.20 -	80.06 +	
	1,722.11 -	45.64 +	
	8,716.03 -	285.82 *	
	122,918.35 -	265.48 +	
	279,520.49 *	228.40 +	
	279,520.49 +	278,740.79 +	
	279,520.49 -	285.82 +	
	0.00 *	279,520.49 *	

*Andrew De Los Santos*

October 23, 2023

ANDREW DE LOS SANTOS  
Memorial Medical Center

APPROVED ON

OCT 23 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RECEIVED BY THE  
COUNTY AUDITOR ON

OCT 19 2023

10/19/2023

13:56

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

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
101023A		10/19/20	10/10/20	11/11/20		6,448.34	0.00	0.00	6,448.34 ✓
	TRANSFER	<i>NH insurance pymt deposited into MME operating</i>							
101023		10/19/20	10/10/20	11/11/20		600.00	0.00	0.00	600.00 ✓
	TRANSFER	"							
101123		10/19/20	10/11/20	11/12/20		3,160.00	0.00	0.00	3,160.00 ✓
	TRANSFER	"							
101123A		10/19/20	10/11/20	11/12/20		31,319.14	0.00	0.00	31,319.14 ✓
	TRANSFER	"							
101223		10/19/20	10/12/20	11/12/20		131.21	0.00	0.00	131.21 ✓
	TRANSFER	"							
101223A		10/19/20	10/12/20	11/12/20		23,126.49	0.00	0.00	23,126.49 ✓
	TRANSFER	"							

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11836		GOLDENCREEK HEALTHCARE	64,785.18	0.00	0.00	64,785.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	64,785.18	0.00	0.00	64,785.18

APPROVED ON

OCT 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#201360



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13:55

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MEMORIAL MEDICAL CENTER  
AP Open Invoice List  
Due Dates Through: 11/12/2023

0  
ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
101123		10/19/20	10/11/20	11/12/20		2,200.00	0.00	0.00	2,200.00		
	TRANSFER	<i>NH insurance pymt deposited into MHC open</i>									
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						12696	GULF POINTE PLAZA	2,200.00	0.00	0.00	2,200.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,200.00	0.00	0.00	2,200.00

APPROVED ON

OCT 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 21361

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13:56

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

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Dates Through:

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
13004	TUSCANY VILLAGE										
101023		10/19/20	10/10/20	11/11/20		5,800.00	0.00	0.00	5,800.00 ✓		
	TRANSFER	<i>MH insurance pymt deposited into MHC openmt</i>									
101123		10/19/20	10/11/20	11/11/20		28,554.49	0.00	0.00	28,554.49 ✓		
	TRANSFER	"									
101123A		10/19/20	10/11/20	11/12/20		800.00	0.00	0.00	800.00 ✓		
	TRANSFER	"									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13004	TUSCANY VILLAGE	35,154.49	0.00	0.00	35,154.49

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	35,154.49	0.00	0.00	35,154.49

APPROVED ON

OCT 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CLK# 201370

RECEIVED BY THE  
COUNTY AUDITOR ON

OCT 19 2023  
10/19/2023

13:56  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

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Dates Through:

Class Pay Code

Vendor# Vendor Name

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101123		10/19/20	10/11/20	11/11/20		400.00	0.00	0.00	400.00

TRANSFER NH insurance pymt deposited into mnc open

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	400.00	0.00	0.00	400.00

Report Summary

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

APPROVED ON

OCT 19 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CA#201359

8

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

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 10/25/23 THRU 10/25/23

PAGE 1  
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	201294	10/25/23	9,031.98	AIRGAS USA, LLC - CENTRAL DIV
A/P	201295	10/25/23	140.64	AMAZON CAPITAL SERVICES
A/P	201296	10/25/23	1,445.00	AMERISOURCEBERGEN DRUG CORP
A/P	201297	10/25/23	72.50	AQUA BEVERAGE COMPANY
A/P	201298	10/25/23	7,310.25	AYA HEALTHCARE INC
A/P	201299	10/25/23	1,127.94	BECKMAN COULTER INC
A/P	201300	10/25/23	1,510.40	BIO-RAD LABORATORIES, INC
A/P	201301	10/25/23	12,830.00	CARRIER CORPORATION
A/P	201302	10/25/23	20,580.99	CDW GOVERNMENT, INC.
A/P	201303	10/25/23	1,155.97	COOPER SURGICAL INC
A/P	201304	10/25/23	1,149.01	CUSTOM MEDICAL SPECIALTIES
A/P	201305	10/25/23	1,500.00	DATA INNOVATIONS LLC
A/P	201306	10/25/23	4,113.56	DEARBORN LIFE INSURANCE COMPAN
A/P	201307	10/25/23	852.33	DEWITT POTH & SON
A/P	201308	10/25/23	191,485.05	DISCOVERY MEDICAL NETWORK INC
A/P	201309	10/25/23	9,667.50	EMERGENCY STAFFING SOLUTIONS
A/P	201310	10/25/23	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	201311	10/25/23	1,875.00	ESO SOLUTIONS, INC.
A/P	201312	10/25/23	515.59	FILTER TECHNOLOGY CO, INC
A/P	201313	10/25/23	.00	VOIDED
A/P	201314	10/25/23	7,199.82	FISHER HEALTHCARE
A/P	201315	10/25/23	1,930.05	GBS ADMINISTRATORS, INC
A/P	201316	10/25/23	46.29	GULF COAST PAPER COMPANY
A/P	201317	10/25/23	519.99	HAYES ELECTRIC SERVICE
A/P	201318	10/25/23	394.50	HEALTHCARE CODING & CONSULTING
A/P	201319	10/25/23	915.00	J & K SERVICES
A/P	201320	10/25/23	367.10	LEGAL SHIELD
A/P	201321	10/25/23	1,693.00	MEDICAL AIR SERVICES ASSOC.
A/P	201322	10/25/23	90.33	MEDIMPACT HEALTHCARE SYS, INC.
A/P	201323	10/25/23	.00	VOIDED
A/P	201324	10/25/23	10,986.29	MEDLINE INDUSTRIES INC
A/P	201325	10/25/23	54.31	MERCEDES SCIENTIFIC
A/P	201326	10/25/23	129.60	METTLER-TOLEDO RAININ, LLC
A/P	201327	10/25/23	99.00	MICHAEL GAINES
A/P	201328	10/25/23	235.12	MMC AUXILIARY GIFT SHOP
A/P	201329	10/25/23	.00	VOIDED
A/P	201330	10/25/23	7,912.64	MORRIS & DICKSON CO, LLC
A/P	201331	10/25/23	498.07	NATUS MEDICAL INC
A/P	201332	10/25/23	78.00	NINA GREEN
A/P	201333	10/25/23	5,432.35	NOVARTIS PHARMACEUTICALS CORP.
A/P	201334	10/25/23	472.50	OCCUPRO LLC
A/P	201335	10/25/23	1,880.17	OLYMPUS AMERICA INC
A/P	201336	10/25/23	253.83	PARTSSOURCE, LLC
A/P	201337	10/25/23	18.44	PERFORMANCE HEALTH
A/P	201338	10/25/23	775.00	PL-CPR, LLC
A/P	201339	10/25/23	80.00	PORT LAVACA WAVE
A/P	201340	10/25/23	568.42	R & D BATTERIES INC
A/P	201341	10/25/23	3,500.00	RADSOURCE
A/P	201342	10/25/23	2,565.00	REED, CLAYMON, MEEKER & HARGET
A/P	201343	10/25/23	2,585.00	REMEDI8 LLC

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

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
10/25/23 THRU 10/25/23

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	201344	10/25/23	14,266.66	SINGLETON ASSOCIATES, P.A.
A/P	201345	10/25/23	550.00	STANFORD VACUUM SERVICE
A/P	201346	10/25/23	907.95	STERIS CORPORATION
A/P	201347	10/25/23	888.00	TASHA NORMAN, FNP
A/P	201348	10/25/23	2,625.00	TEXAS A&M
A/P	201349	10/25/23	4,125.00	TEXAS SELECT STAFFING, LLC
A/P	201350	10/25/23	2,323.37	TK ELEVATOR CORPORATION
A/P	201351	10/25/23	292.64	TRACI SHEFCIK
A/P	201352	10/25/23	1,175.80	TRIZETTO PROVIDER SOLUTIONS
A/P	201353	10/25/23	904.99	ULINE
A/P	201354	10/25/23	9,844.48	UNIFIRST HOLDINGS INC
A/P	201355	10/25/23	286.27	UNIFORM ADVANTAGE
A/P	201356	10/25/23	2,200.00	US POSTAL SERVICE
A/P	201357	10/25/23	475.25	WAGWORKS
A/P	201358	10/25/23	2,899.95	WERFEN USA LLC
A/P	201359	10/25/23	400.00	BETHANY SENIOR LIVING
A/P	201360	10/25/23	64,785.18	GOLDENCREEK HEALTHCARE
A/P	201361	10/25/23	2,200.00	GULF POINTE PLAZA
A/P	201362	10/25/23	119.95	
A/P	201363	10/25/23	100.00	
A/P	201364	10/25/23	699.02	
A/P	201365	10/25/23	426.70	
A/P	201366	10/25/23	500.00	
A/P	201367	10/25/23	50.00	
A/P	201368	10/25/23	215.46	
A/P	201369	10/25/23	100.00	
A/P	201370	10/25/23	35,154.49	TUSCANY VILLAGE
TOTALS:			466,170.68	

APPROVED ON

OCT 25 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Memorial Medical Center  
Nursing Home UPL  
Weekly Cantex Transfer  
Prosperity Accounts  
10/23/2023

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		140,227.64	140,127.64	132,393.52		132,493.52	132,393.52
	Bank Balance					132,493.52	
	Variance						
	Leave in Balance					100.00	

Routing Information for Ashford Gardens:

Broadmoor	102,970.84	102,870.84	75,579.37		Adjust Balance/Transfer Amt	132,393.52	
						75,679.37	75,579.37
					Bank Balance	75,679.37	
					Variance		
					Leave in Balance	100.00	

Crescent	221,694.52	221,594.52	277,597.32		Adjust Balance/Transfer Amt	75,579.37	
						277,697.32	218,555.32
					Bank Balance	277,697.32	
					Variance		
					Leave in Balance	100.00	
					Claim Payment Owed to Tuscany	59,042.00	

Fort Bend	46,345.83	46,245.74	102,724.17		Adjust Balance/Transfer Amt	218,555.32	
						102,824.26	102,724.26
					Bank Balance	102,824.26	
					Variance		
					Leave in Balance	100.00	

Solera at W Houst	110,405.50	110,305.50	340,131.66		Adjust Balance/Transfer Amt	102,724.26	
						340,231.66	340,131.66
					Bank Balance	340,231.66	
					Variance		
					Leave in Balance	100.00	

132,393.52 +  
75,579.37 +  
218,555.32 +  
102,724.26 +  
340,131.66 +  
869,384.13 \*

APPROVED ON  
OCT 23 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 340,131.66

TOTAL TRANSFERS 869,384.13

Approved: Andrew De Los Santos  
ANDREW DE LOS SANTOS 10/23/2023

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

**Ashford Gardens**

10/20/2023	Check	15,260.94	
10/20/2023	Check	445.87	
10/20/2023	HNB - ECHO HCCLAIMPMT 746003411 440000214538		4,331.85
10/20/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,867.44
10/20/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		21,262.47
10/20/2023	NOVITAS SOLUTION HCCLAIMPMT 675423 420000126		14,829.65
10/19/2023	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	124,470.83	
10/19/2023	NOVITAS SOLUTION HCCLAIMPMT 675423 420000193		48,397.79
10/18/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,538.38
10/17/2023	ELEVANCE HLTH AP E-PAYMENT EE52679560 111000		33,503.83
10/16/2023	HNB - ECHO HCCLAIMPMT 746003411 440000243217		4,241.72
10/16/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		420.39

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	
140,127.64	132,399.52						132,399.52

**Broadmoor**

10/20/2023	Check	5608.97	0
10/20/2023	Check	308.81	0
10/20/2023	HNB - ECHO HCCLAIMPMT 746003411 440000214538	0	1176.12
10/20/2023	HNB - ECHO HCCLAIMPMT 746003411 440000214538	0	842.89
10/20/2023	HEALTH HUMAN SVC HCCLAIMPMT 17460034133004 2	0	3128.6
10/19/2023	WIRE OUT CANTEX HEALTH CARE CENTERS III	96953.06	0
10/19/2023	Deposit	0	2400
10/19/2023	HNB - ECHO HCCLAIMPMT 746003411 440000277456	0	212.5
10/19/2023	HNB - ECHO HCCLAIMPMT 746003411 440000277191	0	913.73
10/19/2023	NOVITAS SOLUTION HCCLAIMPMT 676357 420000192	0	18046.83
10/18/2023	HNB - ECHO HCCLAIMPMT 746003411 440000242254	0	400.4
10/18/2023	UnitedHealthcare HCCLAIMPMT 746003411 124384	0	8000
10/18/2023	HEALTH HUMAN SVC HCCLAIMPMT 17460034133004 2	0	6245.88
10/17/2023	HNB - ECHO HCCLAIMPMT 746003411 440000296995	0	1413.30
10/17/2023	HUMANA INS CO HCCLAIMPMT 32319507 8300005475	0	5827.73
10/17/2023	HUMANA CHA DISB HCCLAIMPMT 32482136 42000013	0	465
10/17/2023	ELEVANCE HLTH AP E-PAYMENT EE52679561 111000	0	12178.45
10/16/2023	HNB - ECHO HCCLAIMPMT 746003411 440000243452	0	3371.54
10/16/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	0	10956.4

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	
102,870.84	75,579.37						75,579.37

**Crescent**

10/20/2023	Check	4,237.93	0
10/20/2023	Check	539.97	0
10/20/2023	MANAGEANDNET1718 MNS PMNT 00000000003258 41		5,760.00
10/20/2023	NOVITAS SOLUTION HCCLAIMPMT 676323 420000126		48,259.09
10/19/2023	WIRE OUT CANTEX HEALTH CARE CENTERS III	216,816.62	0
10/19/2023	Deposit	0	32,650.00
10/19/2023	HNB - ECHO HCCLAIMPMT 746003411 440000277179		1,121.23
10/19/2023	UnitedHealthcare HCCLAIMPMT 746003411 124384		8,200.00
10/19/2023	NOVITAS SOLUTION HCCLAIMPMT 676323 420000192		113,387.46
10/19/2023	DEVOTED HEALTH P HCCLAIMPMT 21000024795499		4,950.00
10/19/2023	DEVOTED HEALTH P HCCLAIMPMT 21000024795497		1,800.00
10/18/2023	HNB - ECHO HCCLAIMPMT 746003411 440000242062		7.84
10/18/2023	HNB - ECHO HCCLAIMPMT 746003411 440000242254		357.87
10/17/2023	MANAGEANDNET1718 MNS PMNT 00000000003268 41		6,136.00
10/17/2023	UnitedHealthcare HCCLAIMPMT 746003411 124384		5,740.00
10/17/2023	HUMANA INS CO HCCLAIMPMT 32318431 8300005475		2,790.00
10/17/2023	ELEVANCE HLTH AP E-PAYMENT EE52679562 111000		9,401.17
10/17/2023	DEVOTED HEALTH P HCCLAIMPMT 21000027686060		1,360.00
10/17/2023	DEVOTED HEALTH P HCCLAIMPMT 21000027686058		4,950.00
10/17/2023	DEVOTED HEALTH P HCCLAIMPMT 21000027686056		4,050.00
10/16/2023	HNB - ECHO HCCLAIMPMT 746003411 440000242752		4,515.92
10/16/2023	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		5,740.00
10/16/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,755.74
10/16/2023	HUMANA INS CO HCCLAIMPMT 32181563 8300005996		5,115.00
10/16/2023	DEVOTED HEALTH P HCCLAIMPMT 21000024496863		8550

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	
221,594.52	277,597.32						277,597.32

**Fort Bend**

10/20/2023	Check	4,729.78	0
10/20/2023	Check	160.67	0
10/20/2023	HNB - ECHO HCCLAIMPMT 746003411 440000214538		315.87
10/20/2023	NOVITAS SOLUTION HCCLAIMPMT 675663 420000126		87,584.31
10/19/2023	WIRE OUT CANTEX HEALTH CARE CENTERS III	41,355.29	0
10/17/2023	UnitedHealthcare HCCLAIMPMT 746003411 124384		4,576.17
10/17/2023	ELEVANCE HLTH AP E-PAYMENT EE52679559 111000		10,247.82

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	
46,245.74	102,724.17						102,724.17

**Solera at West Houston**

10/20/2023	Check	4,531.64	0
10/20/2023	Check	412.31	0
10/20/2023	NOVITAS SOLUTION HCCLAIMPMT 676310 420000126		257,947.24
10/19/2023	WIRE OUT CANTEX HEALTH CARE CENTERS III	105,361.55	0
10/19/2023	UnitedHealthcare HCCLAIMPMT 746003411 124384		9,900.00
10/19/2023	NOVITAS SOLUTION HCCLAIMPMT 676310 420000192		28,793.15
10/17/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		198.86
10/17/2023	ELEVANCE HLTH AP E-PAYMENT EE52679561 111000		9,796.60
10/16/2023	HNB - ECHO HCCLAIMPMT 746003411 440000243452		9,506.97
10/16/2023	HNB - ECHO HCCLAIMPMT 746003411 440000242752		1,826.98
10/16/2023	HNB - ECHO HCCLAIMPMT 746003411 440000242752		4,802.54
10/16/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		662.80
10/16/2023	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,736.52
10/16/2023	HUMANA INS CO HCCLAIMPMT 32180823 8300005996		8,960.00

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	
110,305.50	340,131.66						340,131.66

TOTALS

621,144.24	928,426.04						928,426.04
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## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,154,035.22	\$3,087,249.07	\$3,154,035.22	\$3,058,046.34
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.12	\$539.12	\$539.12	\$539.12
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.02	\$434.02	\$434.02	\$434.02
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$132,493.52 ✓	\$159,597.95	\$132,493.52	\$104,908.92
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$75,679.37 ✓	\$81,647.10	\$75,679.37	\$76,449.54
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$277,697.32 ✓	\$310,306.38	\$277,697.32	\$228,456.13
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$340,231.66 ✓	\$349,726.87	\$340,231.66	\$87,228.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$102,824.26 ✓	\$104,647.90	\$102,824.26	\$19,814.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,651.69	\$184,533.99	\$157,651.69	\$33,866.21
*4551 CAL CO INDIGENT HEALTHCARE	\$12,544.91	\$12,544.91	\$12,544.91	\$12,544.91
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$28,656.53	\$28,759.97	\$28,656.53	\$28,740.06
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,883.20	\$6,883.20	\$6,883.20	\$4,637.26
*5506 MMC -NH BETHANY SENIOR LIVING	\$43,875.88	\$212,779.17	\$43,875.88	\$39,421.64
*3407 MMC -NH TUSCANY VILLAGE	\$82,972.99	\$94,935.11	\$82,972.99	\$70,780.01
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,088,444.98	\$2,088,444.98	\$2,088,444.98	\$2,088,444.98
<b>Total Balance</b>	<b>\$6,505,064.67</b>	<b>\$6,723,129.74</b>	<b>\$6,505,064.67</b>	<b>\$5,854,412.04</b>



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 10/23/2023

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		117,565.21	117,465.21	157,551.69		157,651.69	131,755.21
						Bank Balance Variance	
						157,651.69	
						-	
						Leave in Balance	
						100.00	
						Superior August	
						25,796.48	

Adjust Balance/Transfer Amt 131,755.21

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 10/23/2023

APPROVED ON  
 OCT 23 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Golden Creek

10/20/2023 Check  
 10/20/2023 Check  
 10/20/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000126  
 10/20/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2  
 10/19/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC  
 10/19/2023 Deposit  
 10/19/2023 HNB - ECHO HCCLAIMPMT 746003411 440000277181  
 10/18/2023 HNB - ECHO HCCLAIMPMT 746003411 440000242062  
 10/18/2023 Centene Manageme ACH 008765433514 1110000283  
 10/17/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001025

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
321.24	0						-
594.8	0						-
0	120230.26						120,230.26
0	4471.26						4,471.26
116549.17	0						-
0	629.73						629.73
0	1513.67						1,513.67
0	617.46						617.46
0	28307.31	23,285.64	5,021.67			25,796.48	2,510.84
0	1782						1,782.00
117,465.21	157,551.69	23,285.64	5,021.67	-	-	25,796.48	131,755.22

## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,154,035.22	\$3,087,249.07	\$3,154,035.22	\$3,058,046.34
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.12	\$539.12	\$539.12	\$539.12
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.02	\$434.02	\$434.02	\$434.02
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$132,493.52	\$159,597.95	\$132,493.52	\$104,908.92
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$75,679.37	\$81,647.10	\$75,679.37	\$76,449.54
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$277,697.32	\$310,306.38	\$277,697.32	\$228,456.13
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$340,231.66	\$349,726.87	\$340,231.66	\$87,228.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$102,824.26	\$104,647.90	\$102,824.26	\$19,814.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,651.69	\$184,533.99	\$157,651.69	\$33,866.21
*4551 CAL CO INDIGENT HEALTHCARE	\$12,544.91	\$12,544.91	\$12,544.91	\$12,544.91
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$28,656.53	\$28,759.97	\$28,656.53	\$28,740.06
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,883.20	\$6,883.20	\$6,883.20	\$4,637.26
*5506 MMC -NH BETHANY SENIOR LIVING	\$43,875.88	\$212,779.17	\$43,875.88	\$39,421.64
*3407 MMC -NH TUSCANY VILLAGE	\$82,972.99	\$94,935.11	\$82,972.99	\$70,780.01
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,088,444.98	\$2,088,444.98	\$2,088,444.98	\$2,088,444.98
<b>Total Balance</b>	<b>\$6,505,064.67</b>	<b>\$6,723,129.74</b>	<b>\$6,505,064.67</b>	<b>\$5,854,412.04</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 10/23/2023

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Nursing Home</u> <u>Gulf Pointe Plaza- Private Pay</u>	18,925.16 ✓	18,825.16 ✓	28,556.53 ✓			28,656.53 ✓	8,967.59 ✓
					Bank Balance Variance	28,656.53 ✓	
					Leave in Balance	100.00	
					Superior August	19,588.94 ✓	
					Adjust Balance/Transfer Amt	8,967.59 ✓	
<u>Nursing Home</u> <u>Gulf Pointe Plaza-Medicare/Medicaid</u>	64,358.31 ✓	64,258.31 ✓	6,783.20 ✓			6,883.20 ✓	6,783.20 ✓
					Bank Balance Variance	6,883.20 ✓	
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	6,783.20 ✓	
					<b>TOTAL TRANSFERS</b>	<b>15,750.79</b> ✓	

Routing Information for Gulf Pointe Plaza:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Approved: Andrew De Los Santos  
 ANDREW DE LOS SANTOS 10/23/2023

**APPROVED ON**  
**OCT 23 2023**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

**Gulf Pointe Plaza-Private Pay**

10/20/2023	Check	
10/19/2023	WIRE OUT HMG Rockport SNF, LP - Commerical	
10/19/2023	HNB - ECHO HCCLAIMPMT 746003411 440000277194	
10/18/2023	Centene Managem ACH 008765433514 1110000283	
10/18/2023	AETNA AS01 HCCLAIMPMT 1922092790 51000012069	
10/17/2023	HNB - ECHO HCCLAIMPMT 746003411 440000296234	
10/17/2023	AETNA AS01 HCCLAIMPMT 1922092790 51000014952	
10/16/2023	HUMANA INS CO HCCLAIMPMT 32181791 8300005994	

Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
83.53	-	-	-	-	-	-
18,741.63	-	-	-	-	-	-
-	318.51	-	-	-	-	318.51
-	21,518.13	17,659.74	3,858.39	-	19,588.94	1,929.19
-	5,250.00	-	-	-	-	5,250.00
-	320.63	-	-	-	-	320.63
-	1,050.00	-	-	-	-	1,050.00
-	99.26	-	-	-	-	99.26
18,825.16	28,556.53	17,659.74	3,858.39	-	19,588.94	8,967.55

**Gulf Pointe Plaza-Medicare/Medicaid**

10/20/2023	Check	
10/20/2023	HNB - ECHO HCCLAIMPMT 746003411 440000214538	
10/19/2023	WIRE OUT HMG Rockport SNF, LP - Commerical	
10/19/2023	Deposit	
10/16/2023	MERCHANT BANKCD DEPOSIT 496478518889 9100001	

Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
203.42	0	-	-	-	-	-
0	2449.36	-	-	-	-	2,449.36
64054.89	0	-	-	-	-	-
0	2786.84	-	-	-	-	2,786.84
0	1547	-	-	-	-	1,547.00
64,258.31	6,783.20	-	-	-	-	6,783.20
83,083.47	35,339.73	17,659.74	3,858.39	-	19,588.94	15,750.79

## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,154,035.22	\$3,087,249.07	\$3,154,035.22	\$3,058,046.34
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.12	\$539.12	\$539.12	\$539.12
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.02	\$434.02	\$434.02	\$434.02
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$132,493.52	\$159,597.95	\$132,493.52	\$104,908.92
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$75,679.37	\$81,647.10	\$75,679.37	\$76,449.54
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$277,697.32	\$310,306.38	\$277,697.32	\$228,456.13
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$340,231.66	\$349,726.87	\$340,231.66	\$87,228.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$102,824.26	\$104,647.90	\$102,824.26	\$19,814.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,651.69	\$184,533.99	\$157,651.69	\$33,866.21
*4551 CAL CO INDIGENT HEALTHCARE	\$12,544.91	\$12,544.91	\$12,544.91	\$12,544.91
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$28,656.53 ✓	\$28,759.97	\$28,656.53	\$28,740.06
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$6,883.20 ✓	\$6,883.20	\$6,883.20	\$4,637.26
*5506 MMC -NH BETHANY SENIOR LIVING	\$43,875.88	\$212,779.17	\$43,875.88	\$39,421.64
*3407 MMC -NH TUSCANY VILLAGE	\$82,972.99	\$94,935.11	\$82,972.99	\$70,780.01
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,088,444.98	\$2,088,444.98	\$2,088,444.98	\$2,088,444.98
<b>Total Balance</b>	<b>\$6,505,064.67</b>	<b>\$6,723,129.74</b>	<b>\$6,505,064.67</b>	<b>\$5,854,412.04</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 10/23/2023

Nursing Home Tuscany Village	Account Number	Previous				Pending Deposits	Today's Beginning Balance	Amount to Be
		Beginning Balance	Transfer-Out	Transfer-In	Cks. Cleared			Transferred to Nursing Home
		69,782.34	69,682.34	82,872.99			82,972.99	82,872.99
						Bank Balance	82,972.99	
						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 82,872.99  
 Approved: Andrew De Los Santos  
 ANDREW DE LOS SANTOS 10/23/2023

APPROVED ON  
 OCT 23 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

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

	Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
10/20/2023 Check	9,311.37 ✓	-	-	-	-	-	-	-
10/20/2023 HNB - ECHO HCCLAIMPMT 746003411 440000214538	-	18,106.37	-	-	-	-	-	18,106.37
10/20/2023 HNB - ECHO HCCLAIMPMT 746003411 440000214538	-	3,397.98	-	-	-	-	-	3,397.98
10/19/2023 WIRE OUT LINBAR ENTERPRISES, LLC	60,370.97 ✓	-	-	-	-	-	-	-
10/19/2023 Deposit	-	1,002.40	-	-	-	-	-	1,002.40
10/19/2023 HNB - ECHO HCCLAIMPMT 746003411 440000277456	-	1,799.39	-	-	-	-	-	1,799.39
10/19/2023 HNB - ECHO HCCLAIMPMT 746003411 440000277179	-	24,208.47	-	-	-	-	-	24,208.47
10/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296996	-	7,919.21	-	-	-	-	-	7,919.21
10/17/2023 ELEVANCE HLTH AP E-PAYMENT EES2679564 111000	-	19,473.58	-	-	-	-	-	19,473.58
10/16/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243452	-	6,965.59	-	-	-	-	-	6,965.59
	69,682.34 ✓	82,872.99 ✓	-	-	-	-	-	82,872.99 ✓



## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,154,035.22	\$3,087,249.07	\$3,154,035.22	\$3,058,046.34
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.12	\$539.12	\$539.12	\$539.12
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.02	\$434.02	\$434.02	\$434.02
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$132,493.52	\$159,597.95	\$132,493.52	\$104,908.92
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$75,679.37	\$81,647.10	\$75,679.37	\$76,449.54
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$277,697.32	\$310,306.38	\$277,697.32	\$228,456.13
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$340,231.66	\$349,726.87	\$340,231.66	\$87,228.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$102,824.26	\$104,647.90	\$102,824.26	\$19,814.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,651.69	\$184,533.99	\$157,651.69	\$33,866.21
*4551 CAL CO INDIGENT HEALTHCARE	\$12,544.91	\$12,544.91	\$12,544.91	\$12,544.91
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$28,656.53	\$28,759.97	\$28,656.53	\$28,740.06
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,883.20	\$6,883.20	\$6,883.20	\$4,637.26
*5506 MMC -NH BETHANY SENIOR LIVING	\$43,875.88	\$212,779.17	\$43,875.88	\$39,421.64
*3407 MMC -NH TUSCANY VILLAGE ✓	\$82,972.99 ✓	\$94,935.11	\$82,972.99	\$70,780.01
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,088,444.98	\$2,088,444.98	\$2,088,444.98	\$2,088,444.98
<b>Total Balance</b>	<b>\$6,505,064.67</b>	<b>\$6,723,129.74</b>	<b>\$6,505,064.67</b>	<b>\$5,854,412.04</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 10/23/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		135,952.24	135,852.24	43,775.88			43,875.88	23,283.34
						Bank Balance	43,875.88	
						Variance	-	
						Leave In Balance	100.00	
						Superior August	20,492.54	
						Adjust Balance/Transfer Amt	23,283.34	

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 10/23/2023

**APPROVED ON**  
**OCT 23 2023**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

Bethany Senior Living ✓

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
10/20/2023 Check	536.74 ✓	0						-
10/20/2023 HNB - ECHO HCCLAIMPMT 746003411 440000214538	0 ✓	4990.98						4,990.98
10/19/2023 WIRE OUT PORT LAVACA NH, LLC	135315.5	0						-
10/19/2023 Deposit	0	1537.7						1,537.70
10/19/2023 Deposit	0	8071.88						8,071.88
10/19/2023 Deposit	0	6045						6,045.00
10/18/2023 Centene Managem ACH 008765433514 1110000283	0	23130.32	19,072.20	4,058.12			20,492.54	2,637.78
	135,852.24 ✓	43,775.88 ✓	19,072.20	4,058.12	-	-	20,492.54 ✓	23,283.34 ✓

## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,154,035.22	\$3,087,249.07	\$3,154,035.22	\$3,058,046.34
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.12	\$539.12	\$539.12	\$539.12
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.02	\$434.02	\$434.02	\$434.02
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$132,493.52	\$159,597.95	\$132,493.52	\$104,908.92
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$75,679.37	\$81,647.10	\$75,679.37	\$76,449.54
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$277,697.32	\$310,306.38	\$277,697.32	\$228,456.13
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$340,231.66	\$349,726.87	\$340,231.66	\$87,228.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$102,824.26	\$104,647.90	\$102,824.26	\$19,814.53
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,651.69	\$184,533.99	\$157,651.69	\$33,866.21
*4551 CAL CO INDIGENT HEALTHCARE	\$12,544.91	\$12,544.91	\$12,544.91	\$12,544.91
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$28,656.53	\$28,759.97	\$28,656.53	\$28,740.06
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,883.20	\$6,883.20	\$6,883.20	\$4,637.26
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$43,875.88 ✓	\$212,779.17 ✓	\$43,875.88	\$39,421.64
*3407 MMC -NH TUSCANY VILLAGE	\$82,972.99	\$94,935.11	\$82,972.99	\$70,780.01
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,088,444.98	\$2,088,444.98	\$2,088,444.98	\$2,088,444.98
<b>Total Balance</b>	<b>\$6,505,064.67</b>	<b>\$6,723,129.74</b>	<b>\$6,505,064.67</b>	<b>\$5,854,412.04</b>

Golden Creek ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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

Date Requested: 10/23/2023

FOR ACCT USE ONLY

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

APPROVED ON

OCT 23 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 000199

AMOUNT: \$ 25,796.48 ✓

G/L NUMBER: 10255040

EXPLANATION: August Superior

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew D. G. Santos

10/23/23

Gulf Pointe ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
A  
Y  
E  
E

MMC \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Requested: \_\_\_\_\_ 10/23/2023

APPROVED ON  
OCT 23 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK#1114

FOR ACCT USE ONLY

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

AMOUNT: \$ \_\_\_\_\_ 19,588.94 ✓

G/L NUMBER: \_\_\_\_\_ 10255040

EXPLANATION: \_\_\_\_\_ August Superior \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ Michelle Cumberland

AUTHORIZED BY: \_\_\_\_\_ *Andrew D. [Signature]*

10/23/23

Bethany ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
A  
Y  
E  
E

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Requested: 10/23/2023

FOR ACCT USE ONLY

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

APPROVED ON

OCT 23 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 1030

AMOUNT: \$ 20,492.54 ✓ G/L NUMBER: 10255040

EXPLANATION: August Superior

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeFolter

10/23/23

Crescent ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Tuscany ✓

Date Requested: 10/23/2023

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON  
OCT 23 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK # 000307

FOR ACCT USE ONLY

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

AMOUNT: \$ 59,042.00 ✓

G/L NUMBER: 10255040

EXPLANATION: Claim Payments paid to Crescent, owed to Tuscany

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew Lopez Santos

10/23/23



MEMORIAL MEDICAL CENTER  
NH GULF POINTE - PRIVATE PAY  
361-553-4618  
1815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1114

88-2265/1131-87

DATE 10-25-23

CHECK NUMBER

PAY TO THE ORDER OF MMC Operating

\$ 19,588. <sup>94</sup>/<sub>100</sub>

Nineteen thousand, five hundred eighty-eight dollars <sup>3</sup>/<sub>4</sub> <sup>94</sup>/<sub>100</sub>

DOLLARS

Photo Safe Depositor's Mark on back



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

FOR Superior August OIPP

country auditor

country treasurer

MP

MEMORIAL MEDICAL CENTER 102019  
NH BETHANY SENIOR LIVING  
PH 361-553-4618  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

1030

88-2265/1131-87

DATE 10-25-23

CHECK NUMBER

PAY TO THE ORDER OF MMC Operating

\$ 20,492. <sup>54</sup>/<sub>100</sub>

Twenty thousand, four hundred ninety-two dollars <sup>3</sup>/<sub>4</sub> <sup>54</sup>/<sub>100</sub>

DOLLARS

Photo Safe Depositor's Mark on back



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

FOR Superior Aug. OIPP

country auditor

country treasurer

MP

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

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

000199

88-2265/1131

Date 10-25-23

PAY TO THE ORDER OF Memorial Medical Center

\$ 25,796. <sup>48</sup>/<sub>100</sub>

Twenty-five thousand, seven hundred ninety-six dollars <sup>3</sup>/<sub>4</sub> <sup>48</sup>/<sub>100</sub>

DOLLARS



PROSPERITY BANK

FOR Superior August OIPP

country auditor

country treasurer  
Security Issues Included. Details on back.

MP

# MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000307

Date 10-25-23

88-2265/1131

**PAY**

**TO THE  
ORDER OF**

Tuscany

\$ 59,042.<sup>00</sup>/<sub>100</sub>

Fifty-nine thousand, forty-two dollars & <sup>00</sup>/<sub>100</sub>

**DOLLARS**



\_\_\_\_\_  
County auditor

**FOR**

Claim payment transfer



0

RUN DATE:10/25/23  
 TIME:09:14

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 10/25/23 THRU 10/25/23

PAGE 1  
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000199	10/25/23	25,796.48	MMC OPERATING
NHC *	000307	10/25/23	59,042.00	TUSCANY
BSL *	001030	10/25/23	20,492.54	MMC OPERATING
GPP *	001114	10/25/23	19,588.94	MMC OPERATING
A/P	201294	10/25/23	9,031.98	AIRGAS USA, LLC - CENTRAL DIV
A/P	201295	10/25/23	140.64	AMAZON CAPITAL SERVICES
A/P	201296	10/25/23	1,445.00	AMERISOURCEBERGEN DRUG CORP
A/P	201297	10/25/23	72.50	AQUA BEVERAGE COMPANY
A/P	201298	10/25/23	7,310.25	AYA HEALTHCARE INC
A/P	201299	10/25/23	1,127.94	BECKMAN COULTER INC
A/P	201300	10/25/23	1,510.40	BIO-RAD LABORATORIES, INC
A/P	201301	10/25/23	12,830.00	CARRIER CORPORATION
A/P	201302	10/25/23	20,580.99	CDW GOVERNMENT, INC.
A/P	201303	10/25/23	1,155.97	COOPER SURGICAL INC
A/P	201304	10/25/23	1,149.01	CUSTOM MEDICAL SPECIALTIES
A/P	201305	10/25/23	1,500.00	DATA INNOVATIONS LLC
A/P	201306	10/25/23	4,113.56	DEARBORN LIFE INSURANCE COMPAN
A/P	201307	10/25/23	852.33	DEWITT POTH & SON
A/P	201308	10/25/23	191,485.05	DISCOVERY MEDICAL NETWORK INC
A/P	201309	10/25/23	9,667.50	EMERGENCY STAFFING SOLUTIONS
A/P	201310	10/25/23	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	201311	10/25/23	1,875.00	ESO SOLUTIONS, INC.
A/P	201312	10/25/23	515.59	FILTER TECHNOLOGY CO, INC
A/P	201313	10/25/23	.00	VOIDED
A/P	201314	10/25/23	7,199.82	FISHER HEALTHCARE
A/P	201315	10/25/23	1,930.05	GBS ADMINISTRATORS, INC
A/P	201316	10/25/23	46.29	GULF COAST PAPER COMPANY
A/P	201317	10/25/23	519.99	HAYES ELECTRIC SERVICE
A/P	201318	10/25/23	394.50	HEALTHCARE CODING & CONSULTING
A/P	201319	10/25/23	915.00	J & K SERVICES
A/P	201320	10/25/23	367.10	LEGAL SHIELD
A/P	201321	10/25/23	1,693.00	MEDICAL AIR SERVICES ASSOC.
A/P	201322	10/25/23	90.33	MEDIMPACT HEALTHCARE SYS, INC.
A/P	201323	10/25/23	.00	VOIDED
A/P	201324	10/25/23	10,986.29	MEDLINE INDUSTRIES INC
A/P	201325	10/25/23	54.31	MERCEDES SCIENTIFIC
A/P	201326	10/25/23	129.60	METTLER-TOLEDO RAININ, LLC
A/P	201327	10/25/23	99.00	MICHAEL GAINES
A/P	201328	10/25/23	235.12	MMC AUXILIARY GIFT SHOP
A/P	201329	10/25/23	.00	VOIDED
A/P	201330	10/25/23	7,912.64	MORRIS & DICKSON CO, LLC
A/P	201331	10/25/23	498.07	NATUS MEDICAL INC
A/P	201332	10/25/23	78.00	NINA GREEN
A/P	201333	10/25/23	5,432.35	NOVARTIS PHARMACEUTICALS CORP.
A/P	201334	10/25/23	472.50	OCCUPRO LLC
A/P	201335	10/25/23	1,880.17	OLYMPUS AMERICA INC
A/P	201336	10/25/23	253.83	PARTSSOURCE, LLC
A/P	201337	10/25/23	18.44	PERFORMANCE HEALTH
A/P	201338	10/25/23	775.00	PL-CPR, LLC
A/P	201339	10/25/23	80.00	PORT LAVACA WAVE

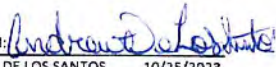
QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

10/25/2023

NH Name	From Bank Acct #	Ck #	Payee	GL #	Superior August								TOTAL	Date
Ashford	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040									-	10/25/2023
Broadmoor	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040									-	10/25/2023
Crescent	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040									-	10/25/2023
Fort Bend	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040									-	10/25/2023
Solera	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040									-	10/25/2023
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040	25,796.48								25,796.48	10/25/2023
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	10255040	19,588.94								19,588.94	10/25/2023
Gulf Pointe-MM	10000025 - Prosperity		MMC - Prosperity Operating #10000001	10255040									-	10/25/2023
Bethany			MMC - Prosperity Operating #10000001	10255040	20,492.54								20,492.54	10/25/2023
Tuscany			MMC - Prosperity Operating #10000001	10255040									-	10/25/2023
			Total:		65,877.96								65,877.96	10/25/2023

Note:

Approved:   
 ANDREW DE LOS SANTOS 10/25/2023