

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 15, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 882,267.10	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 117,031.44	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 912,886.93	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED November 15, 2023	\$ 1,912,185.47	✓

APPROVED

NOV 15 2023

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---November 15, 2023

PAYABLES AND PAYROLL

11/13/2023 Weekly Payables	518,576.04
11/13/2023 Patient Refunds	742.73
11/13/2023 Calhoun County-repayment of loan 5 of 18	150,000.00
11/13/2023 McKesson-340B Prescription Expense	11,739.80
11/13/2023 Amerisource Bergen-340B Prescription Expense	2,593.35
11/13/2023 Amerisource Bergen-340B Prescription Expense	110.00

Prosperity Electronic Bank Payments

11/6-11/10/23 Credit Card & Lease Fees	4,530.47
11/15/2023 Sales Tax for October 2023	2,063.60
11/20/2023 TCDRS October Retirement	190,641.93
11/8/2023 Cleargage-Patient Financing Service	117.37
11/6-11/9/23 Pay Plus-Patient Claims Processing Fee	581.12
11/10/2023 ExpertPay- child support	570.69

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 882,267.10**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

11/13/2023 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating	2,200.00
11/13/2023 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	1,600.00
11/13/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	63,253.43
11/13/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	1,553.26
11/13/2023 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	8,344.89
11/13/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating	40,079.86

TOTAL TRANSFERS BETWEEN FUNDS **\$ 117,031.44**

NURSING HOME UPL EXPENSES

11/13/2023 Nursing Home UPL-Cantex Transfer	450,606.89
11/13/2023 Nursing Home UPL-Nexion Transfer	67,483.67
11/13/2023 Nursing Home UPL-HMG Transfer	65,826.47
11/13/2023 Nursing Home UPL-Tuscany Transfer	20,333.21
11/13/2023 Nursing Home UPL-HSL Transfer	100,562.98

Nursing Home Electronic Bank Payments

11/10/2023 Golden Creek-returned check payment for resident	2,281.00
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TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

11/13/2023 Ashford to MMC-Y5 IAR/Y5 IGT refund owed to MMC	64,339.52
11/13/2023 Crescent to MMC-Y5 IAR/Y5 IGT refund owed to MMC	26,585.29
11/13/2023 Tuscany to MMC -Y5 IAR/Y5 IGT refund owed to MMC	16,672.93
11/13/2023 Fort Bend to MMC-Y5 IAR/Y5 IGT refund owed to MMC	86,902.69
11/13/2023 Solera to MMC-Y5 IAR/Y5 IGT refund owed to MMC	5,442.28

TRANSFER OF FUNDS BETWEEN NURSING HOMES

11/13/2023 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	5,850.00
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TOTAL NURSING HOME UPL EXPENSES **\$ 912,886.93**

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

GRAND TOTAL DISBURSEMENTS APPROVED November 15, 2023 **\$ 1,912,185.47**

RECEIVED BY THE
COUNTY AUDITOR ON
NOV 09 2023
12:43
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/01/2023

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M											
				5503364414 ✓	OXYGEN	10/31/20	10/31/20	11/25/20		297.78	0.00	0.00	297.78 ✓
				5503363359 ✓	OXYGEN	10/31/20	10/31/20	11/25/20		1,113.31	0.00	0.00	1,113.31 ✓
				9143587175 ✓	BULK RENTAL	10/31/20	10/31/20	11/25/20		2,481.16	0.00	0.00	2,481.16 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				A1680	AIRGAS USA, LLC - CENTRAL DIV					3,892.25	0.00	0.00	3,892.25

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1705	ALIMED INC. ✓	M											
				RPSV04113120 ✓	SUPPLIES	10/31/20	10/20/20	11/04/20		204.52	0.00	0.00	204.52 ✓
				RPSV04113138 ✓	SUPPLIES	10/31/20	10/20/20	11/04/20		162.13	0.00	0.00	162.13 ✓
				RPSV04113118 ✓	SUPPLIES	10/31/20	10/20/20	11/04/20		83.98	0.00	0.00	83.98 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				A1705	ALIMED INC.					450.63	0.00	0.00	450.63

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES ✓												
				1Y3N-KQP4-JFX1 ✓	SUPPLIES	10/31/20	10/29/20	11/28/20		136.98	0.00	0.00	136.98 ✓
				1N1V-WQ4W-KFD3 ✓	SUPPLIES	10/31/20	10/29/20	11/28/20		53.96	0.00	0.00	53.96 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				14028	AMAZON CAPITAL SERVICES					190.94	0.00	0.00	190.94

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12800	AUTHORITYRX ✓												
				1987 ✓	340B	11/08/20	11/05/20	11/06/20		7,550.70	0.00	0.00	7,550.70 ✓
				2012 ✓	CVS CLAIMS	11/08/20	11/05/20	11/06/20		216.00	0.00	0.00	216.00 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net
				12800	AUTHORITYRX					7,766.70	0.00	0.00	7,766.70

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11756	AYA HEALTHCARE INC ✓												
				3638525 ✓	KARIANN DUNN 10/13-10/19/23	10/31/20	10/26/20	11/26/20		3,341.25	0.00	0.00	3,341.25 ✓
				3661771 ✓	KAYANN DUNN 10/20-10/26/23	11/08/20	11/02/20	12/01/20		5,761.13	0.00	0.00	5,761.13 ✓
Vendor Totals				Number	Name					Gross	Discount	No-Pay	Net

	11756	AYA HEALTHCARE INC				9,102.38	0.00	0.00	9,102.38
Vendor#	Vendor Name		Class	Pay Code					
B1150	BAXTER HEALTHCARE ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12791250 ✓		10/31/20	10/28/20	11/22/20		5.69	0.00	0.00	5.69 ✓
	SERVICE CHARGE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE				5.69	0.00	0.00	5.69
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
5480380 ✓		10/31/20	10/25/20	11/19/20		1,337.05	0.00	0.00	1,337.05 ✓
	LEASE								
110939846 ✓		10/31/20	10/26/20	11/20/20		1,117.57	0.00	0.00	1,117.57 ✓
	SUPPLIES								
110949967 ✓		10/31/20	10/31/20	11/25/20		430.36	0.00	0.00	430.36 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC				2,884.98	0.00	0.00	2,884.98
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
906747074 ✓		10/31/20	10/25/20	11/09/20		1,525.95	0.00	0.00	1,525.95 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC				1,525.95	0.00	0.00	1,525.95
Vendor#	Vendor Name		Class	Pay Code					
C1048	CALHOUN COUNTY ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
52744507 ✓		10/31/20	10/27/20	11/26/20		632.49	0.00	0.00	632.49 ✓
	ELECTRICITY 701 N. Virginia (9/18-10/17/23)								
52746967 ✓		10/31/20	10/27/20	11/26/20		8.47	0.00	0.00	8.47 ✓
	ELECTRICITY 815 N. Virginia (9/20-10/19/23)								
52715270 ✓		10/31/20	10/27/20	11/26/20		8.47	0.00	0.00	8.47 ✓
	ELECTRICITY 815 N. Virginia (8/21-9/20/23)								
52744118 ✓		10/31/20	10/27/20	11/26/20		19.79	0.00	0.00	19.79 ✓
	ELECTRICITY Hospital St. OPL (9/18-10/17/23)								
52744119 ✓		10/31/20	10/27/20	11/26/20		35,834.56	0.00	0.00	35,834.56 ✓
	ELECTRICITY Hospital St. (9/17-10/16/23)								
52723506 ✓		10/31/20	10/27/20	11/26/20		0.13	0.00	0.00	0.13 ✓
	ELECTRICITY Hospital St. (8/16-9/17/23)								
52744138 ✓		10/31/20	10/27/20	11/26/20		1,910.56	0.00	0.00	1,910.56 ✓
	ELECTRICITY 1016 N Virginia (9/18-9/17/23)								
110323		11/08/20	11/03/20	11/15/20		27,492.17	0.00	0.00	27,492.17 ✓
	STALE CHECKS/UNCLAIMED F								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY				65,906.64	0.00	0.00	65,906.64
Vendor#	Vendor Name		Class	Pay Code					
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110723		11/08/20	11/07/20	11/08/20		20.00	0.00	0.00	20.00 ✓

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Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11295	CALHOUN COUNTY INDIGENT ACCOUN		20.00	0.00	0.00	20.00	
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
MT06629 ✓		10/31/20	10/27/20	11/26/20		15,640.47	0.00	0.00	15,640.47 ✓
	LVO /MS OFFICE (9)								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		C1992	CDW GOVERNMENT, INC.		15,640.47	0.00	0.00	15,640.47	
Vendor#	Vendor Name			Class	Pay Code				
13264	CERVEY, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
25183 ✓		11/08/20	11/01/20	11/26/20		1,699.00	0.00	0.00	1,699.00 ✓
	MONTHLY LICENSE								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		13264	CERVEY, LLC		1,699.00	0.00	0.00	1,699.00	
Vendor#	Vendor Name			Class	Pay Code				
15112	CHRISTOPHER FISHER ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
110623		11/09/20	11/10/20	11/15/20		73.07	0.00	0.00	73.07 ✓
	RENTAL REIMB								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		15112	CHRISTOPHER FISHER		73.07	0.00	0.00	73.07	
Vendor#	Vendor Name			Class	Pay Code				
13000	CLEARFLY ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV555902 ✓		11/08/20	11/01/20	11/02/20		1,208.25	0.00	0.00	1,208.25 ✓
	PHONE								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		13000	CLEARFLY		1,208.25	0.00	0.00	1,208.25	
Vendor#	Vendor Name			Class	Pay Code				
13336	COCA COLA SOUTHWEST BEVERAGES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
38321171005 ✓		11/08/20	11/01/20	12/01/20		636.53	0.00	0.00	636.53 ✓
	BEVERAGES								
38321171007 ✓		11/08/20	11/01/20	12/01/20		-125.00	0.00	0.00	-125.00 ✓
	CREDIT								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		13336	COCA COLA SOUTHWEST BEVERAGES		511.53	0.00	0.00	511.53	
Vendor#	Vendor Name			Class	Pay Code				
11030	COMBINED INSURANCE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
103123		10/31/20	10/31/20	11/01/20		543.66	0.00	0.00	543.66 ✓
	INSURANCE								
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11030	COMBINED INSURANCE		543.66	0.00	0.00	543.66	
Vendor#	Vendor Name			Class	Pay Code				
13572	COMMUNITY INFUSION SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
202311-15 ✓		11/08/20	11/06/20	11/16/20		5,699.30	0.00	0.00	5,699.30 ✓

INFUSION SERV

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13572	COMMUNITY INFUSION SOLUTIONS	5,699.30	0.00	0.00	5,699.30		
Vendor#	Vendor Name	Class	Pay Code						
C2150	COOK MEDICAL INCORPORATED ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
V25083740 ✓		10/31/20	10/24/20	11/20/20		881.40	0.00	0.00	881.40 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		C2150	COOK MEDICAL INCORPORATED	881.40	0.00	0.00	881.40		
Vendor#	Vendor Name	Class	Pay Code						
13932	COVIDIEN SALES LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
5870439025 ✓		10/31/20	10/31/20	11/09/20		491.50	0.00	0.00	491.50 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		13932	COVIDIEN SALES LLC	491.50	0.00	0.00	491.50		
Vendor#	Vendor Name	Class	Pay Code						
10368	DEWITT POTTH & SON ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
735121-0 ✓		10/31/20	10/26/20	11/20/20		37.88	0.00	0.00	37.88 ✓
SUPPLIES									
735296-0 ✓		10/31/20	10/30/20	11/24/20		713.24	0.00	0.00	713.24 ✓
SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10368	DEWITT POTTH & SON	751.12	0.00	0.00	751.12		
Vendor#	Vendor Name	Class	Pay Code						
11011	DIAMOND HEALTHCARE CORP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
IN20055966 ✓		11/08/20	11/01/20	11/26/20		19,166.67	0.00	0.00	19,166.67 ✓
OCT 23 CPR									
IN20055965 ✓		11/08/20	11/01/20	11/26/20		31,144.58	0.00	0.00	31,144.58 ✓
OCT 23 BEH HEALTH									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11011	DIAMOND HEALTHCARE CORP	50,311.25	0.00	0.00	50,311.25		
Vendor#	Vendor Name	Class	Pay Code						
10789	DISCOVERY MEDICAL NETWORK INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
MMC103123		10/31/20	10/31/20	11/01/20		178,338.32	0.00	0.00	178,338.32 ✓
<i>10/11/21 - 10/31/23 - Physician Services</i>									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10789	DISCOVERY MEDICAL NETWORK INC	178,338.32	0.00	0.00	178,338.32		
Vendor#	Vendor Name	Class	Pay Code						
10842	DOOR CONTROL SERVICES, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
SMINV359445 ✓		10/31/20	10/30/20	11/30/20		2,899.00	0.00	0.00	2,899.00 ✓
LABOR ER DOOR									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10842	DOOR CONTROL SERVICES, INC	2,899.00	0.00	0.00	2,899.00		
Vendor#	Vendor Name	Class	Pay Code						
G0501	DR JEANNINE GRIFFIN ✓	W							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110623		10/31/20	10/31/20	11/15/20		1,500.00	0.00	0.00	1,500.00 ✓		
PEDIATRIC CALL (10/27-10/29/23)											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						G0501	DR JEANNINE GRIFFIN	1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name				Class	Pay Code					
W1372	DR. JOHN WRIGHT										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110623		10/31/20	10/31/20	11/15/20		2,300.00	0.00	0.00	2,300.00 ✓		
PEDIATRIC CALL (10/11; 10/12; 10/6-10/8/23)											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						W1372	DR. JOHN WRIGHT	2,300.00	0.00	0.00	2,300.00
Vendor#	Vendor Name				Class	Pay Code					
15108	DR. JOSEPH JENKINS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110123		11/08/20	11/01/20	12/01/20		45.00	0.00	0.00	45.00 ✓		
REFUND/JACOB JENKINS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						15108	DR. JOSEPH JENKINS	45.00	0.00	0.00	45.00
Vendor#	Vendor Name				Class	Pay Code					
14924	DR. TIMU KWI ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110623		10/31/20	10/31/20	11/15/20		3,000.00	0.00	0.00	3,000.00 ✓		
PEDIATRIC CALL (10/13-10/15; 10/20-10/22/23)											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14924	DR. TIMU KWI	3,000.00	0.00	0.00	3,000.00
Vendor#	Vendor Name				Class	Pay Code					
12044	DRIESSEN WATER INC. (CULLIGAN) ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
103123 ✓		10/31/20	10/31/20	11/22/20		340.45	0.00	0.00	340.45 ✓		
WATER											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						12044	DRIESSEN WATER INC. (CULLIGAN)	340.45	0.00	0.00	340.45
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		
42679 ✓		11/09/20	10/31/20	11/10/20		10,625.00	0.00	0.00	10,625.00 ✓		
CAPEK/THOMPSON											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11284	EMERGENCY STAFFING SOLUTIONS	10,625.00	0.00	0.00	10,625.00
Vendor#	Vendor Name				Class	Pay Code					
14136	EPI-EDWARD PLUMBING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
66873 ✓		10/31/20	10/19/20	11/09/20		294.00	0.00	0.00	294.00 ✓		
ANNUAL GAS TEST											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14136	EPI-EDWARD PLUMBING	294.00	0.00	0.00	294.00
Vendor#	Vendor Name				Class	Pay Code					
15052	FAVORITE HEALTHCARE STAFFING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1468207		11/08/20	11/01/20	12/01/20		4,678.75	0.00	0.00	4,678.75 ✓		

LYSSA CORTINAS W/E 10/27/20 *RN Staffing*

Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		15052	FAVORITE HEALTHCARE STAFFING	4,678.75	0.00	0.00	4,678.75		
Vendor#	Vendor Name			Class	Pay Code				
F1400	FISHER HEALTHCARE ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
7221439 ✓	SUPPLIES	10/31/20	10/24/20	11/18/20		924.44	0.00	0.00	924.44 ✓
7221438 ✓	SUPPLIES	10/31/20	10/24/20	11/18/20		2,536.17	0.00	0.00	2,536.17 ✓
7260011 ✓	SUPPLIES	10/31/20	10/25/20	11/19/20		241.30	0.00	0.00	241.30 ✓
7260012 ✓	SUPPLIES	10/31/20	10/25/20	11/19/20		770.37	0.00	0.00	770.37 ✓
7297341 ✓	SUPPLIES	10/31/20	10/26/20	11/20/20		1,041.81	0.00	0.00	1,041.81 ✓
7365579 ✓	SUPPLIES	10/31/20	10/30/20	11/24/20		314.80	0.00	0.00	314.80 ✓
Vendor Totals		F1400	FISHER HEALTHCARE	5,828.89	0.00	0.00	5,828.89		
Vendor#	Vendor Name			Class	Pay Code				
10283	GE HEALTHCARE ✓								
202896038 ✓	SUPPLIES	10/31/20	10/31/20	11/25/20		51.95	0.00	0.00	51.95 ✓
Vendor Totals		10283	GE HEALTHCARE	51.95	0.00	0.00	51.95		
Vendor#	Vendor Name			Class	Pay Code				
W1300	GRAINGER ✓			M					
9885387929 ✓	SUPPLIES	10/31/20	10/26/20	11/20/20		306.96	0.00	0.00	306.96 ✓
Vendor Totals		W1300	GRAINGER	306.96	0.00	0.00	306.96		
Vendor#	Vendor Name			Class	Pay Code				
G0401	GULF COAST DELIVERY ✓								
103123	SLIDES (10/19-10/30/23)	10/31/20	10/31/20	11/30/20		75.00	0.00	0.00	75.00 ✓
Vendor Totals		G0401	GULF COAST DELIVERY	75.00	0.00	0.00	75.00		
Vendor#	Vendor Name			Class	Pay Code				
G1210	GULF COAST PAPER COMPANY ✓			M					
2453603 ✓	SUPPLIES	10/31/20	10/10/20	11/09/20		954.79	0.00	0.00	954.79 ✓
2462889 ✓	SUPPLIES	10/31/20	10/31/20	11/30/20		251.92	0.00	0.00	251.92 ✓
2462891 ✓	SUPPLIES	10/31/20	10/31/20	11/30/20		72.38	0.00	0.00	72.38 ✓
2462895 ✓	SUPPLIES	10/31/20	10/31/20	11/30/20		854.13	0.00	0.00	854.13 ✓

SUPPLIES											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		G1210	GULF COAST PAPER COMPANY			2,133.22	0.00	0.00	2,133.22		
Vendor#	Vendor Name			Class	Pay Code						
H0032	H + H SYSTEM, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
041524 ✓		10/01/20	08/29/20	09/12/20		72.02	0.00	0.00	72.02 ✓		
SUPPLIES											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		H0032	H + H SYSTEM, INC.			72.02	0.00	0.00	72.02		
Vendor#	Vendor Name			Class	Pay Code						
10334	HEALTH CARE LOGISTICS INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
309120829 ✓		10/31/20	09/07/20	10/02/20		180.66	0.00	0.00	180.66 ✓		
SUPPLIES											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		10334	HEALTH CARE LOGISTICS INC			180.66	0.00	0.00	180.66		
Vendor#	Vendor Name			Class	Pay Code						
12380	HEALTH SOLUTIONS DIETETICS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
102723		10/31/20	10/27/20	11/15/20		3,400.00	0.00	0.00	3,400.00 ✓		
DIETICIAN SERV (10/4, 10/13, 10/20, 10/27/23)											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		12380	HEALTH SOLUTIONS DIETETICS			3,400.00	0.00	0.00	3,400.00		
Vendor#	Vendor Name			Class	Pay Code						
11182	HEATHER MUTCHLER ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110823		11/09/20	11/08/20	11/15/20		36.95	0.00	0.00	36.95 ✓		
TRAVEL/TOLL FEE											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		11182	HEATHER MUTCHLER			36.95	0.00	0.00	36.95		
Vendor#	Vendor Name			Class	Pay Code						
H0031	HEB CREDIT RECEIVABLES DEPT308 ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
4106		10/31/20	10/26/20	11/25/20		995.91	0.00	0.00	995.91 ✓		
SUPPLIES											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		H0031	HEB CREDIT RECEIVABLES DEPT308			995.91	0.00	0.00	995.91		
Vendor#	Vendor Name			Class	Pay Code						
14916	HEWLETT-PACKARD ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
600958493 ✓		11/08/20	11/08/20	12/01/20		573.53	0.00	0.00	573.53 ✓		
DEC 23 RENTAL											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		
		14916	HEWLETT-PACKARD			573.53	0.00	0.00	573.53		
Vendor#	Vendor Name			Class	Pay Code						
H0416	HOLOGIC INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10716642 ✓		10/31/20	10/23/20	11/09/20		557.75	0.00	0.00	557.75 ✓		
SUPPLIES											
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net		

	H0416	HOLOGIC INC					557.75	0.00	0.00	557.75
Vendor#	Vendor Name					Class	Pay Code			
11200	IRON MOUNTAIN ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	HXWS693 ✓		10/31/20	10/31/20	11/30/20		1,487.90	0.00	0.00	1,487.90 ✓
	SHREDDING									
	Vendor Total#	Name					Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN					1,487.90	0.00	0.00	1,487.90
Vendor#	Vendor Name					Class	Pay Code			
11285	ITA RESOURCES INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	MMC112023 ✓		11/09/20	11/05/20	11/25/20		27,875.47	0.00	0.00	27,875.47 ✓
	RESPIRATORY SERV									
	Vendor Total#	Name					Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC					27,875.47	0.00	0.00	27,875.47
Vendor#	Vendor Name					Class	Pay Code			
11108	ITERSOURCE CORPORATION ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	711701 ✓		11/08/20	11/01/20	11/02/20		250.00	0.00	0.00	250.00 ✓
	MONTHLY PHONE SUPPORT									
	Vendor Total#	Name					Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION					250.00	0.00	0.00	250.00
Vendor#	Vendor Name					Class	Pay Code			
14540	JINDAL X LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2023-24-28 ✓		10/31/20	11/07/20	11/21/20		9,000.00	0.00	0.00	9,000.00 ✓
	REVENUE CYCLE MGT									
	Vendor Total#	Name					Gross	Discount	No-Pay	Net
	14540	JINDAL X LLC					9,000.00	0.00	0.00	9,000.00
Vendor#	Vendor Name					Class	Pay Code			
L1288	LANGUAGE LINE SERVICES ✓					W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	11142153 ✓		10/31/20	10/31/20	11/25/20		49.02	0.00	0.00	49.02 ✓
	INTERPRETATION SERV									
	Vendor Total#	Name					Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES					49.02	0.00	0.00	49.02
Vendor#	Vendor Name					Class	Pay Code			
L1640	LOWE'S BUSINESS ACCT/SYNCOB ✓					W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	110223		11/08/20	11/02/20	11/28/20		556.76	0.00	0.00	556.76 ✓
	SUPPLIES									
	Vendor Total#	Name					Gross	Discount	No-Pay	Net
	L1640	LOWE'S BUSINESS ACCT/SYNCOB					556.76	0.00	0.00	556.76
Vendor#	Vendor Name					Class	Pay Code			
15068	LRS HEALTHCARE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	639248 ✓		10/17/20	10/13/20	11/27/20		3,078.00	0.00	0.00	3,078.00 ✓
	DELICIA M. GARCIA <i>Radiology Tech. (10/1, 10/4, 10/7/23)</i>									
	640134A		10/31/20	10/13/20	11/27/20		1,923.75	0.00	0.00	1,923.75 ✓
	DELICIA GARCIA <i>9/29-9/30 Radiology Tech. (9/29, 9/30/23)</i>									
	Vendor Total#	Name					Gross	Discount	No-Pay	Net

	15068	LRS HEALTHCARE					5,001.75	0.00	0.00	5,001.75
Vendor#	Vendor Name		Class		Pay Code					
10972	M G TRUST ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	110623		11/08/20	11/06/20	11/15/20		1,115.86	0.00	0.00	1,115.86 ✓
	PAYROLL DEDUCT									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	10972		M G TRUST				1,115.86	0.00	0.00	1,115.86
Vendor#	Vendor Name		Class		Pay Code					
M2470	MEDLINE INDUSTRIES INC ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2280917771 ✓		10/26/20	08/16/20	11/18/20		62.83	0.00	0.00	62.83 ✓
	SUPPLIES									
	2280917770 ✓		10/26/20	10/26/20	11/20/20		12.37	0.00	0.00	12.37 ✓
	SUPPLIES									
	2280917772 ✓		10/26/20	10/26/20	11/20/20		220.80	0.00	0.00	220.80 ✓
	SUPPLIES									
	2288789492 ✓		10/31/20	10/11/20	11/05/20		762.92	0.00	0.00	762.92 ✓
	SUPPLIES									
	2290108761 ✓		10/31/20	10/18/20	11/12/20		123.98	0.00	0.00	123.98 ✓
	SUPPLIES									
	2290108762 ✓		10/31/20	10/18/20	11/12/20		770.33	0.00	0.00	770.33 ✓
	SUPPLIES									
	2291292129 ✓		10/31/20	10/25/20	11/19/20		200.46	0.00	0.00	200.46 ✓
	SUPPLIES									
	2291292132 ✓		10/31/20	10/25/20	11/19/20		2,148.84	0.00	0.00	2,148.84 ✓
	SUPPLIES									
	2292229371 ✓		10/31/20	10/31/20	11/25/20		580.84	0.00	0.00	580.84 ✓
	SUPPLIES									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	M2470		MEDLINE INDUSTRIES INC				4,883.37	0.00	0.00	4,883.37
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
	679024375 ✓		10/30/20	10/13/20	11/01/20		129.60	0.00	0.00	129.60 ✓
	SUPPLIES									
	Vendor Total#	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					
M2685	MICROTEK MEDICAL INC ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	6338928493 ✓		10/31/20	06/15/20	06/07/20		163.61	0.00	0.00	163.61 ✓
	SUPPLIES									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	M2685		MICROTEK MEDICAL INC				163.61	0.00	0.00	163.61
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
	1230802 ✓		10/31/20	10/31/20	11/10/20		2,792.87	0.00	0.00	2,792.87 ✓
	INVENTORY									
	1230801 ✓		10/31/20	10/31/20	11/10/20		397.04	0.00	0.00	397.04 ✓

1226985	✓ INVENTORY	10/31/20	10/31/20	11/10/20	25.57	0.00	0.00	25.57	✓
1232337	✓ INVENTORY	11/08/20	11/01/20	11/11/20	4.34	0.00	0.00	4.34	✓
1235035	✓ INVENTORY	11/08/20	11/01/20	11/11/20	2,562.87	0.00	0.00	2,562.87	✓
1234913	✓ INVENTORY	11/08/20	11/01/20	11/11/20	575.37	0.00	0.00	575.37	✓
CM71135	✓ INVENTORY	11/08/20	11/01/20	11/11/20	-35.13	0.00	0.00	-35.13	✓
1234285	✓ CREDIT	11/08/20	11/01/20	11/11/20	41.13	0.00	0.00	41.13	✓
1232336	✓ INVENTORY	11/08/20	11/01/20	11/11/20	32.08	0.00	0.00	32.08	✓
1234568	✓ INVENTORY	11/08/20	11/01/20	11/11/20	20.60	0.00	0.00	20.60	✓
1234284	✓ INVENTORY	11/08/20	11/01/20	11/11/20	108.08	0.00	0.00	108.08	✓
1234914	✓ INVENTORY	11/08/20	11/01/20	11/11/20	27.02	0.00	0.00	27.02	✓
1234912	✓ INVENTORY	11/08/20	11/01/20	11/11/20	183.00	0.00	0.00	183.00	✓
1241786	✓ INVENTORY	11/08/20	11/02/20	11/12/20	32.68	0.00	0.00	32.68	✓
CM71424	✓ INVENTORY	11/08/20	11/02/20	11/12/20	-1,453.61	0.00	0.00	-1,453.61	✓
1241787	✓ CREDIT	11/08/20	11/02/20	11/12/20	383.55	0.00	0.00	383.55	✓
1237754	✓ INVENTORY	11/08/20	11/02/20	11/12/20	5.79	0.00	0.00	5.79	✓
1237753	✓ INVENTORY	11/08/20	11/02/20	11/12/20	83.49	0.00	0.00	83.49	✓
1242426	✓ INVENTORY	11/08/20	11/03/20	11/13/20	1,718.21	0.00	0.00	1,718.21	✓
1247963	✓ INVENTORY	11/08/20	11/05/20	11/15/20	122.74	0.00	0.00	122.74	✓
1245923	✓ INVENTORY	11/08/20	11/05/20	11/15/20	0.24	0.00	0.00	0.24	✓
1247964	✓ INVENTORY	11/08/20	11/05/20	11/15/20	718.92	0.00	0.00	718.92	✓
1252935	✓ INVENTORY	11/08/20	11/06/20	11/16/20	66.32	0.00	0.00	66.32	✓
1249754	✓ INVENTORY	11/08/20	11/06/20	11/16/20	132.65	0.00	0.00	132.65	✓
1252056	✓ INVENTORY	11/08/20	11/06/20	11/16/20	471.73	0.00	0.00	471.73	✓
1252055	✓ INVENTORY	11/08/20	11/06/20	11/16/20	11.23	0.00	0.00	11.23	✓
1249755	✓ INVENTORY	11/08/20	11/06/20	11/16/20	3,536.18	0.00	0.00	3,536.18	✓
	INVENTORY								

8500	✓		11/08/20	11/06/20	11/16/20		-2,032.70	0.00	0.00	-2,032.70	✓	
		CREDIT										
1249753	✓		11/08/20	11/06/20	11/16/20		3,918.96	0.00	0.00	3,918.96	✓	
		INVENTORY										
1255432	✓		11/08/20	11/07/20	11/17/20		2,977.11	0.00	0.00	2,977.11	✓	
		INVENTORY										
1258160	✓		11/08/20	11/07/20	11/17/20		216.45	0.00	0.00	216.45	✓	
		INVENTORY										
1256977	✓		11/08/20	11/07/20	11/17/20		0.10	0.00	0.00	0.10	✓	
		INVENTORY										
1258161	✓		11/08/20	11/07/20	11/17/20		2,180.16	0.00	0.00	2,180.16	✓	
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			10536	MORRIS & DICKSON CO, LLC			19,825.04	0.00	0.00	19,825.04		
Vendor#	Vendor Name				Class	Pay Code						
13548	NACOGDOCHES TRANSCRIPTION											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
8166		10/31/20	10/18/20	10/28/20			296.24	0.00	0.00	296.24	✓	
	TRANSCRIPTION SERV (9/30 - 10/13/23)											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			13548	NACOGDOCHES TRANSCRIPTION			296.24	0.00	0.00	296.24		
Vendor#	Vendor Name				Class	Pay Code						
12708	POC ELECTRIC, LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
3922		10/31/20	10/16/20	11/08/20			1,178.33	0.00	0.00	1,178.33	✓	
	BOILER ROOM BREAKER /RUI											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			12708	POC ELECTRIC, LLC			1,178.33	0.00	0.00	1,178.33		
Vendor#	Vendor Name				Class	Pay Code						
P2200	POWER HARDWARE				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
103123		10/31/20	10/31/20	11/10/20			115.33	0.00	0.00	115.33	✓	
	SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			P2200	POWER HARDWARE			115.33	0.00	0.00	115.33		
Vendor#	Vendor Name				Class	Pay Code						
11932	PRESS GANEY ASSOCIATES, INC.											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
IN000616011		10/31/20	10/31/20	11/30/20			2,729.72	0.00	0.00	2,729.72	✓	
	CONTRACT FEES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			11932	PRESS GANEY ASSOCIATES, INC.			2,729.72	0.00	0.00	2,729.72		
Vendor#	Vendor Name				Class	Pay Code						
14060	RADCOM ASSOCIATES, LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
INV003621		10/31/20	10/31/20	11/30/20			900.00	0.00	0.00	900.00	✓	
	NUC MED											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			14060	RADCOM ASSOCIATES, LLC			900.00	0.00	0.00	900.00		
Vendor#	Vendor Name				Class	Pay Code						
S1700	SHARN INC				M							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
IN02070566	✓	10/24/20	10/18/20	11/30/20		103.95	0.00	0.00	103.95 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S1700	SHARN INC	103.95	0.00	0.00	103.95
Vendor#	Vendor Name				Class	Pay Code					
S1800	SHERWIN WILLIAMS ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
103123		10/31/20	10/31/20	11/20/20		2,237.46	0.00	0.00	2,237.46 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S1800	SHERWIN WILLIAMS	2,237.46	0.00	0.00	2,237.46
Vendor#	Vendor Name				Class	Pay Code					
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
116449473	✓	10/31/20	10/24/20	11/18/20		3,402.25	0.00	0.00	3,402.25 ✓		
AGILE MAX 64160											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2001	SIEMENS MEDICAL SOLUTIONS INC	3,402.25	0.00	0.00	3,402.25
Vendor#	Vendor Name				Class	Pay Code					
14716	SINGLETON ASSOCIATES PA ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
105-39	✓	10/31/20	10/31/20	11/25/20		768.02	0.00	0.00	768.02 ✓		
RADIOLOGY SERV											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						14716	SINGLETON ASSOCIATES PA	768.02	0.00	0.00	768.02
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		
246-103123-001	✓	11/08/20	11/01/20	11/02/20		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					
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
I07035636	✓	10/31/20	10/31/20	11/25/20		9,049.00	0.00	0.00	9,049.00 ✓		
BLOOD											
CM10799	✓	10/31/20	10/31/20	11/25/20		-2,376.00	0.00	0.00	-2,376.00 ✓		
CREDIT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11296	SOUTH TEXAS BLOOD & TISSUE CEN	6,673.00	0.00	0.00	6,673.00
Vendor#	Vendor Name				Class	Pay Code					
C1010	SPARKLIGHT ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
102623		10/31/20	10/26/20	10/27/20		2,250.00	0.00	0.00	2,250.00 ✓		
INTERNET											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1010	SPARKLIGHT	2,250.00	0.00	0.00	2,250.00
Vendor#	Vendor Name				Class	Pay Code					
10094	ST DAVIDS HEALTHCARE ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MMCPL2023-09	✓	10/31/20	10/31/20	11/25/20		420.00	0.00	0.00	420.00 ✓		
SEPT 23 CONNECTIVITY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10094	ST DAVIDS HEALTHCARE	420.00	0.00	0.00	420.00
Vendor#	Vendor Name				Class	Pay Code					
10845	STAPLES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3551454736	✓	10/31/20	10/31/20	11/09/20		59.10	0.00	0.00	59.10 ✓		
SUPPLIES											
3551454734	✓	10/31/20	10/31/20	11/09/20		345.10	0.00	0.00	345.10 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10845	STAPLES	404.20	0.00	0.00	404.20
Vendor#	Vendor Name				Class	Pay Code					
11772	STERIS INSTRUMENT MANAGEMENT ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2457711	✓	10/31/20	06/13/20	07/08/20		256.60	0.00	0.00	256.60 ✓		
SUPPLIES											
24598323	✓	10/31/20	06/17/20	07/12/20		69.22	0.00	0.00	69.22 ✓		
SUPPLIES											
2463658	✓	10/31/20	06/26/20	07/21/20		57.61	0.00	0.00	57.61 ✓		
SUPPLIES											
2476289	✓	10/31/20	07/25/20	08/19/20		531.00	0.00	0.00	531.00 ✓		
SUPPLIES											
2484469	✓	10/31/20	08/11/20	09/05/20		321.00	0.00	0.00	321.00 ✓		
SUPPLIES											
2543722	✓	10/31/20	10/19/20	11/13/20		56.70	0.00	0.00	56.70 ✓		
SUPPLIES											
2554917	✓	10/31/20	01/16/20	02/10/20		60.47	0.00	0.00	60.47 ✓		
SUPPLIES											
2627271	✓	10/31/20	06/06/20	07/01/20		71.36	0.00	0.00	71.36 ✓		
SUPPLIES											
2470271	✓	10/31/20	07/08/20	08/02/20		1,386.40	0.00	0.00	1,386.40 ✓		
SUPPLIES											
2665368	✓	10/31/20	08/27/20	09/21/20		59.04	0.00	0.00	59.04 ✓		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11772	STERIS INSTRUMENT MANAGEMENT	2,869.40	0.00	0.00	2,869.40
Vendor#	Vendor Name				Class	Pay Code					
T2539	T-SYSTEM, INC ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
908043	✓	10/31/20	10/31/20	11/30/20		6,130.42	0.00	0.00	6,130.42 ✓		
PHYSICIAN TRACKING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						T2539	T-SYSTEM, INC	6,130.42	0.00	0.00	6,130.42
Vendor#	Vendor Name				Class	Pay Code					
10758	TEXAS SELECT STAFFING, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
0023003		10/31/20	10/26/20	10/27/20		4,152.50	0.00	0.00	4,152.50 ✓		
BRANDON BATES W/E 10/21/20 <i>RN</i>											

0023037	11/08/20	11/02/20	11/03/20	4,152.50	0.00	0.00	4,152.50	✓	
BRANDON BATES W/E 10/28/2									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
10758	TEXAS SELECT STAFFING, LLC			8,305.00	0.00	0.00	8,305.00		
Vendor#	Vendor Name			Class	Pay Code				
11006	THE HARTFORD ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
100923		11/08/20	10/09/20	11/01/20		2,390.00	0.00	0.00	2,390.00
CRIME INSUR 11/1/23-11/1/24									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
11006	THE HARTFORD			2,390.00	0.00	0.00	2,390.00		
Vendor#	Vendor Name			Class	Pay Code				
11908	TMS SOUTH ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV101189	✓	11/01/20	10/25/20	11/24/20		542.30	0.00	0.00	542.30
SUPPLIES									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
11908	TMS SOUTH			542.30	0.00	0.00	542.30		
Vendor#	Vendor Name			Class	Pay Code				
12400	UPDOX LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV00450125	✓	10/31/20	09/30/20	10/30/20		1,368.69	0.00	0.00	1,368.69
FAX									
INV00457291	✓	10/31/20	10/31/20	11/30/20		1,518.13	0.00	0.00	1,518.13
FAX									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
12400	UPDOX LLC			2,886.82	0.00	0.00	2,886.82		
Vendor#	Vendor Name			Class	Pay Code				
11280	VICTORIA ADVOCATE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0319104		10/31/20	10/31/20	11/15/20		29.00	0.00	0.00	29.00
PAPER									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
11280	VICTORIA ADVOCATE			29.00	0.00	0.00	29.00		
Vendor#	Vendor Name			Class	Pay Code				
11110	WERFEN USA LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9111405991	✓	10/31/20	10/30/20	11/24/20		1,155.93	0.00	0.00	1,155.93
SUPPLIES									
9111408127	✓	10/31/20	11/02/20	11/27/20		430.51	0.00	0.00	430.51
SUPPLIES									
Vendor Totals Number Name				Gross	Discount	No-Pay	Net		
11110	WERFEN USA LLC			1,586.44	0.00	0.00	1,586.44		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	518,612.99	0.00	0.00	518,612.99

0.00

pg 7 correction
(no back-up received)

<36.95>

518,612.99 =

36.95 -

518,576.04 *

\$518,576.04

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 201521-201602

RECEIVED BY THE
COUNTY AUDITOR ON

RUN DATE: 11/09/23

TIME: 11:59

NOV 09 2023

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT
CANCUMBERN CO/PAYEE NAME AS

PATIENT	DATE	AMOUNT	PAY PAT	DESCRIPTION	GL NUM
[REDACTED]	110823	43.83 ✓	2	REFUND FOR	[REDACTED]
[REDACTED]	110823	500.00 ✓	2	REFUND FOR	[REDACTED]
[REDACTED]	110823	198.90 ✓	2	REFUND FOR	[REDACTED]
		742.73			

TOTAL

742.73

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 211609-2161

NOV 13 2023

CALHOUN COUNTY, TEXAS

11/13/2023

11:29

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

C1048 CALHOUN COUNTY ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
52715270	ELECTRICITY	10/31/20	10/27/20	11/26/20		8.47	0.00	0.00	8.47
52744138	ELECTRICITY	10/31/20	10/27/20	11/26/20		1,910.56	0.00	0.00	1,910.56
52723506	ELECTRICITY	10/31/20	10/27/20	11/26/20		0.13	0.00	0.00	0.13
52744507	ELECTRICITY	10/31/20	10/27/20	11/26/20		632.49	0.00	0.00	632.49
52744118	ELECTRICITY	10/31/20	10/27/20	11/26/20		19.79	0.00	0.00	19.79
52746967	ELECTRICITY	10/31/20	10/27/20	11/26/20		8.47	0.00	0.00	8.47
52744119	ELECTRICITY	10/31/20	10/27/20	11/26/20		35,834.56	0.00	0.00	35,834.56
110323	STALE CHECKS/UNCLAIMED F	11/08/20	11/03/20	11/15/20		27,492.17	0.00	0.00	27,492.17
111323	LOAN PMT 5/18	11/13/20	11/13/20	11/15/20		150,000.00	0.00	0.00	150,000.00

on original list

added 11/13/23

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
C1048	CALHOUN COUNTY		215,906.64	0.00	0.00	215,906.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	215,906.64	0.00	0.00	215,906.64

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 211622

MCKESSON

STATEMENT

As of: 11/10/2023

Page: 002

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

Company: 8000

DC: 8115

As of: 11/10/2023 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: 11/11/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 11/11/2023 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 11,979.42 USD

Future Due: 0.00

If Paid By 11/14/2023,
Pay This Amount:

11,739.80 USD

Due If Paid On Time:

USD 11,739.80 ✓

Past Due: 0.00

Disc lost if paid late:

239.62

Last Payment 2,451.97
08/07/2017

If Paid After 11/14/2023,
Pay this Amount:

11,979.42 USD

Due If Paid Late:

USD 11,979.42

7,964.62 +
3,772.15 +
3.03 +
11,739.80 *

Andrew E. Escobedo
11/13/23

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 11/10/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 11/10/2023
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: 11/11/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 11/11/2023

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
11/06/2023	11/14/2023	7455812778	94404152	115Invoice	17.37	868.49		851.12	✓	7455812778	
11/06/2023	11/14/2023	7455812779	94443473	115Invoice	1.34	66.99		65.65	✓	7455812779	
11/06/2023	11/14/2023	7455812780	94443473	115Invoice	36.56	1,827.80		1,791.24	✓	7455812780	
11/06/2023	11/14/2023	7455812781	94482794	115Invoice	28.66	1,432.82		1,404.16	✓	7455812781	
11/06/2023	11/14/2023	7455812782	94528695	115Invoice	18.28	913.90		895.62	✓	7455812782	
11/06/2023	11/14/2023	7455839121	94621419	115Invoice	16.00	799.83		783.83	✓	7455839121	
11/06/2023	11/14/2023	7455839122	94621419	115Invoice	0.01	0.32		0.31	✓	7455839122	
11/06/2023	11/14/2023	7456027414	94396032	195Invoice	0.36	17.87		17.51	✓	7456027414	
11/06/2023	11/14/2023	7456027415	94475863	195Invoice	0.02	0.95		0.93	✓	7456027415	
11/06/2023	11/14/2023	7456027416	94548442	195Invoice	0.01	0.32		0.31	✓	7456027416	
11/07/2023	11/14/2023	7456175008	94734096	115Invoice		0.10		0.10	✓	7456175008	
11/07/2023	11/14/2023	7456333626	94484202	115Invoice		0.10		0.10	✓	7456333626	
11/07/2023	11/14/2023	7456333627	94658488	115Invoice	0.02	0.95		0.93	✓	7456333627	
11/07/2023	11/14/2023	7456333628	94654381	195Invoice	0.01	0.32		0.31	✓	7456333628	
11/08/2023	11/14/2023	7456625970	94827104	115Invoice	0.04	1.90		1.86	✓	7456625970	
11/08/2023	11/14/2023	7456625971	94816545	195Invoice	0.02	0.95		0.93	✓	7456625971	
11/09/2023	11/14/2023	7456746757	94964697	115Invoice	22.37	1,118.67		1,096.30	✓	7456746757	
11/09/2023	11/14/2023	7456746758	95037324	115Invoice	9.37	468.50		459.13	✓	7456746758	
11/09/2023	11/14/2023	7456746759	95037324	115Invoice	9.91	495.40		485.49	✓	7456746759	
11/10/2023	11/14/2023	7457025273	95160473	115Invoice	0.84	42.07		41.23	✓	7457025273	
11/10/2023	11/14/2023	7457193868	95102843	115Invoice	1.38	68.94		67.56	✓	7457193868	

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 11/10/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 11/10/2023
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: 11/11/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 11/11/2023
PLEASE CHECK ANY ITEMS NOT PAID (✓)

PF column legend: P = Past Due Item, F = Future Due Item, National Account 632536 blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 8,127.19 USD

Future Due: 0.00

If Paid By 11/14/2023,
Pay This Amount:

7,964.62 USD

Due If Paid On Time:

USD 7,964.62 ✓

Past Due: 0.00

Disc lost if paid late:

162.57

Last Payment 9,965.13
11/06/2023

If Paid After 11/14/2023,
Pay this Amount:

8,127.19 USD

Due If Paid Late:

USD 8,127.19

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 11/10/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 11/10/2023 Page: 001
Mail to: 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: 11/11/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 11/11/2023 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											
11/08/2023	11/14/2023	7456517127	2813387	115Invoice	76.57	3,828.29		3,751.72	✓	7456517127	
11/08/2023	11/14/2023	7456517128	2813387	115Invoice	0.42	20.85		20.43	✓	7456517128	

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: 3,849.14 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,965.13
11/06/2023

If Paid By 11/14/2023,
Pay This Amount: 3,772.15 USD

If Paid After 11/14/2023,
Pay this Amount: 3,849.14 USD

Due If Paid On Time: 3,772.15 ✓
USD
Disc lost if paid late: 76.99
Due If Paid Late: 3,849.14
USD

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 11/10/2023

Page: 001

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

Company: 8000

DC: 8115

As of: 11/10/2023
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: 11/11/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 11/11/2023

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

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
11/08/2023	11/14/2023	7456627197	2813388	115Invoice	0.06	3.09		3.03	✓	7456627197	

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: 3.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/06/2023 9,965.13

If Paid By 11/14/2023,
Pay This Amount: 3.03 USD

If Paid After 11/14/2023,
Pay this Amount: 3.09 USD

Due If Paid On Time: USD 3.03 ✓
Disc lost if paid late: 0.06
Due If Paid Late: USD 3.09

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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



STATEMENT

Statement Number: 66286015
Date: 11-10-2023

Serviced 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:	2,593.35
Past Due:	0.00
Total Due:	2,593.35
Account Balance:	2,593.35

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-06-2023	11-17-2023	3153019333	7004615799	Invoice	274.99		0.00	274.99
11-06-2023	11-17-2023	3153019334	7004628568	Invoice	170.37		0.00	170.37
11-06-2023	11-17-2023	3153019335	7004616448	Invoice	2.74		0.00	2.74
11-06-2023	11-17-2023	3153019336	7004627474	Invoice	41.28		0.00	41.28
11-06-2023	11-17-2023	3153131675	7004639634	Invoice	314.23		0.00	314.23
11-06-2023	11-17-2023	3153131676	7004640760	Invoice	2.74		0.00	2.74
11-07-2023	11-17-2023	3153312358	7004651568	Invoice	11.83		0.00	11.83
11-08-2023	11-17-2023	3153482013	7004661661	Invoice	85.15		0.00	85.15
11-08-2023	11-17-2023	3153482014	7004663265	Invoice	19.86		0.00	19.86
11-08-2023	11-17-2023	355300310	170733	Invoice	(0.08)		0.00	(0.08)
11-08-2023	11-17-2023	355300311	170733	Invoice	250.34		0.00	250.34
11-08-2023	11-17-2023	355300368	7003952956	Invoice	(881.79)		0.00	(881.79)
11-08-2023	11-17-2023	355300369	7003952956	Invoice	2,013.93		0.00	2,013.93
11-09-2023	11-17-2023	3153636286	7004676113	Invoice	240.49		0.00	240.49
11-10-2023	11-17-2023	3153782751	7004687964	Invoice	47.27		0.00	47.27

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,593.35	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
11-10-2023	(840.83)

APPROVED ON
NOV 13 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
11-17-2023	2,593.35
Total Due:	2,593.35

Andrew D. DeLoach
11/13/23



Program Charge

INVOICE

Invoice Number: **355210964**

Invoice Date: 10/28/2023

Serviced By

AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

Ship To

US BIOSERVICES CARROLLTON 340B
5025 PLANO PARKWAY SUITE 100
CARROLLTON TX 75010

Shipped From

AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

Sold To

MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979

STATE LIC: 0077623
DEA: RA0316958

CUSTOMER NUMBER

100270691 / 018628707

DOCUMENT TOTAL

55.00

DUE DATE

11/10/2023

PAYMENT TERMS

Sat - Fri Due in 7 days

Remit To

AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Qty	UOM	Description	Item Number	Unit Price	Extended Amount
-----	-----	-------------	-------------	------------	-----------------

1	EA	PHARM DATA SERVICES PRICE MAINTENANCE	80000014 063786	55.00	55.00
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APPROVED ON

NOV 13 2023

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

If you have any questions, our Customer Service team is here to help.
Please call 844-222-2273 or email service@amerisourcebergen.com

Total Amount:

55.00



Program Charge

INVOICE

Invoice Number: **355211226**

Invoice Date: 10/28/2023

Served By	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Ship To	SENDERRA RX PHY 340B MEMORIAL MEDICAL CENTER 3712 E PLANO PKWY STE 200 PLANO TX 75074-1831	CUSTOMER NUMBER	
			STATE LIC: 26699 DEA: FS1799610	100288078 / 037983771	
Shipped From	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA ST PORT LAVACA TX 77979	DOCUMENT TOTAL DUE DATE	
	STATE LIC: 0077623 DEA: RA0316958			55.00	11/10/2023
				PAYMENT TERMS	
				Sat - Fri Due in 7 days	
				Remit To	
				AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	

Qty	UOM	Description	Item Number	Unit Price	Extended Amount
1	EA	PHARM DATA SERVICES PRICE MAINTENANCE	80000014 063786	55.00	55.00

APPROVED ON
NOV 13 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

If you have any questions, our Customer Service team is here to help.
Please call 844-222-2273 or email service@amerisourcebergen.com

Total Amount: 55.00

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 6, 2023 - Nov 12, 2023 ✓**

Pay Plus

103.40 +
357.81 +
5.28 +
114.63 +
581.12 *
Clearage
117.37 +
117.37 *
Expert Pay
570.69 +
570.69
CC Fees
75.67 +
32.45 +
129.00 +
725.69 +
458.01 +
1,167.36 +
1,356.15 +
262.11 +
65.80 +
1,356.15 +
262.11 +
65.80 +
258.23 +
4,530.47 *

Date	Bank Description	MMC Notes
11/6/2023	PAY PLUS ACHTrans 000000005782261 1010006957	- 3rd Party Payor Fee
11/6/2023	FDMS FDMS PYMT 052-2000500-000 4100012411648	- Credit Card Processing Fee
11/6/2023	FDMS FDMS PYMT 052-1601830-000 4100012410638	- Credit Card Processing Fee
11/7/2023	PAY PLUS ACHTrans 000000005842861 1010006971	- 3rd Party Payor Fee
11/7/2023	MCKESSON DRUG AUTO ACH ACH05726079 910000143	- 340B Drug Program Expense
11/8/2023	PAY PLUS ACHTrans 000000005972296 1010006982	- 3rd Party Payor Fee
11/8/2023	CLEARGAGE LLC CLEARGAGE, 19VV8M0ZQKU8WY4 242	- Patient Financing Service
11/9/2023	WIRE OUT HEALTHEQUITY	- Wages
11/9/2023	PAY PLUS ACHTrans 000000006113529 1010006992	- 3rd Party Payor Fee
11/9/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
11/10/2023	EXPERTPAY EXPERTPAY 746003411 91000018682301	+ Child Support Payment
11/10/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
11/10/2023	TSYS/TRANSFIRST MERCH FEES 39300982589946 61	- Credit Card Processing Fee
11/10/2023	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee
11/10/2023	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee
11/10/2023	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee
11/10/2023	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee
11/10/2023	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee
11/10/2023	TSYS/TRANSFIRST MERCH FEES 41399801391837 61	- Credit Card Processing Fee
11/10/2023	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee

Amount
\$ 103.40
\$ 75.67
\$ 32.45
\$ 357.81
\$ 9,965.13 *
\$ 5.28
\$ 117.37
\$ 3,467.50 *
\$ 114.63
\$ 374,402.99 *
\$ 570.69
\$ 840.83 **
\$ 129.00
\$ 725.69
\$ 458.01
\$ 1,167.36
\$ 1,356.15
\$ 262.11
\$ 65.80
\$ 258.23
394,476.10 ✓

394,476.10 +
9,965.13 -
3,467.50 -
374,402.99 -
840.83 -
5,799.65 *
5,799.65 +
5,799.65 -
0.00 *

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

November 13, 2023

* Approved 11-08-23 CC
** 230.93 Approved 11-08-23 CC
(110.00 difference came in on separate invoices; To be approved this court)

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

Date	Description	MMC Notes
11/15/2023	- WEBFILE TAX PYMT DD	- Sales Tax
11/20/2023	- TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding

Amount
2,063.60 ✓
190,641.93 ✓
192,705.53 ✓

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

November 13, 2023

**APPROVED ON
NOV 13 2023**

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Date/Time 11-06-2023 / 04:04 PM
Submitted By ---

Pay Date 10-31-2023

Employee Deposits	\$76,960.77
Employer Contributions	\$113,681.16
Group Term Life Premiums	\$0.00
Total	\$190,641.93 ✓

Comments

Payroll File October 2023 Retirement Upload.xlsx ✓

CLOSE

PRINT

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 10/31/2023 (2310)

Taxpayer ID:	Taxpayer Name:	Entered By:
User ID:	MEMORIAL MEDICAL CENTER ✓	Email Address:
Reference Number: 31423088426	Taxpayer Address:	Telephone Number:
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA, TX	
11/10/2023, 10:39:26 AM	77979-3025	
	IP Address:	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number:	Type of Bank Account: Checking
State Amount: \$1,563.33	Trace Number:	Accountholder Name:
Local Amount: \$500.27		Memorial Medical Center Operating
Amount to Pay: \$2,063.60		Bank Routing Number:
Electronic Check: \$2,063.60		Bank Account Number:
		Payment Effective Date: 11/14/2023

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	25139	25139	0	25139	1571.19	25139	0.02	502.78
SubTotal	25139	25139	0	25139	1571.19	25139		502.78

Total Tax for Locations **\$2,073.97**

Total Tax Due:	\$2,073.97
Timely Filing Discount:	-\$10.37
Balance Due:	\$2,063.60
Pending Payments:	-\$0.00
Total Amount Due and Payable:	\$2,063.60 ✓

(State amount due is \$1,563.33) (Local amount due is \$500.27)

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 09 2023

11/09/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110123		11/08/20	11/01/20	12/02/20		2,200.00	0.00	0.00	2,200.00 ✓

TRANSFER *NH insurance pymt deposited into nmc open*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	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

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 201607

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 09 2023

11/09/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110123		11/08/20	11/01/20	12/02/20		1,600.00	0.00	0.00	1,600.00 ✓

TRANSFER *Net insurance pymt deposited into mme opent*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	1,600.00	0.00	0.00	1,600.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,600.00	0.00	0.00	1,600.00

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck#201604

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 09 2023

11/09/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11836	GOLDENCREEK HEALTHCARE ✓										
103123C		10/31/20	10/31/20	12/02/20		790.00	0.00	0.00	790.00 ✓		
103123B	TRANSFER <i>NH insurance pymt deposited into MMC opent</i>	10/31/20	10/31/20	12/02/20		175.31	0.00	0.00	175.31 ✓		
103123A	TRANSFER "	10/31/20	10/31/20	12/02/20		12,918.18	0.00	0.00	12,918.18 ✓		
103123	TRANSFER "	10/31/20	10/31/20	12/02/20		2,640.90	0.00	0.00	2,640.90 ✓		
110123	TRANSFER "	11/08/20	11/01/20	12/02/20		45,152.84	0.00	0.00	45,152.84 ✓		
110323	TRANSFER "	11/08/20	11/03/20	12/03/20		1,576.20	0.00	0.00	1,576.20 ✓		
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11836	GOLDENCREEK HEALTHCARE	63,253.43	0.00	0.00	63,253.43

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	63,253.43	0.00	0.00	63,253.43

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#201605

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 09 2023

11/09/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
103123A		10/31/20	10/31/20	12/02/20		237.48	0.00	0.00	237.48 ✓
	TRANSFER	<i>MH insurance pymt deposited into MHC open h</i>							
110123		11/08/20	11/01/20	12/02/20		515.78	0.00	0.00	515.78 ✓
	TRANSFER	"							
110223		11/08/20	11/02/20	12/02/20		800.00	0.00	0.00	800.00 ✓
	TRANSFER	"							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	1,553.26	0.00	0.00	1,553.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,553.26	0.00	0.00	1,553.26

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#201604

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 09 2023

11:14

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
103123		10/31/20	10/31/20	12/02/20		2,294.79	0.00	0.00	2,294.79 ✓		
	TRANSFER	<i>NH insurance pymt deposited into mme operating</i>									
110323		11/08/20	11/03/20	12/03/20		50.10	0.00	0.00	50.10 ✓		
	TRANSFER	"									
110323A		11/08/20	11/03/20	12/03/20		6,000.00	0.00	0.00	6,000.00 ✓		
	TRANSFER	"									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						13004	TUSCANY VILLAGE	8,344.89	0.00	0.00	8,344.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,344.89	0.00	0.00	8,344.89

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 201608

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 09 2023
11/09/2023

11:18
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110123		11/08/20	11/01/20	12/02/20		32,412.95	0.00	0.00	32,412.95
	TRANSFER	<i>NH insurance pymt deposited into MME open.</i>							
110123A		11/08/20	11/01/20	12/02/20		1,102.89	0.00	0.00	1,102.89
	TRANSFER	"							
110323		11/08/20	11/03/20	12/03/20		145.92	0.00	0.00	145.92
	TRANSFER	"							
110323A		11/08/20	11/03/20	12/03/20		6,297.51	0.00	0.00	6,297.51
	TRANSFER	"							
110123B		11/09/20	11/01/20	12/03/20		120.59	0.00	0.00	120.59
	TRANSFER	"							

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
12792		BETHANY SENIOR LIVING	40,079.86	0.00	0.00	40,079.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,079.86	0.00	0.00	40,079.86

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 21603

8

RUN DATE:11/14/23
 TIME:11:58

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 11/15/23 THRU 11/15/23

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	201521	11/15/23	27,492.17	CALHOUN COUNTY
A/P	201522	11/15/23	150,000.00	CALHOUN COUNTY
A/P	201523	11/15/23	3,892.25	AIRGAS USA, LLC - CENTRAL DIV
A/P	201524	11/15/23	450.63	ALIMED INC.
A/P	201525	11/15/23	190.94	AMAZON CAPITAL SERVICES
A/P	201526	11/15/23	7,766.70	AUTHORITYRX
A/P	201527	11/15/23	9,102.38	AYA HEALTHCARE INC
A/P	201528	11/15/23	5.69	BAXTER HEALTHCARE
A/P	201529	11/15/23	2,884.98	BECKMAN COULTER INC
A/P	201530	11/15/23	1,525.95	BIO-RAD LABORATORIES, INC
A/P	201531	11/15/23	38,414.47	CALHOUN COUNTY
A/P	201532	11/15/23	20.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	201533	11/15/23	15,640.47	CDW GOVERNMENT, INC.
A/P	201534	11/15/23	1,699.00	CERVEY, LLC
A/P	201535	11/15/23	73.07	CHRISTOPHER FISHER
A/P	201536	11/15/23	1,208.25	CLEARFLY
A/P	201537	11/15/23	511.53	COCA COLA SOUTHWEST BEVERAGES
A/P	201538	11/15/23	543.66	COMBINED INSURANCE
A/P	201539	11/15/23	5,699.30	COMMUNITY INFUSION SOLUTIONS
A/P	201540	11/15/23	881.40	COOK MEDICAL INCORPORATED
A/P	201541	11/15/23	491.50	COVIDIEN SALES LLC
A/P	201542	11/15/23	751.12	DEWITT POTH & SON
A/P	201543	11/15/23	50,311.25	DIAMOND HEALTHCARE CORP
A/P	201544	11/15/23	178,338.32	DISCOVERY MEDICAL NETWORK INC
A/P	201545	11/15/23	2,899.00	DOOR CONTROL SERVICES, INC
A/P	201546	11/15/23	1,500.00	DR JEANNINE GRIFFIN
A/P	201547	11/15/23	2,300.00	DR. JOHN WRIGHT
A/P	201548	11/15/23	45.00	DR. JOSEPH JENKINS
A/P	201549	11/15/23	3,000.00	DR. TIMU KWI
A/P	201550	11/15/23	340.45	DRIESSEN WATER INC. (CULLIGAN)
A/P	201551	11/15/23	10,625.00	EMERGENCY STAFFING SOLUTIONS
A/P	201552	11/15/23	294.00	EPI-EDWARD PLUMBING
A/P	201553	11/15/23	4,678.75	FAVORITE HEALTHCARE STAFFING
A/P	201554	11/15/23	5,828.89	FISHER HEALTHCARE
A/P	201555	11/15/23	51.95	GE HEALTHCARE
A/P	201556	11/15/23	306.96	GRAINGER
A/P	201557	11/15/23	75.00	GULF COAST DELIVERY
A/P	201558	11/15/23	2,133.22	GULF COAST PAPER COMPANY
A/P	201559	11/15/23	72.02	H + H SYSTEM, INC.
A/P	201560	11/15/23	180.66	HEALTH CARE LOGISTICS INC
A/P	201561	11/15/23	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	201562	11/15/23	995.91	HEB CREDIT RECEIVABLES DEPT308
A/P	201563	11/15/23	573.53	HEWLETT-PACKARD
A/P	201564	11/15/23	557.75	HOLOGIC INC
A/P	201565	11/15/23	1,487.90	IRON MOUNTAIN
A/P	201566	11/15/23	27,875.47	ITA RESOURCES INC
A/P	201567	11/15/23	250.00	ITERSOURCE CORPORATION
A/P	201568	11/15/23	9,000.00	JINDAL X LLC
A/P	201569	11/15/23	49.02	LANGUAGE LINE SERVICES
A/P	201570	11/15/23	556.76	LOWE'S BUSINESS ACCT/SYNCR

RUN DATE:11/14/23
TIME:11:58

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/15/23 THRU 11/15/23

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	201571	11/15/23	5,001.75	LRS HEALTHCARE
A/P	201572	11/15/23	1,115.86	M G TRUST
A/P	201573	11/15/23	.00	VOIDED
A/P	201574	11/15/23	4,883.37	MEDLINE INDUSTRIES INC
A/P	201575	11/15/23	129.60	METTLER-TOLEDO RAININ, LLC
A/P	201576	11/15/23	163.61	MICROTEK MEDICAL INC
A/P	201577	11/15/23	.00	VOIDED
A/P	201578	11/15/23	.00	VOIDED
A/P	201579	11/15/23	19,825.04	MORRIS & DICKSON CO, LLC
A/P	201580	11/15/23	296.24	NACOGDOCHES TRANSCRIPTION
A/P	201581	11/15/23	1,178.33	POC ELECTRIC, LLC
A/P	201582	11/15/23	115.33	POWER HARDWARE
A/P	201583	11/15/23	2,729.72	PRESS GANEY ASSOCIATES, INC.
A/P	201584	11/15/23	900.00	RADCOM ASSOCIATES, LLC
A/P	201585	11/15/23	103.95	SHARN INC
A/P	201586	11/15/23	2,237.46	SHERWIN WILLIAMS
A/P	201587	11/15/23	3,402.25	SIEMENS MEDICAL SOLUTIONS INC
A/P	201588	11/15/23	768.02	SINGLETON ASSOCIATES PA
A/P	201589	11/15/23	14,266.66	SINGLETON ASSOCIATES, P.A.
A/P	201590	11/15/23	6,673.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	201591	11/15/23	2,250.00	SPARKLIGHT
A/P	201592	11/15/23	420.00	ST DAVIDS HEALTHCARE
A/P	201593	11/15/23	404.20	STAPLES
A/P	201594	11/15/23	.00	VOIDED
A/P	201595	11/15/23	2,869.40	STERIS INSTRUMENT MANAGEMENT
A/P	201596	11/15/23	6,130.42	T-SYSTEM, INC
A/P	201597	11/15/23	8,305.00	TEXAS SELECT STAFFING, LLC
A/P	201598	11/15/23	2,390.00	THE HARTFORD
A/P	201599	11/15/23	542.30	TMS SOUTH
A/P	201600	11/15/23	2,886.82	UPDOX LLC
A/P	201601	11/15/23	29.00	VICTORIA ADVOCATE
A/P	201602	11/15/23	1,586.44	WERFEN USA LLC
A/P	201603	11/15/23	40,079.86	BETHANY SENIOR LIVING
A/P	201604	11/15/23	1,600.00	BROADMOOR AT CREEKSIDE PARK
A/P	201605	11/15/23	63,253.43	GOLDENCREEK HEALTHCARE
A/P	201606	11/15/23	1,553.26	GULF POINTE PLAZA
A/P	201607	11/15/23	2,200.00	SOLERA WEST HOUSTON
A/P	201608	11/15/23	8,344.89	TUSCANY VILLAGE
A/P	201609	11/15/23	43.83	[REDACTED]
A/P	201610	11/15/23	198.90	[REDACTED]
A/P	201611	11/15/23	500.00	[REDACTED]
TOTALS:			786,350.21	

Payables 518,576.04 +
Patient refunds 742.73 +
critical 150,000.00 +
NH Trusts 117,031.44 +
786,350.21 *

APPROVED ON

NOV 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/13/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		94,302.56	94,020.19	98,699.63		98,992.00	34,360.11
						Bank Balance	98,992.00
						Variance	
						Leave in Balance	100.00
						YS IAR/YS IGT REFUND	64,339.52
						Oct. November Interest	182.37
						Adjust Balance/Transfer Amt	34,360.11
Broadmoor		50,562.86	39,006.75	84,704.04		96,260.15	84,704.04
						Bank Balance	96,260.15
						Variance	
						Leave in Balance	100.00
						Molina YS ADI 1 owed to MMC	2,299.47
						Oct. November Interest	156.64
						Adjust Balance/Transfer Amt	84,704.04
Crescent		163,384.77	162,593.99	256,202.04		256,592.82	223,766.75
						Bank Balance	256,592.82
						Variance	
						Leave in Balance	100.00
						YS IAR/YS IGT REFUND	26,585.29
						Claim pymt owed to Tuscan	5,850.00
						Oct. November Interest	290.78
						Adjust Balance/Transfer Amt	223,766.75
Fort Bend		35,780.76	35,596.28	32,739.72		32,924.20	
						Bank Balance	32,924.20
						Variance	
						Leave in Balance	100.00
						YS IAR/YS IGT REFUND	86,902.69
						Oct. November Interest	84.48
						Adjust Balance/Transfer Amt	(54,162.97)
Solera at W Houston		61,341.02	61,012.90	113,218.27		113,546.39	107,775.99
						Bank Balance	113,546.39
						Variance	
						Leave in Balance	100.00
						YS IAR/YS IGT REFUND	5,442.28
						Oct. November Interest	228.12
						Adjust Balance/Transfer Amt	107,775.99

34,360.11 +
84,704.04 +
223,766.75 + 1 Bend / Broadmoor
107,775.99 +
4,506.06 = 89 *

APPROVED ON
NOV 13 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 450,606.89
Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 11/13/2023

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.

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/10/2023 MANAGEANDNET1718 MNS PMNT 00000000000093 41	9,852.00	-	-	-	-	9,852.00	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	55,983.22	-	-	-	-	55,983.22	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	7,671.10	-	-	-	-	7,671.10	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	20,714.98	-	-	-	-	20,714.98	
11/9/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	94,020.19	-	-	-	-	-	
11/9/2023 Deposit	1,411.10	-	-	-	-	1,411.10	
11/9/2023 MANAGEANDNET1718 MNS PMNT 00000000000093 41	75.60	-	-	-	-	75.60	
11/8/2023 MANAGEANDNET1718 MNS PMNT 00000000000093 41	288.00	-	-	-	-	288.00	
11/8/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,703.63	-	-	-	-	2,703.63	
94,020.19	98,699.63	-	-	-	-	98,699.63	

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	25,243.05	-	-	-	-	25,243.05	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	9,560.18	-	-	-	-	9,560.18	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	7,773.22	-	-	-	-	7,773.22	
11/10/2023 AARP Supplementa HCCLAIMPMT 746003411 124384	3,800.00	-	-	-	-	3,800.00	
11/9/2023 251	1,411.10	-	-	-	-	-	
11/9/2023 253	589.39	-	-	-	-	-	
11/9/2023 255	618.26	-	-	-	-	-	
11/9/2023 254	977.42	-	-	-	-	-	
11/9/2023 252	378.90	-	-	-	-	-	
11/9/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	35,031.68	-	-	-	-	-	
11/9/2023 Deposit	1,000.00	-	-	-	-	1,000.00	
11/8/2023 HNB - ECHO HCCLAIMPMT 746003411 440000270101	8,428.86	-	-	-	-	8,428.86	
11/8/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384	6,500.00	-	-	-	-	6,500.00	
11/8/2023 UMR HCCLAIMPMT 746003411 124384872571461	9,595.00	-	-	-	-	9,595.00	
11/8/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,923.22	-	-	-	-	4,923.22	
11/8/2023 AARP Supplementa HCCLAIMPMT 746003411 124384	404.10	-	-	-	-	404.10	
11/7/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,939.31	-	-	-	-	1,939.31	
11/7/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	2,529.38	-	-	-	-	2,529.38	
11/7/2023 AARP Supplementa HCCLAIMPMT 746003411 124384	900.51	-	-	-	-	900.51	
11/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000272619	2,107.21	-	-	-	-	2,107.21	
35,006.75	84,704.04	-	-	-	-	84,704.04	

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243918	12,814.81	-	-	-	-	12,814.81	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	23,957.85	-	-	-	-	23,957.85	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	3,608.80	-	-	-	-	3,608.80	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	16,858.08	-	-	-	-	16,858.08	
11/10/2023 DEVOTED HEALTH P HCCLAIMPMT 21000026411805	900.00	-	-	-	-	900.00	
11/10/2023 DEVOTED HEALTH P HCCLAIMPMT 21000026411809	308.83	-	-	-	-	308.83	
11/10/2023 DEVOTED HEALTH P HCCLAIMPMT 21000026411807	2,250.00	-	-	-	-	2,250.00	
11/9/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	162,993.99	-	-	-	-	-	
11/9/2023 Deposit	378.90	-	-	-	-	378.90	
11/9/2023 Deposit	4,200.00	-	-	-	-	4,200.00	
11/9/2023 HNB - ECHO HCCLAIMPMT 746003411 440000203360	7,840.80	-	-	-	-	7,840.80	
11/9/2023 DEVOTED HEALTH P HCCLAIMPMT 21000027861358	49,772.00	-	-	-	-	49,772.00	
11/8/2023 HNB - ECHO HCCLAIMPMT 746003411 440000270128	6,831.30	-	-	-	-	6,831.30	
11/8/2023 DEVOTED HEALTH P HCCLAIMPMT 21000027121387	5,400.00	-	-	-	-	5,400.00	
11/8/2023 DEVOTED HEALTH P HCCLAIMPMT 21000027121383	85,235.77	-	-	-	-	85,235.77	
11/8/2023 DEVOTED HEALTH P HCCLAIMPMT 21000027121385	17,662.32	-	-	-	-	17,662.32	
11/8/2023 DEVOTED HEALTH P HCCLAIMPMT 21000023489397	2,700.00	-	-	-	-	2,700.00	
11/7/2023 HUMANA CHA DISB HCCLAIMPMT 34189460 42000014	8,370.00	-	-	-	-	8,370.00	
11/7/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	4,107.06	-	-	-	-	4,107.06	
11/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000272619	1,205.52	-	-	-	-	1,205.52	
11/6/2023 DEVOTED HEALTH P HCCLAIMPMT 21000025599012	1,800.00	-	-	-	-	1,800.00	
162,993.99	256,202.04	-	-	-	-	256,202.04	

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	29,850.97	-	-	-	-	29,850.97	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	982.30	-	-	-	-	982.30	
11/9/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	35,596.28	-	-	-	-	-	
11/9/2023 Deposit	618.26	-	-	-	-	618.26	
11/9/2023 AARP Supplementa HCCLAIMPMT 746003411 124384	16.18	-	-	-	-	16.18	
11/8/2023 AARP Supplementa HCCLAIMPMT 746003411 124384	61.06	-	-	-	-	61.06	
11/7/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,210.95	-	-	-	-	1,210.95	
35,596.28	32,739.72	-	-	-	-	32,739.72	

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/10/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243918	8,820.90	-	-	-	-	8,820.90	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	34,792.06	-	-	-	-	34,792.06	
11/10/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	24,622.82	-	-	-	-	24,622.82	
11/9/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	61,012.90	-	-	-	-	-	
11/9/2023 Deposit	589.39	-	-	-	-	589.39	
11/9/2023 MANAGEANDNET1718 MNS PMNT 0000000000002482 41	5,792.00	-	-	-	-	5,792.00	
11/8/2023 MANAGEANDNET1718 MNS PMNT 0000000000002482 41	1,656.00	-	-	-	-	1,656.00	
11/8/2023 HNB - ECHO HCCLAIMPMT 746003411 440000270109	4,410.45	-	-	-	-	4,410.45	
11/8/2023 UnitedHealthcare HCCLAIMPMT 746003411 910000	7,200.00	-	-	-	-	7,200.00	
11/8/2023 HUMANA CHA DISB HCCLAIMPMT 34263628 42000017	16,567.16	-	-	-	-	16,567.16	
11/7/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,204.17	-	-	-	-	4,204.17	
11/7/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	2,287.95	-	-	-	-	2,287.95	
11/7/2023 AARP Supplementa HCCLAIMPMT 746003411 124384	2,200.00	-	-	-	-	2,200.00	
11/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000272333	75.37	-	-	-	-	75.37	
61,012.90	113,218.27	-	-	-	-	113,218.27	
392,630.11	585,563.70	-	-	-	-	585,563.70	

TOTALS

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DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$5,356,044.46	\$5,847,377.54	\$5,897,096.65	\$5,847,377.54

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$2,881,621.22	\$2,825,990.57	\$2,881,621.22	\$2,708,498.36
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$539.81	\$539.81	\$539.81	\$539.81
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373	\$434.57	\$434.57	\$434.57	\$434.57
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$98,982.00	\$120,693.51	\$98,982.00	\$4,760.70
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$96,260.15	\$122,833.31	\$96,260.15	\$49,883.70
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$256,592.82	\$265,385.85	\$256,592.82	\$195,804.45
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$113,546.39	\$133,071.39	\$113,546.39	\$45,310.61
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$32,924.20	\$34,433.19	\$32,924.20	\$2,090.93
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$67,767.17	\$67,767.17	\$67,767.17	\$65,248.17
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$15,919.07	\$15,950.43	\$15,919.07	\$1,188.40
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$50,107.40	\$52,242.40	\$50,107.40	\$50,107.40
MMC -NH BETHANY SENIOR LIVING *5506	\$100,895.23	\$125,966.94	\$100,895.23	\$100,299.85
MMC -NH TUSCANY VILLAGE *3407	\$37,389.16	\$37,389.16	\$37,389.16	\$37,389.16
MMC -BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 11/13/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		737.95		15,181.12			15,919.07	15,819.07
						Bank Balance	15,919.07	
						Variance		
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 15,819.07

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		55,523.61	55,423.61	50,007.40			50,107.40	50,007.40
						Bank Balance	50,107.40	
						Variance		
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 50,007.40

Routine Information for Gulf Pointe Plaza:



TOTAL TRANSFERS 65,826.47

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 11/13/2023

APPROVED ON
NOV 13 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

11/10/2023 NDC SWEEP FAC H261 21000029428812 SWEEP FR
 11/8/2023 HNB - ECHO HCCLAIMPMT 746003411 440000270101
 11/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000272619
 11/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000272298
 11/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000272550

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	14,730.67	-	-	-	-	-	14,730.67
-	115.26	-	-	-	-	-	115.26
-	23.52	-	-	-	-	-	23.52
-	288.15	-	-	-	-	-	288.15
-	23.52	-	-	-	-	-	23.52
-	15,181.12	-	-	-	-	-	15,181.12

Gulf Pointe Plaza-Medicare/Medicaid

11/9/2023 WIRE OUT HMG Rockport SNF, LP - Commerical
 11/9/2023 Deposit
 11/9/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 11/8/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 11/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000229117
 11/6/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 11/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000272298

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
55,423.61	-	-	-	-	-	-	-
-	388.98	-	-	-	-	-	388.98
-	45,485.98	-	-	-	-	-	45,485.98
-	100.00	-	-	-	-	-	100.00
-	3,344.38	-	-	-	-	-	3,344.38
-	100.00	-	-	-	-	-	100.00
-	588.06	-	-	-	-	-	588.06
55,423.61	50,007.40	-	-	-	-	-	50,007.40
55,423.61	65,188.52	-	-	-	-	-	65,188.52

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❖ DDA (15)

Prior Day Balance: \$5,356,044.46 | Collected Balance: \$5,847,377.54 | Available Balance: \$5,897,096.65 | Current Balance: \$5,847,377.54

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$2,881,621.22	\$2,825,990.57	\$2,881,621.22	\$2,708,498.36
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$539.81	\$539.81	\$539.81	\$539.81
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373	\$434.57	\$434.57	\$434.57	\$434.57
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$98,982.00	\$120,693.51	\$98,982.00	\$4,760.70
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$96,260.15	\$122,833.31	\$96,260.15	\$49,883.70
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$256,592.82	\$265,385.85	\$256,592.82	\$195,894.45
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$113,546.39	\$133,071.39	\$113,546.39	\$45,310.61
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$32,924.20	\$34,433.19	\$32,924.20	\$2,090.93
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$67,767.17	\$67,767.17	\$67,767.17	\$65,248.17
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433 ✓	\$15,919.07	\$15,950.43 ✓	\$15,919.07	\$1,188.40
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ✓	\$50,107.40	\$52,242.40 ✓	\$50,107.40	\$50,107.40
MMC -NH BETHANY SENIOR LIVING *5506	\$100,895.23	\$125,966.94	\$100,895.23	\$100,299.65
MMC -NH TUSCANY VILLAGE *3407	\$37,389.16	\$37,389.16	\$37,389.16	\$37,389.16
MMC -BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 11/13/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village	93,309.19	92,926.17	37,006.14				37,389.16	20,333.21
						Bank Balance Variance	37,389.16	
						Leave in Balance	100.00	
						YS IAR/YS IGT REFUND	16,672.93	
						Oct-November Interest	283.02	
						Adjust Balance/Transfer Amt	<u>20,333.21</u>	
						Approved: Andrew De los Santos		
						ANDREW DE LOS SANTOS		11/13/2023

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

APPROVED ON
 NOV 13 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

MMC PORTION

	<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC PORTION				NH PORTION	
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse		QIPP TI
11/9/2023 WIRE OUT LINBAR ENTERPRISES, LLC	92,926.17	-	-	-	-	-	-	-
11/9/2023 Deposit	-	18,242.14	-	-	-	-	-	18,242.14
11/9/2023 Deposit	-	977.42	-	-	-	-	-	977.42
11/8/2023 HNB - ECHO HCCLAIMPMT 746003411 440000270141	-	484.17	-	-	-	-	-	484.17
11/8/2023 HNB - ECHO HCCLAIMPMT 746003411 440000270141	-	4,454.55	-	-	-	-	-	4,454.55
11/6/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000110	-	12,847.86	-	-	-	-	-	12,847.86
	<u>92,926.17</u> ✓	<u>37,006.14</u> ✓	-	-	-	-	-	<u>37,006.14</u> ✓

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

Collapse All | Sort: Display Name

DDA (15) | **Prior Day Balance** \$5,356,044.46 | **Collected Balance** \$5,847,377.54 | **Available Balance** \$5,897,096.65 | **Current Balance** \$5,847,377.54

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$2,881,621.22	\$2,825,990.57	\$2,881,621.22	\$2,708,498.36
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$539.81	\$539.81	\$539.81	\$539.81
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373	\$434.57	\$434.57	\$434.57	\$434.57
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$98,982.00	\$120,693.51	\$98,982.00	\$4,760.70
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$96,260.15	\$122,833.31	\$96,260.15	\$49,883.70
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$256,592.82	\$265,385.85	\$256,592.82	\$195,894.45
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$113,546.39	\$133,071.30	\$113,546.39	\$45,310.61
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$32,924.20	\$34,433.19	\$32,924.20	\$2,090.93
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$67,767.17	\$67,767.17	\$67,767.17	\$65,248.17
MMC-NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$15,919.07	\$15,950.43	\$15,919.07	\$1,188.40
MMC-NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$50,107.40	\$52,242.40	\$50,107.40	\$50,107.40
MMC-NH BETHANY SENIOR LIVING *5506	\$100,895.23	\$125,066.94	\$100,895.23	\$100,299.85
MMC-NH TUSCANY VILLAGE *3407 ✓	\$37,389.16	\$37,389.16	\$37,389.16	\$37,389.16
MMC-BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC-MONEY MARKET FUND *2998	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 11/13/2023

Nursing Home	Account	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		36,177.01	35,844.76	100,562.98			100,895.23	100,562.98
						Bank Balance	100,895.23	
						Variance	100,895.23	
						Leave in Balance	100.00	
						Oct. November Interest	232.25	
						Adjust Balance/Transfer Amt	100,562.98	

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 11/13/2023

APPROVED ON
 NOV 13 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

11/10/2023 HOSPICE OF SOUTH Payments NF 113122650024186
11/9/2023 WIRE OUT PORT LAVACA NH, LLC
11/9/2023 Deposit
11/7/2023 NDC SWEEP FAC K236 31316962990631 SWEEP FR
11/7/2023 Deposit
11/7/2023 Deposit
11/7/2023 Deposit
11/7/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
11/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000272619
11/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000272298

		MMC PORTION						
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION	
-	595.38	-	-	-	-	-	595.38	
35,844.76	-	-	-	-	-	-	-	
-	22,369.75	-	-	-	-	-	22,369.75	
-	2,527.50	-	-	-	-	-	2,527.50	
-	17,460.35	-	-	-	-	-	17,460.35	
-	52,941.58	-	-	-	-	-	52,941.58	
-	2,299.90	-	-	-	-	-	2,299.90	
-	1,767.06	-	-	-	-	-	1,767.06	
-	61.92	-	-	-	-	-	61.92	
-	539.54	-	-	-	-	-	539.54	
35,844.76	100,562.98	-	-	-	-	-	100,562.98	

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DDA (15) | **Prior Day Balance** \$5,356,044.46 | **Collected Balance** \$5,847,377.54 | **Available Balance** \$5,897,096.65 | **Current Balance** \$5,847,377.54

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$2,881,621.22	\$2,825,990.57	\$2,881,621.22	\$2,708,498.36
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$539.81	\$539.81	\$539.81	\$539.81
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373	\$434.57	\$434.57	\$434.57	\$434.57
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$98,982.00	\$120,693.51	\$96,982.00	\$4,760.70
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$96,260.15	\$122,833.31	\$96,260.15	\$49,683.70
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$256,592.82	\$265,385.85	\$256,592.82	\$195,894.45
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$113,546.39	\$133,071.30	\$113,546.39	\$45,310.61
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$32,924.20	\$34,433.19	\$32,924.20	\$2,090.93
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$67,767.17	\$67,767.17	\$67,767.17	\$65,248.17
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$15,919.07	\$15,950.43	\$15,919.07	\$1,188.40
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$50,107.40	\$52,242.40	\$50,107.40	\$50,107.40
MMC -NH BETHANY SENIOR LIVING *5506	\$100,895.23	\$125,966.94	\$100,895.23	\$100,299.85
MMC -NH TUSCANY VILLAGE *3407	\$37,389.16	\$37,389.16	\$37,389.16	\$37,389.16
MMC -BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35

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	216844454	27,802.83	29,800.33	69,764.67		67,767.17	67,483.67
						Bank Balance	67,767.17
						Variance	-
						Leave in Balance	100.00

Routing Information for Golden Creek:
 Nexion Health at Golden Creek
 Wells Fargo Bank, N.A.
 ABA 121000248
 Account # 4439840323

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.

Oct.
 November Interest 183.50

Adjust Balance/Transfer Amt 67,483.67

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 11/13/2023

APPROVED ON
 NOV 13 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek ✓

11/10/2023 GOLDENCREEKHEALT ELEC DEBIT 1220356 91000015
11/10/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001590
11/9/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
11/9/2023 Deposit
11/9/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
11/9/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001853
11/8/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
11/7/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001023
11/6/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
11/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000272550
11/6/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000110
11/6/2023 Am Health TX PAYMENT 21531 84307030010340

Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
		QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	
2,281.00	4,800.00	-	-	-	-	-
27,519.33	-	-	-	-	-	4,800.00
-	14,071.80	-	-	-	-	14,071.80
-	2,000.00	-	-	-	-	2,000.00
-	5,362.11	-	-	-	-	5,362.11
-	10,738.38	-	-	-	-	10,738.38
-	5,581.50	-	-	-	-	5,581.50
-	1,832.65	-	-	-	-	1,832.65
-	551.68	-	-	-	-	551.68
-	8,826.55	-	-	-	-	8,826.55
-	16,000.00	-	-	-	-	16,000.00
29,800.33	69,764.67	-	-	-	-	69,764.67

Returned check payment for resident.
Should be coming out of golden creek
disbursement account. In process of
being corrected.

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Collapse All

Sort: Display Name

❖ DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$5,356,044.46	\$5,847,377.54	\$5,897,096.65	\$5,847,377.54

Account Name	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$2,881,621.22	\$2,825,990.57	\$2,881,621.22	\$2,708,498.36
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$539.81	\$539.81	\$539.81	\$539.81
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373	\$434.57	\$434.57	\$434.57	\$434.57
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$98,982.00	\$120,693.51	\$98,982.00	\$4,760.70
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$96,260.15	\$122,833.31	\$96,260.15	\$49,883.70
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$256,592.82	\$265,385.85	\$256,592.82	\$195,894.45
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$113,546.39	\$133,071.39	\$113,546.39	\$45,310.61
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$32,924.20	\$34,433.19	\$32,924.20	\$2,090.93
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$67,767.17	\$67,767.17	\$67,767.17	\$65,248.17
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$15,919.07	\$15,950.43	\$15,919.07	\$1,188.40
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$50,107.40	\$52,242.40	\$50,107.40	\$50,107.40
MMC -NH BETHANY SENIOR LIVING *5506	\$100,895.23	\$125,966.94	\$100,895.23	\$100,299.85
MMC -NH TUSCANY VILLAGE *3407	\$37,389.16	\$37,389.16	\$37,389.16	\$37,389.16
MMC -BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35

Ashford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

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MMC

Date Requested: 11/13/2023

FOR ACCT USE ONLY

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

APPROVED ON
NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
ck# 001219

AMOUNT: \$ 64,339.52 ✓ G/L NUMBER: 10255040

EXPLANATION: Y5 IAR/Y5 IGT REFUND OWED TO MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. G... [Signature]

11/13/23

Facility	IGT Variance	Yr 5 Interim Allocation Reconciliation	Yr 5 Reconciliation		50% of Overpayment MMC to NH	MMC to Amerigroup	50% Yr 5 Reconciliation Plus IGT Variance NH to MMC
			Less				
			IGT Variance				
Fort Bend	(9,071.20)	(79,429.63)				23,679.34	48,786.02
Ashford	(20,336.84)	80,244.22	59,907.38		29,953.69		
Solera	(16,312.11)	79,378.68	63,066.57		31,533.28		
Crescent	(6,810.20)	16,327.23	9,517.03		4,758.52		
Broadmoor	(8,564.48)	155,713.76	147,149.28		73,574.64		
Total	(61,094.83)	252,234.25	279,640.26		139,820.13	23,679.34	48,786.02

Yr 5 IGT Refund

Facility	Yr 5		50% of Refund NH to MMC	Total owed to MMC		
	IGT Refund					
Fort Bend	76,233.35	distributed to NH 5/15/23	38,116.68	86,902.69		NH to pay MMC
Ashford ✓	188,586.42	distributed to NH 5/15/23	94,293.21	64,339.52		NH to pay MMC
Solera	73,951.12	distributed to NH 5/15/23	36,975.56	5,442.28		NH to pay MMC
Crescent	62,687.62	distributed to NH 5/15/23	31,343.81	26,585.29		NH to pay MMC
Broadmoor	78,072.56	distributed to NH 5/15/23	39,036.28	(34,538.36)		MMC to pay NH
Total	479,531.07		239,765.54			

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC Date Requested: 11/13/2023

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FOR ACCT USE ONLY

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

APPROVED ON
NOV 13 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 00308

AMOUNT: \$ 26,585.29 ✓ G/L NUMBER: 10255040

EXPLANATION: Y5 IAR/Y5 IGT REFUND OWED TO MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea S. [Signature]

11/13/23

<u>Facility</u>	<u>IGT Variance</u>	<u>Yr 5 Interim Allocation</u> <u>Reconciliation</u>	<u>Yr 5 Reconciliation</u>		<u>50% of</u> <u>Overpayment</u> <u>MMC to NH</u>	<u>MMC</u> <u>to</u> <u>Amerigroup</u>	<u>50% Yr 5</u> <u>Reconciliation Plus</u> <u>IGT Variance</u> <u>NH to MMC</u>
			<u>Less</u> <u>IGT Variance</u>				
Fort Bend	(9,071.20)	(79,429.63)				23,679.34	48,786.02
Ashford	(20,336.84)	80,244.22	59,907.38		29,953.69		
Solera	(16,312.11)	79,378.68	63,066.57		31,533.28		
Crescent	(6,810.20)	16,327.23	9,517.03		4,758.52		
Broadmoor	(8,564.48)	155,713.76	147,149.28		73,574.64		
Total	(61,094.83)	252,234.25	279,640.26		139,820.13	23,679.34	48,786.02

Yr 5 IGT Refund

<u>Facility</u>	<u>Yr 5</u>		<u>50% of Refund</u> <u>NH to MMC</u>	<u>Total owed to</u>	
	<u>IGT Refund</u>			<u>MMC</u>	
Fort Bend	76,233.35	distributed to NH 5/15/23	38,116.68	86,902.69	NH to pay MMC
Ashford	188,586.42	distributed to NH 5/15/23	94,293.21	64,339.52	NH to pay MMC
Solera	73,951.12	distributed to NH 5/15/23	36,975.56	5,442.28	NH to pay MMC
Crescent ✓	62,687.62	distributed to NH 5/15/23	31,343.81	26,585.29	NH to pay MMC ✓
Broadmoor	78,072.56	distributed to NH 5/15/23	39,036.28	(34,538.36)	MMC to pay NH
Total	479,531.07		239,765.54		

Tuscany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

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MMC

Date Requested: 11/13/2023

FOR ACCT USE ONLY

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

APPROVED ON
NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 1138 ✓

AMOUNT: \$ 16,672.93 G/L NUMBER: 10255040

EXPLANATION: Y5 IAR/Y5 IGT REFUND OWED TO MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. [Signature]

11/13/23

QIPP Year 5 Reconciliation

Yr 5 Interim Allocation Reconciliation

<u>Facility</u>	<u>IGT Variance</u>	<u>Yr 5 Interim Allocation Reconciliation</u>	<u>Yr 5 Reconciliation Less</u>	<u>50% of Overpayment MMC to NH</u>	<u>MMC to Amerigroup</u>	<u>50% Yr 5 Reconciliation Plus IGT Variance NH to MMC</u>
Tuscany	(11,892.49)	(120,188.85)			35,780.87	71,986.92
Total	(11,892.49)	(120,188.85)	-	-	35,780.87	71,986.92

Yr 5 IGT Refund

<u>Facility</u>	<u>Yr 5 IGT Refund</u>	<u>50% of Refund NH to MMC</u>	<u>Total owed to MMC</u>
Tuscany ✓	110,627.97 deposited to MMC 5/15/23	(55,313.99)	16,672.93
Total	110,627.97	55,313.99	16,672.93 NH to MMC

Fort Bend ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC
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Date Requested: 11/13/2023

APPROVED ON
NOV 13 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 100224

FOR ACCT USE ONLY

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

AMOUNT: \$ 86,902.69 ✓ G/L NUMBER: 10255040

EXPLANATION: Y5 IAR/Y5 IGT REFUND OWED TO MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [Signature]

11/13/23

Facility	IGT Variance	Yr 5 Interim Allocation Reconciliation	Yr 5 Reconciliation		50% of Overpayment MMC to NH	MMC to Amerigroup	50% Yr 5 Reconciliation Plus IGT Variance NH to MMC
			Less IGT Variance				
Fort Bend	(9,071.20)	(79,429.63)				23,679.34	48,786.02
Ashford	(20,336.84)	80,244.22	59,907.38		29,953.69		
Solera	(16,312.11)	79,378.68	63,066.57		31,533.28		
Crescent	(6,810.20)	16,327.23	9,517.03		4,758.52		
Broadmoor	(8,564.48)	155,713.76	147,149.28		73,574.64		
Total	(61,094.83)	252,234.25	279,640.26		139,820.13	23,679.34	48,786.02

Yr 5 IGT Refund

Facility	Yr 5		50% of Refund		Total owed to	
	IGT Refund		NH to MMC		MMC	
Fort Bend ✓	76,233.35	distributed to NH 5/15/23	38,116.68		86,902.69 ✓	NH to pay MMC ✓
Ashford	188,586.42	distributed to NH 5/15/23	94,293.21		64,339.52	NH to pay MMC
Solera	73,951.12	distributed to NH 5/15/23	36,975.56		5,442.28	NH to pay MMC
Crescent	62,687.62	distributed to NH 5/15/23	31,343.81		26,585.29	NH to pay MMC
Broadmoor	78,072.56	distributed to NH 5/15/23	39,036.28		(34,538.36)	MMC to pay NH
Total	479,531.07		239,765.54			

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
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E
MMC

Date Requested: 11/13/2023

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

APPROVED ON
NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 01201

AMOUNT: \$ 5,442.28 G/L NUMBER: 10255040

EXPLANATION: Y5 IAR/Y5 IGT REFUND OWED TO MMC

APPROVED ON
NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew [Signature]

11/13/23

<u>Facility</u>	<u>IGT Variance</u>	<u>Yr 5 Interim Allocation</u> <u>Reconciliation</u>	<u>Yr 5 Reconciliation</u>		<u>50% of</u> <u>Overpayment</u> <u>MMC to NH</u>	<u>MMC</u> <u>to</u> <u>Amerigroup</u>	<u>50% Yr 5</u> <u>Reconciliation Plus</u> <u>IGT Variance</u> <u>NH to MMC</u>
			<u>Less</u> <u>IGT Variance</u>				
Fort Bend	(9,071.20)	(79,429.63)				23,679.34	48,786.02
Ashford	(20,336.84)	80,244.22	59,907.38		29,953.69		
Solera	(16,312.11)	79,378.68	63,066.57		31,533.28		
Crescent	(6,810.20)	16,327.23	9,517.03		4,758.52		
Broadmoor	(8,564.48)	155,713.76	147,149.28		73,574.64		
Total	(61,094.83)	252,234.25	279,640.26		139,820.13	23,679.34	48,786.02

Yr 5 IGT Refund

<u>Facility</u>	<u>Yr 5</u>		<u>50% of Refund</u> <u>NH to MMC</u>	<u>Total owed to</u> <u>MMC</u>	
	<u>IGT Refund</u>				
Fort Bend	76,233.35	distributed to NH 5/15/23	38,116.68	86,902.69	NH to pay MMC
Ashford	188,586.42	distributed to NH 5/15/23	94,293.21	64,339.52	NH to pay MMC
Solera ✓	73,951.12	distributed to NH 5/15/23	36,975.56	5,442.28	NH to pay MMC ✓
Crescent	62,687.62	distributed to NH 5/15/23	31,343.81	26,585.29	NH to pay MMC
Broadmoor	78,072.56	distributed to NH 5/15/23	39,036.28	(34,538.36)	MMC to pay NH
Total	479,531.07		239,765.54		

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

001219

Date 11-17-23 88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 64,339.52/100

Sixty-four thousand, three hundred thirty-nine dollars & 52/100 DOLLARS



County auditor

FOR _____



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

000308

Date 11-16-23 88-2265/1131

PAY TO THE ORDER OF Memorial Medical Center

\$ 26,585.29/100

Twenty-six thousand, five hundred eighty-five dollars & 29/100 DOLLARS



County auditor

FOR 45 IAR / IGT Refund



MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

1138

PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

88-2265/1131-87

DATE 11-16-23 CHECK ASSUR

PAY TO THE ORDER OF Memorial Medical Center

\$ 16,672.93/100

Sixteen thousand, six hundred seventy-two dollars & 93/100 DOLLARS



County auditor

FOR 45 IGT refund / IAR

County treasurer

MEMORIAL MEDICAL CENTER

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

000226

88-2265/1131

Date 11-16-23

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 86,902. ⁶⁹/₁₀₀

Eighty-six thousand, nine-hundred two dollars & ⁶⁹/₁₀₀

DOLLARS



PROSPERITY
BANK

county auditor

FOR

US IAR & IGT refund



MP
County Treasurer
Security features are
included. Details on back.

11

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001281

88-2265/1131

Date 11-16-23

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 5,442. ²⁸/₁₀₀

Five thousand, four hundred forty-two dollars & ²⁸/₁₀₀

DOLLARS



PROSPERITY
BANK

county auditor

FOR



MP
County Treasurer
Security features are
included. Details on back.

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Tuscany Village Date Requested: 11/13/2023

A _____

Y _____

E _____

E _____

APPROVED ON

NOV 13 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 000309

FOR ACCT USE ONLY

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

AMOUNT: \$ 5,850.00 ✓ G/L NUMBER: 21400007

EXPLANATION: Claim payment owed from Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew S. [Signature]

11/13/23

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000309

Date 11-16-23

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany Village

\$ 5,950.⁰⁰

Five thousand, eight hundred fifty dollars & ⁰⁰/₁₀₀

DOLLARS



PROSPERITY
BANK

county auditor

FOR

Claim pmt

MP
County Treasurer
Security features are
included. Details on back.

0

RUN DATE:11/16/23
TIME:09:30

MEMORIAL MEDICAL CENTER
CHECK REGISTER
11/16/23 THRU 11/16/23

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF * 000226 11/16/23 86,902.69 MMC OPERATING
NHC 000308 11/16/23 26,585.29 MMC OPERATING
NHC * 000309 11/16/23 5,850.00 TUSCANY
TUS * 001138 11/16/23 16,672.93 MMC OPERATING
NHA * 001219 11/16/23 64,339.52 MMC OPERATING
NHS 001281 11/16/23 5,442.28 MMC OPERATING
TOTALS: 205,792.71

APPROVED ON

NOV 15 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS