

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---November 22, 2023**

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 929,300.85	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 147,968.32	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 1,021,034.73	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 71,899.00	✓
GRAND TOTAL DISBURSEMENTS APPROVED November 22, 2023	\$ 2,170,202.90	✓

**APPROVED**

**NOV 22 2023**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---November 22, 2023**

**PAYABLES AND PAYROLL**

11/16/2023 Weekly Payables	389,913.63
11/20/2023 Citibank Credit Card-see attached	2,563.08
11/20/2023 McKesson-340B Prescription Expense	12,898.53
11/20/2023 Amerisource Bergen-340B Prescription Expense	1,463.18
11/20/2023 Payroll Liabilities -Payroll Taxes	124,911.66
11/20/2023 Payroll	396,868.60

**Prosperity Electronic Bank Payments**

11/15/2023 Credit Card & Lease Fees	285.82
11/13/2023 Debt Management Services-wage garnishment	175.45
11/13-11/17/23 Pay Plus-Patient Claims Processing Fee	220.92

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** \$ 929,300.85

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

11/16/2023 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	4,140.00
11/16/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	91,669.32
11/16/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	1,754.56
11/16/2023 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	2,400.00
11/16/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating	48,004.44

**TOTAL TRANSFERS BETWEEN FUNDS** \$ 147,968.32

**NURSING HOME UPL EXPENSES**

11/20/2023 Nursing Home UPL-Cantex Transfer	388,391.09
11/20/2023 Nursing Home UPL-Nexion Transfer	125,805.20
11/20/2023 Nursing Home UPL-HMG Transfer	6,923.17
11/20/2023 Nursing Home UPL-Tuscany Transfer	79,227.23
11/20/2023 Nursing Home UPL-HSL Transfer	184,944.73

**NURSING HOME BANK FEES**

11/15/2023 Ashford-Enhanced analysis fee	74.25
11/15/2023 Solera-Enhanced analysis fee	83.08

**Nursing Home Electronic Bank Payments**

11/15/2023 Golden Creek-returned check payment for resident	1,592.00
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**QIPP CHECKS TO MMC**

11/20/2023 Ashford	29,091.86
11/20/2023 Broadmoor	13,475.07
11/20/2023 Crescent	11,236.79
11/20/2023 Fort Bend	14,013.23
11/20/2023 Solera	8,726.73
11/20/2023 Golden Creek	55,556.43
11/20/2023 Tuscany	39,271.62
11/20/2023 Bethany	40,122.25

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

11/20/2023 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	22,500.00
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**TOTAL NURSING HOME UPL EXPENSES** \$ 1,021,034.73

**INTER-GOVERNMENT TRANSFERS**

11/20/2023 IGT CHRIP to be paid November 17, 2023	71,899.00
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**TOTAL INTER-GOVERNMENT TRANSFERS** \$ 71,899.00

**GRAND TOTAL DISBURSEMENTS APPROVED November 22, 2023** \$ 2,170,202.90

RECEIVED BY THE COUNTY AUDITOR ON

NOV 16 2023

11/16/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Due Dates Through: 12/08/2023

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
11283	ACE HARDWARE 15521 ✓			093023		11/16/20	09/30/20	10/25/20		1,350.81	0.00	0.00	1,350.81 ✓
	SUPPLIES			103123		11/16/20	10/31/20	11/25/20		1,297.91	0.00	0.00	1,297.91 ✓
	SUPPLIES			Vendor Totals									
	Number	Name								Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521								2,648.72	0.00	0.00	2,648.72

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		5503364413 ✓		11/15/20	10/31/20	11/25/20		561.27	0.00	0.00	561.27 ✓
	OXYGEN			Vendor Totals									
	Number	Name								Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV								561.27	0.00	0.00	561.27

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		RPSV04120289 ✓		11/15/20	11/03/20	11/18/20		191.07	0.00	0.00	191.07 ✓
	SUPPLIES			Vendor Totals									
	Number	Name								Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.								191.07	0.00	0.00	191.07

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 ✓			1TYD-MT1Q-FQ6N ✓		11/15/20	11/01/20	12/01/20		123.92	0.00	0.00	123.92 ✓
	SUPPLIES			1FHX-W6V4-L4QL ✓		11/15/20	11/02/20	12/02/20		267.55	0.00	0.00	267.55 ✓
	SUPPLIES			1DVN-G9QC-19LG ✓		11/15/20	11/02/20	12/02/20		278.21	0.00	0.00	278.21 ✓
	SUPPLIES			1PHM-QDFK-YHD3 ✓		11/15/20	11/14/20	12/05/20		185.13	0.00	0.00	185.13 ✓
	SUPPLIES			Vendor Totals									
	Number	Name								Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES								854.81	0.00	0.00	854.81

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11632	AMERICAN CONSTRUCTION ✓			1209 ✓		11/15/20	11/09/20	11/10/20		1,260.00	0.00	0.00	1,260.00 ✓
	FAN MOTOR			Vendor Totals									
	Number	Name								Gross	Discount	No-Pay	Net
	11632	AMERICAN CONSTRUCTION								1,260.00	0.00	0.00	1,260.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A2150	ANNOUNCEMENTS PLUS TOO AGAIN ✓	W		4531 ✓		11/14/20	04/14/20	04/24/20		10.00	0.00	0.00	10.00 ✓
	STICKERS												

Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		A2150	ANNOUNCEMENTS PLUS TOO AGAIN		10.00	0.00	0.00	10.00	
Vendor#	Vendor Name		Class	Pay Code					
11756	AYA HEALTHCARE INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3683242 ✓		11/15/20	11/09/20	12/05/20		2,976.75	0.00	0.00	2,976.75 ✓
		KARIANN DUNN 10/27-10/29/23 )							
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		11756	AYA HEALTHCARE INC		2,976.75	0.00	0.00	2,976.75	
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
80717708 ✓		11/15/20	10/16/20	11/10/20		43.84	0.00	0.00	43.84 ✓
		SUPPLIES							
80736112 ✓		11/15/20	10/17/20	11/11/20		983.56	0.00	0.00	983.56 ✓
		SUPPLIES							
80758397 ✓		11/15/20	10/19/20	11/13/20		235.52	0.00	0.00	235.52 ✓
		SUPPLIES							
80794860 ✓		11/15/20	10/24/20	11/18/20		521.43	0.00	0.00	521.43 ✓
		SUPPLIES							
80825557 ✓		11/15/20	10/26/20	11/20/20		305.27	0.00	0.00	305.27 ✓
		SUPPLIES							
80881706 ✓		11/15/20	11/01/20	11/26/20		631.20	0.00	0.00	631.20 ✓
		SPECTRUM							
80878172 ✓		11/15/20	11/01/20	11/26/20		3,071.40	0.00	0.00	3,071.40 ✓
		PUMPS							
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		B1150	BAXTER HEALTHCARE		5,792.22	0.00	0.00	5,792.22	
Vendor#	Vendor Name		Class	Pay Code					
M2485	BAYER HEALTHCARE ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6010900731 ✓		11/15/20	10/30/20	11/15/20		828.06	0.00	0.00	828.06 ✓
		SUPPLIES							
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
		M2485	BAYER HEALTHCARE		828.06	0.00	0.00	828.06	
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
7350042 ✓		11/15/20	11/01/20	11/26/20		8,703.99	0.00	0.00	8,703.99 ✓
		METER BILLING							
110954028 ✓		11/15/20	11/01/20	11/26/20		2,670.27	0.00	0.00	2,670.27 ✓
		SUPPLIES							
110953200 ✓		11/15/20	11/01/20	11/26/20		203.27	0.00	0.00	203.27 ✓
		SUPPLIES							
110955337 ✓		11/15/20	11/02/20	11/27/20		8,899.91	0.00	0.00	8,899.91 ✓
		SUPPLIES							
110960289 ✓		11/15/20	11/06/20	12/01/20		7,510.54	0.00	0.00	7,510.54 ✓
		SUPPLIES							
110959835 ✓		11/15/20	11/06/20	12/01/20		4,470.76	0.00	0.00	4,470.76 ✓
		CONTRACT							
Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	

	B1220	BECKMAN COULTER INC					32,458.74	0.00	0.00	32,458.74
Vendor#	Vendor Name		Class	Pay Code						
14753	BIOMERIEUX, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1213127730 ✓		11/15/20	10/24/20	11/24/20			7,969.44	0.00	0.00	7,969.44 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	14753	BIOMERIEUX, INC					7,969.44	0.00	0.00	7,969.44
Vendor#	Vendor Name		Class	Pay Code						
C1325	CARDINAL HEALTH 414, INC. ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8003346287 ✓		11/15/20	11/01/20	11/26/20			666.24	0.00	0.00	666.24 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.					666.24	0.00	0.00	666.24
Vendor#	Vendor Name		Class	Pay Code						
14236	CARRIER CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90320146 ✓		10/31/20	10/30/20	11/30/20			12,830.00	0.00	0.00	12,830.00 ✓
	CHILLER 8/14-9/10									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	14236	CARRIER CORPORATION					12,830.00	0.00	0.00	12,830.00
Vendor#	Vendor Name		Class	Pay Code						
C1992	CDW GOVERNMENT, INC. ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MV30593 ✓		11/15/20	10/31/20	11/30/20			111.01	0.00	0.00	111.01 ✓
	SUPPLIES									
MW15711 ✓		11/15/20	11/02/20	12/02/20			254.44	0.00	0.00	254.44 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.					365.45	0.00	0.00	365.45
Vendor#	Vendor Name		Class	Pay Code						
C1600	CITIZENS MEDICAL CENTER ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2023-14 ✓		10/31/20	10/31/20	12/02/20			51,817.95	0.00	0.00	51,817.95 ✓
	CRNA OCT 23 COVERAGE (10/11-10/31/23)									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER					51,817.95	0.00	0.00	51,817.95
Vendor#	Vendor Name		Class	Pay Code						
C1970	CONMED CORPORATION ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10391836 ✓		11/15/20	11/06/20	12/06/20			107.53	0.00	0.00	107.53 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION					107.53	0.00	0.00	107.53
Vendor#	Vendor Name		Class	Pay Code						
L1430	CONMED LINVATEC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4268307 ✓		11/01/20	10/16/20	11/01/20			95.04	0.00	0.00	95.04 ✓
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	L1430	CONMED LINVATEC					95.04	0.00	0.00	95.04
Vendor#	Vendor Name				Class	Pay Code				
14400	CULINARY CONCESSIONS LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV00000977 ✓		11/14/20	10/31/20	11/30/20		34,383.92	0.00	0.00	34,383.92	✓
CONTRACT FEES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		14400	CULINARY CONCESSIONS LLC			34,383.92	0.00	0.00	34,383.92	
Vendor#	Vendor Name				Class	Pay Code				
10060	DETAR HOSPITAL ✓					ICP				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
DTR2308019 ✓		11/15/20	09/01/20	10/01/20		510.70	0.00	0.00	510.70	✓
LAB SERV										
093023		11/15/20	09/30/20	10/30/20		646.37	0.00	0.00	646.37	✓
LAB SERV										
DTR2310019 ✓		11/15/20	11/13/20	12/01/20		33.27	0.00	0.00	33.27	✓
LAB SERV										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		10060	DETAR HOSPITAL			1,190.34	0.00	0.00	1,190.34	
Vendor#	Vendor Name				Class	Pay Code				
10368	DEWITT POTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
735521-0 ✓		11/15/20	11/02/20	11/27/20		157.56	0.00	0.00	157.56	✓
SUPPLIES										
736232-0 ✓		11/15/20	11/07/20	12/02/20		454.32	0.00	0.00	454.32	✓
SUPPLIES										
736369-0 ✓		11/15/20	11/09/20	12/01/20		18.01	0.00	0.00	18.01	✓
SUPPLIES										
736232-1 ✓		11/15/20	11/09/20	12/04/20		5.05	0.00	0.00	5.05	✓
SUPPLIES										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		10368	DEWITT POTH & SON			634.94	0.00	0.00	634.94	
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	
42701 ✓		11/15/20	11/15/20	11/25/20		40,062.50	0.00	0.00	40,062.50	✓
PHYSICIAN SERV (1-15th)										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		11284	EMERGENCY STAFFING SOLUTIONS			40,062.50	0.00	0.00	40,062.50	
Vendor#	Vendor Name				Class	Pay Code				
14708	EQUALIZE RCM SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
533314 ✓		11/15/20	11/01/20	12/01/20		5,500.00	0.00	0.00	5,500.00	✓
KPI NOV 23 AR FEE/REVENUE										
533315 ✓		11/15/20	11/01/20	12/01/20		2,052.00	0.00	0.00	2,052.00	✓
AR PERSONNELL FEE OCT 23										
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		14708	EQUALIZE RCM SERVICES			7,552.00	0.00	0.00	7,552.00	
Vendor#	Vendor Name				Class	Pay Code				
11944	EQUIFAX WORKFORCE SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

2057928462	✓	11/15/20	11/08/20	12/01/20		10.99	0.00	0.00	10.99	✓
CREDIT REPORTING										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11944	EQUIFAX WORKFORCE SOLUTIONS				10.99	0.00	0.00	10.99	
Vendor#	Vendor Name		Class	Pay Code						
T0383	ERIN CLEVINGER	✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
110923		11/14/20	11/09/20	11/20/20		37.20	0.00	0.00	37.20	✓
TRAVEL /ADVISORY COMMITTEE 11/9/23										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	T0383	ERIN CLEVINGER				37.20	0.00	0.00	37.20	
Vendor#	Vendor Name		Class	Pay Code						
C2510	EVIDENT	✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
A2311061378	✓	11/15/20	11/06/20	11/07/20		18,757.00	0.00	0.00	18,757.00	✓
SOFTWARE SUPPORT/MONTH										
T2311081378	✓	11/15/20	11/08/20	11/09/20		10,799.49	0.00	0.00	10,799.49	✓
CODING/BUSINESS SERV										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C2510	EVIDENT				29,556.49	0.00	0.00	29,556.49	
Vendor#	Vendor Name		Class	Pay Code						
10689	FASTHEALTH CORPORATION	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
11A23MMC	✓	11/15/20	11/01/20	11/16/20		545.00	0.00	0.00	545.00	✓
WEBSITE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10689	FASTHEALTH CORPORATION				545.00	0.00	0.00	545.00	
Vendor#	Vendor Name		Class	Pay Code						
F1100	FEDERAL EXPRESS CORP.	✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
8-290-90565	✓	11/14/20	10/19/20	11/13/20		15.77	0.00	0.00	15.77	✓
FREIGHT										
8-297-80975	✓	11/14/20	10/26/20	11/20/20		27.29	0.00	0.00	27.29	✓
FREIGHT										
8-304-94284	✓	11/14/20	11/02/20	11/27/20		22.81	0.00	0.00	22.81	✓
FREIGHT										
8-276-80102	✓	11/16/20	10/05/20	10/30/20		66.82	0.00	0.00	66.82	✓
FREIGHT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	F1100	FEDERAL EXPRESS CORP.				132.69	0.00	0.00	132.69	
Vendor#	Vendor Name		Class	Pay Code						
13496	FERGUSON ENTERPRISE LLC #61	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
1238807-1	✓	11/01/20	11/29/20	12/29/20		29.22	0.00	0.00	29.22	✓
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	13496	FERGUSON ENTERPRISE LLC #61				29.22	0.00	0.00	29.22	
Vendor#	Vendor Name		Class	Pay Code						
10003	FILTER TECHNOLOGY CO, INC	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
119806	✓	11/01/20	10/09/20	11/08/20		1,346.17	0.00	0.00	1,346.17	✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	1,346.17	0.00	0.00	1,346.17

Vendor#	Vendor Name	Class	Pay Code
F1403	FISHER & PAYKEL HEALTHCARE ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
92294125 ✓		11/15/20	11/09/20	12/01/20		62.40	0.00	0.00	62.40 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1403	FISHER & PAYKEL HEALTHCARE	62.40	0.00	0.00	62.40

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
110223		11/15/20	11/02/20	11/27/20		1,218.24	0.00	0.00	1,218.24 ✓

PHONE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	1,218.24	0.00	0.00	1,218.24

Vendor#	Vendor Name	Class	Pay Code
12404	GE PRECISION HEALTHCARE, LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6002527848 ✓		11/14/20	11/01/20	12/01/20		3,588.58	0.00	0.00	3,588.58 ✓

IMAGING CONTRACT

6002527849 ✓		11/14/20	11/01/20	12/01/20		86.67	0.00	0.00	86.67 ✓
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IMAGING CONTRACT

6002527850 ✓		11/14/20	11/01/20	12/01/20		2,422.50	0.00	0.00	2,422.50 ✓
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IMAGING CONTRACT

6002527851 ✓		11/14/20	11/01/20	12/01/20		61.67	0.00	0.00	61.67 ✓
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IMAGING CONTRACT

6002527865 ✓		11/14/20	11/01/20	12/01/20		5,665.83	0.00	0.00	5,665.83 ✓
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IMAGING CONTRACT

6002527960 ✓		11/14/20	11/01/20	12/01/20		810.28	0.00	0.00	810.28 ✓
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IMAGING CONTRACT

6002528132 ✓		11/15/20	11/01/20	12/01/20		204.83	0.00	0.00	204.83 ✓
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MEDRAD

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	12,840.36	0.00	0.00	12,840.36

Vendor#	Vendor Name	Class	Pay Code
10653	GLOBAL EQUIPMENT CO. INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
121185281 ✓		11/15/20	11/09/20	12/05/20		242.99	0.00	0.00	242.99 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10653	GLOBAL EQUIPMENT CO. INC.	242.99	0.00	0.00	242.99

Vendor#	Vendor Name	Class	Pay Code
12948	GREAT AMERICA FINANCIAL SVCS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
35211634 ✓		11/15/20	11/01/20	11/30/20		10,473.26	0.00	0.00	10,473.26 ✓

COPIER LEASE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	10,473.26	0.00	0.00	10,473.26

Vendor#	Vendor Name	Class	Pay Code
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G1210	GULF COAST PAPER COMPANY			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
2466237		11/15/20	11/07/20	12/01/20		72.38	0.00	0.00	72.38		
	SUPPLIES										
2466244		11/15/20	11/07/20	12/01/20		793.93	0.00	0.00	793.93		
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	G1210 GULF COAST PAPER COMPANY					866.31	0.00	0.00	866.31		
Vendor#	Vendor Name				Class	Pay Code					
10804	HEALTHCARE CODING & CONSULTING										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
14427		11/15/20	10/31/20	11/30/20		437.00	0.00	0.00	437.00		
	OCT 23 CHARTS										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	10804 HEALTHCARE CODING & CONSULTING					437.00	0.00	0.00	437.00		
Vendor#	Vendor Name				Class	Pay Code					
11552	HEALTHCARE FINANCIAL SERVICES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
100816851		11/14/20	10/27/20	12/01/20		4,610.52	0.00	0.00	4,610.52		
	LEASE										
100820337		11/16/20	11/06/20	12/01/20		1,797.44	0.00	0.00	1,797.44		
	LEASE										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11552 HEALTHCARE FINANCIAL SERVICES					6,407.96	0.00	0.00	6,407.96		
Vendor#	Vendor Name				Class	Pay Code					
H1227	HEALTHSURE INSURANCE SERVICES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
4442		11/15/20	11/09/20	12/01/20		500.00	0.00	0.00	500.00		
	BOND RENEWAL										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	H1227 HEALTHSURE INSURANCE SERVICES					500.00	0.00	0.00	500.00		
Vendor#	Vendor Name				Class	Pay Code					
H1269	HENRY SCHEIN INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
61234997		11/15/20	11/09/20	12/05/20		34.13	0.00	0.00	34.13		
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	H1269 HENRY SCHEIN INC.					34.13	0.00	0.00	34.13		
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		
10725903		11/15/20	10/31/20	12/05/20		472.50	0.00	0.00	472.50		
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	H0416 HOLOGIC INC					472.50	0.00	0.00	472.50		
Vendor#	Vendor Name				Class	Pay Code					
10922	HUNTER PHARMACY SERVICES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
5719		11/14/20	10/31/20	11/20/20		14,738.75	0.00	0.00	14,738.75		
	PHARMACIST SALARY										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		

	10922	HUNTER PHARMACY SERVICES					14,738.75	0.00	0.00	14,738.75
Vendor#	Vendor Name		Class	Pay Code						
14976	INOVALON PROVIDER INC. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	23M-0159676	✓	11/16/20	11/03/20	12/03/20		701.84	0.00	0.00	701.84 ✓
	SCHEDULING									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		14976	INOVALON PROVIDER INC.				701.84	0.00	0.00	701.84
Vendor#	Vendor Name		Class	Pay Code						
L0700	LABCORP OF AMERICA HOLDINGS ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	78234391	✓	11/14/20	10/28/20	11/22/20		48.30	0.00	0.00	48.30 ✓
	LAB SERV									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L0700	LABCORP OF AMERICA HOLDINGS				48.30	0.00	0.00	48.30
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
	642084	✓	10/24/20	10/20/20	12/04/20		3,078.00	0.00	0.00	3,078.00 ✓
	DELICIA M. GARCIA <i>Radiology Technologist 10/6-10/11/23</i>									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		15068	LRS HEALTHCARE				3,078.00	0.00	0.00	3,078.00
Vendor#	Vendor Name		Class	Pay Code						
11141	MEDICAL DATA SYSTEMS, INC. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	186479	✓	11/15/20	10/31/20	11/25/20		105.24	0.00	0.00	105.24 ✓
	COLLECTION FEES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.				105.24	0.00	0.00	105.24
Vendor#	Vendor Name		Class	Pay Code						
12588	MEDICAL TECHNOLOGY ASSOCIATES ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV-223460	✓	11/01/20	09/12/20	10/07/20		1,467.75	0.00	0.00	1,467.75 ✓
	MAINT/VACUUM SYSTEM									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12588	MEDICAL TECHNOLOGY ASSOCIATES				1,467.75	0.00	0.00	1,467.75
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
	2285496181	✓	11/01/20	09/20/20	10/29/20		128.92	0.00	0.00	128.92 ✓
	SUPPLIES									
	2293051672	✓	11/15/20	11/06/19	12/01/19		-282.79	0.00	0.00	-282.79 ✓
	CREDIT									
	2292162011	✓	11/15/20	10/31/20	11/25/20		142.68	0.00	0.00	142.68 ✓
	SUPPLIES									
	2292162012	✓	11/15/20	10/31/20	11/25/20		29.99	0.00	0.00	29.99 ✓
	SUPPLIES <i>6.12 supplies / 23.87 Freight</i>									
	2292162013	✓	11/15/20	10/31/20	11/25/20		59.48	0.00	0.00	59.48 ✓
	SUPPLIES <i>37.67 supplies / 21.81 Freight</i>									
	2292345230	✓	11/15/20	11/01/20	11/26/20		193.98	0.00	0.00	193.98 ✓
	SUPPLIES									

2292345232	✓	11/15/20 11/01/20 11/26/20	33.17	0.00	0.00	33.17	✓
		SUPPLIES	5.58 supplies / 27.59 Freight				
2292345234	✓	11/15/20 11/01/20 11/26/20	24.50	0.00	0.00	24.50	✓
		SUPPLIES					
2292345237	✓	11/15/20 11/01/20 11/26/20	6,630.19	0.00	0.00	6,630.19	✓
		SUPPLIES					
2292345238	✓	11/15/20 11/01/20 11/26/20	242.31	0.00	0.00	242.31	✓
		SUPPLIES	142.85 supplies / 99.46 Freight				
2292345228	✓	11/15/20 11/01/20 11/26/20	68.68	0.00	0.00	68.68	✓
		SUPPLIES	43.50 supplies / 5.19 Freight				
2292345235	✓	11/15/20 11/01/20 11/26/20	1,436.13	0.00	0.00	1,436.13	✓
		SUPPLIES					
2292345233	✓	11/15/20 11/01/20 11/26/20	75.00	0.00	0.00	75.00	✓
		SUPPLIES					
2292345236	✓	11/15/20 11/01/20 11/26/20	26.32	0.00	0.00	26.32	✓
		SUPPLIES	1.49 supplies / 24.83 Freight				
2292519624	✓	11/15/20 11/02/20 11/27/20	35.54	0.00	0.00	35.54	✓
		SUPPLIES	11.36 supplies / 24.18 Freight				
2292519626	✓	11/15/20 11/02/20 11/27/20	23.78	0.00	0.00	23.78	✓
		SUPPLIES	11.36 supplies / 12.42 Freight				
2292519625	✓	11/15/20 11/02/20 11/27/20	23.78	0.00	0.00	23.78	✓
		SUPPLIES	11.36 supplies / 12.42 Freight				
2292990982	✓	11/15/20 11/06/20 12/01/20	47.58	0.00	0.00	47.58	✓
		SUPPLIES					
2292990981	✓	11/15/20 11/06/20 12/01/20	47.58	0.00	0.00	47.58	✓
		SUPPLIES					
2293191253	✓	11/15/20 11/07/20 12/02/20	26.34	0.00	0.00	26.34	✓
		SUPPLIES	3.43 supplies / 22.91 Freight				
2293191252	✓	11/15/20 11/07/20 12/02/20	9.36	0.00	0.00	9.36	✓
		SUPPLIES					
2293191254	✓	11/15/20 11/07/20 12/02/20	25.09	0.00	0.00	25.09	✓
		SUPPLIES	2.78 supplies / 22.31 Freight				
2293382036	✓	11/15/20 11/08/20 12/03/20	246.19	0.00	0.00	246.19	✓
		SUPPLIES					
2293382037	✓	11/15/20 11/08/20 12/03/20	282.79	0.00	0.00	282.79	✓
		SUPPLIES					
2293382038	✓	11/15/20 11/08/20 12/03/20	208.27	0.00	0.00	208.27	✓
		SUPPLIES					
2293382035	✓	11/15/20 11/08/20 12/03/20	83.01	0.00	0.00	83.01	✓
		SUPPLIES	58.89 supplies / 24.12 Freight				
2293382034	✓	11/15/20 11/08/20 12/03/20	127.12	0.00	0.00	127.12	✓
		SUPPLIES					
2293382041	✓	11/15/20 11/08/20 12/03/20	4,266.44	0.00	0.00	4,266.44	✓
		SUPPLIES					
2293382032	✓	11/15/20 11/08/20 12/03/20	7.14	0.00	0.00	7.14	✓
		SUPPLIES					
2293382040	✓	11/15/20 11/08/20 12/03/20	1,415.78	0.00	0.00	1,415.78	✓
		SUPPLIES					
2293382045	✓	11/15/20 11/08/20 12/03/20	57.00	0.00	0.00	57.00	✓
		SUPPLIES					
2293554975	✓	11/15/20 11/09/20 12/04/20	51.63	0.00	0.00	51.63	✓

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	SUPPLIES			2294237960		11/15/20	11/14/20	12/05/20			24.55	0.00	0.00	24.55
	SUPPLIES													
	Vendor Totals	Number	Name								Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC								15,817.53	0.00	0.00	15,817.53
10904	MERCK SHARP & DOHME CORP													
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
	7016560663		11/16/20	11/09/20	12/09/20			2,376.65	0.00	0.00	2,376.65			
	INVENTORY													
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net			
		10904	MERCK SHARP & DOHME CORP					2,376.65	0.00	0.00	2,376.65			
M2685	MICROTEK MEDICAL INC		M											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
	6338747722		11/01/20	06/07/20	07/07/20			380.24	0.00	0.00	380.24			
	SUPPLIES													
	6340717001		11/01/20	09/13/20	10/01/20			380.24	0.00	0.00	380.24			
	SUPPLIES													
	6341634844		11/01/20	10/31/20	11/30/20			380.24	0.00	0.00	380.24			
	SUPPLIES													
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net			
		M2685	MICROTEK MEDICAL INC					1,140.72	0.00	0.00	1,140.72			
10536	MORRIS & DICKSON CO, LLC													
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
	1260499		11/14/20	11/08/20	11/18/20			4,208.70	0.00	0.00	4,208.70			
	INVENTORY													
	1264739		11/14/20	11/08/20	11/18/20			232.99	0.00	0.00	232.99			
	INVENTORY													
	1266616		11/14/20	11/09/20	11/19/20			64.66	0.00	0.00	64.66			
	INVENTORY													
	1266617		11/14/20	11/09/20	11/19/20			81.50	0.00	0.00	81.50			
	INVENTORY													
	1269509		11/14/20	11/09/20	11/19/20			310.72	0.00	0.00	310.72			
	INVENTORY													
	1266618		11/14/20	11/09/20	11/19/20			96.97	0.00	0.00	96.97			
	INVENTORY													
	1269510		11/14/20	11/09/20	11/19/20			140.89	0.00	0.00	140.89			
	INVENTORY													
	1269511		11/14/20	11/09/20	11/19/20			662.32	0.00	0.00	662.32			
	INVENTORY													
	CM73123		11/14/20	11/10/20	11/20/20			-10.13	0.00	0.00	-10.13			
	CREDIT													
	1274429		11/14/20	11/12/20	11/22/20			3,453.91	0.00	0.00	3,453.91			
	INVENTORY													
	1275617		11/14/20	11/12/20	11/22/20			26.54	0.00	0.00	26.54			
	INVENTORY													
	1275618		11/14/20	11/12/20	11/22/20			6,250.58	0.00	0.00	6,250.58			
	INVENTORY													
	1281351		11/14/20	11/13/20	11/23/20			293.10	0.00	0.00	293.10			

1278282	✓	INVENTORY	11/14/20	11/13/20	11/23/20		205.55	0.00	0.00	205.55	✓	
1281350	✓	INVENTORY	11/14/20	11/13/20	11/23/20		66.97	0.00	0.00	66.97	✓	
1278281	✓	INVENTORY	11/14/20	11/13/20	11/23/20		6.63	0.00	0.00	6.63	✓	
CM73454	✓	INVENTORY	11/15/20	11/13/20	11/23/20		-259.25	0.00	0.00	-259.25	✓	
CM73455	✓	CREDIT	11/15/20	11/13/20	11/23/20		-77.23	0.00	0.00	-77.23	✓	
1279509	✓	CREDIT	11/15/20	11/13/20	11/23/20		425.95	0.00	0.00	425.95	✓	
1286528	✓	INVENTORY	11/15/20	11/14/20	11/24/20		809.23	0.00	0.00	809.23	✓	
1283711	✓	INVENTORY	11/15/20	11/14/20	11/24/20		468.65	0.00	0.00	468.65	✓	
1286529	✓	INVENTORY	11/15/20	11/14/20	11/24/20		328.08	0.00	0.00	328.08	✓	
1283712	✓	INVENTORY	11/15/20	11/14/20	11/24/20		152.44	0.00	0.00	152.44	✓	
1285305	✓	INVENTORY	11/15/20	11/14/20	11/24/20		135.19	0.00	0.00	135.19	✓	
1286176	✓	INVENTORY	11/15/20	11/14/20	11/24/20		2.55	0.00	0.00	2.55	✓	
CM74006	✓	INVENTORY	11/15/20	11/14/20	11/24/20		-2.65	0.00	0.00	-2.65	✓	
		CREDIT										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	18,074.86	0.00	0.00	18,074.86
Vendor#	Vendor Name		Class		Pay Code							
12096	NEOGENOMICS LABORATORIES											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
6925554	✓	11/15/20	10/31/20	11/30/20			2,846.00	0.00	0.00	2,846.00	✓	
							LAB SERV					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12096	NEOGENOMICS LABORATORIES	2,846.00	0.00	0.00	2,846.00
Vendor#	Vendor Name		Class		Pay Code							
11472	OCCUPRO LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
33069	✓	11/15/20	11/07/20	12/01/20			472.50	0.00	0.00	472.50	✓	
							MONTHLY LICENSE					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11472	OCCUPRO LLC	472.50	0.00	0.00	472.50
Vendor#	Vendor Name		Class		Pay Code							
11155	PARAREV											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
908801	✓	11/15/20	11/01/20	12/01/20			3,084.00	0.00	0.00	3,084.00	✓	
							REVENUE INTEGRITY PROGR					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11155	PARAREV	3,084.00	0.00	0.00	3,084.00
Vendor#	Vendor Name		Class		Pay Code							

11932	PRESS GANEY ASSOCIATES, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
IN000610969 ✓		11/14/20	09/30/20	10/30/20		2,729.72	0.00	0.00	2,729.72 ✓		
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				
14544	PRINT RITE INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
23540 ✓		11/15/20	11/09/20	11/29/20		240.76	0.00	0.00	240.76 ✓		
SUPPLIES											
Vendor Totals											
Number	Name					Gross	Discount	No-Pay	Net		
14544	PRINT RITE INC.					240.76	0.00	0.00	240.76		
Vendor#	Vendor Name					Class	Pay Code				
11080	RADSOURCE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
SC32091223 ✓		11/15/20	11/12/20	12/07/20		1,791.67	0.00	0.00	1,791.67 ✓		
SERV											
Vendor Totals											
Number	Name					Gross	Discount	No-Pay	Net		
11080	RADSOURCE					1,791.67	0.00	0.00	1,791.67		
Vendor#	Vendor Name					Class	Pay Code				
11764	ROBERT RODRIQUEZ ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111323		11/16/20	11/13/20	11/20/20		71.49	0.00	0.00	71.49 ✓		
TRAVEL REIMB <i>Travel to Pick's super market on 11/12 for</i>											
Vendor Totals											
Number	Name					Gross	Discount	No-Pay	Net		
11764	ROBERT RODRIQUEZ					71.49	0.00	0.00	71.49		
Vendor#	Vendor Name					Class	Pay Code				
10927	ROSHANDA THOMAS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
111623		11/16/20	11/16/20	11/25/20		166.37	0.00	0.00	166.37 ✓		
TRAVEL REIMB <i>travel to Tuscany NH on 11/12/23</i>											
Vendor Totals											
Number	Name					Gross	Discount	No-Pay	Net		
10927	ROSHANDA THOMAS					166.37	0.00	0.00	166.37		
Vendor#	Vendor Name					Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
56382400005055 ✓		11/14/20	10/25/20	11/14/20		4,038.24	0.00	0.00	4,038.24 ✓		
LEASE											
Vendor Totals											
Number	Name					Gross	Discount	No-Pay	Net		
10936	SIEMENS FINANCIAL SERVICES					4,038.24	0.00	0.00	4,038.24		
Vendor#	Vendor Name					Class	Pay Code				
12288	SPBS CLINICAL EQUIPMENT SRVC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV019731123 ✓		11/14/20	11/01/20	11/02/20		9,458.59	0.00	0.00	9,458.59 ✓		
CONTRACT											
Vendor Totals											
Number	Name					Gross	Discount	No-Pay	Net		
12288	SPBS CLINICAL EQUIPMENT SRVC					9,458.59	0.00	0.00	9,458.59		
Vendor#	Vendor Name					Class	Pay Code				
S3960	STERICYCLE, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		

8005012852		11/16/20	10/18/20	11/17/20		2,795.69	0.00	0.00	2,795.69		
	WASTE										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC				2,795.69	0.00	0.00	2,795.69		
Vendor#	Vendor Name		Class	Pay Code							
S3940	STERIS CORPORATION		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11669790		11/15/20	10/13/20	11/07/20		2,235.66	0.00	0.00	2,235.66		
	SUPPLIES										
11687594		11/15/20	10/19/20	11/13/20		199.90	0.00	0.00	199.90		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION				2,435.56	0.00	0.00	2,435.56		
Vendor#	Vendor Name		Class	Pay Code							
10735	STRYKER SUSTAINABILITY										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
4836749		11/15/20	11/07/20	12/07/20		2,224.64	0.00	0.00	2,224.64		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY				2,224.64	0.00	0.00	2,224.64		
Vendor#	Vendor Name		Class	Pay Code							
14564	TRANSCAT INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
11803886		11/01/20	09/15/20	10/15/20		1,267.29	0.00	0.00	1,267.29		
	TRAVEL/PARTS										
3101482		11/01/20	09/21/20	10/21/20		505.00	0.00	0.00	505.00		
	CALIBRATION										
11803964		11/01/20	09/21/20	10/21/20		1,740.00	0.00	0.00	1,740.00		
	PARTS/ONSITE SERV FEE										
3118075		11/01/20	10/04/20	11/04/20		530.00	0.00	0.00	530.00		
	CALIBRATION										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
	14564	TRANSCAT INC				4,042.29	0.00	0.00	4,042.29		
Vendor#	Vendor Name		Class	Pay Code							
13616	TRIOSE, INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
TRI161152		11/14/20	08/23/20	09/07/20		172.48	0.00	0.00	172.48		
	FREIGHT										
TRI164376		11/14/20	09/27/20	10/12/20		258.13	0.00	0.00	258.13		
	FREIGHT										
TRI164896		11/14/20	10/03/20	10/18/20		69.29	0.00	0.00	69.29		
	FREIGHT										
TRI65460		11/14/20	10/10/20	10/25/20		46.79	0.00	0.00	46.79		
	FREIGHT										
TRI166032		11/14/20	10/17/20	11/01/20		77.93	0.00	0.00	77.93		
	FREIGHT										
TRI167729		11/14/20	11/02/20	11/17/20		450.29	0.00	0.00	450.29		
	FREIGHT										
TRI168048		11/14/20	11/07/20	11/22/20		70.00	0.00	0.00	70.00		
	FREIGHT										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

Vendor#	Vendor Name	Class	Pay Code							
	13616 TRIOSE, INC					1,144.91	0.00	0.00	1,144.91	
11067	TRIZETTO PROVIDER SOLUTIONS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	35FK112300 ✓		11/15/20	11/01/20	11/26/20		1,475.80	0.00	0.00	1,475.80 ✓
	STATEMENTS/ANNUAL FEE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS				1,475.80	0.00	0.00	1,475.80
Vendor#	Vendor Name	Class	Pay Code							
U1064	UNIFIRST HOLDINGS INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2921017469 ✓		11/14/20	11/02/20	11/27/20		244.19	0.00	0.00	244.19 ✓
		LAUNDRY								
	2921017464 ✓		11/14/20	11/02/20	11/27/20		104.00	0.00	0.00	104.00 ✓
		LAUNDRY								
	2921017465 ✓		11/14/20	11/02/20	11/27/20		222.15	0.00	0.00	222.15 ✓
		LAUNDRY								
	2921017471 ✓		11/14/20	11/02/20	11/27/20		102.46	0.00	0.00	102.46 ✓
		LAUNDRY								
	2921017466 ✓		11/14/20	11/02/20	11/27/20		2,319.10	0.00	0.00	2,319.10 ✓
		LAUNDRY								
	2921017468 ✓		11/14/20	11/02/20	11/27/20		298.08	0.00	0.00	298.08 ✓
		LAUNDRY								
	2921017467 ✓		11/14/20	11/02/20	11/27/20		29.95	0.00	0.00	29.95 ✓
		LAUNDRY								
	2921017470 ✓		11/14/20	11/02/20	11/27/20		228.21	0.00	0.00	228.21 ✓
		LAUNDRY								
	2921017661 ✓		11/14/20	11/06/20	12/01/20		91.80	0.00	0.00	91.80 ✓
		LAUNDRY								
	2921017660 ✓		11/14/20	11/06/20	12/01/20		2,749.55	0.00	0.00	2,749.55 ✓
		LAUNDRY								
	2921017984 ✓		11/14/20	11/09/20	12/04/20		191.38	0.00	0.00	191.38 ✓
		LAUNDRY								
	2921017989 ✓		11/14/20	11/09/20	12/04/20		228.21	0.00	0.00	228.21 ✓
		LAUNDRY								
	2921017983 ✓		11/14/20	11/09/20	12/04/20		109.05	0.00	0.00	109.05 ✓
		LAUNDRY								
	2921017988 ✓		11/14/20	11/09/20	12/04/20		244.19	0.00	0.00	244.19 ✓
		LAUNDRY								
	2921017986 ✓		11/14/20	11/09/20	12/04/20		29.95	0.00	0.00	29.95 ✓
		LAUNDRY								
	2921017985 ✓		11/14/20	11/09/20	12/04/20		2,209.38	0.00	0.00	2,209.38 ✓
		LAUNDRY								
	2921017990 ✓		11/14/20	11/09/20	12/04/20		102.46	0.00	0.00	102.46 ✓
		LAUNDRY								
	2921017987 ✓		11/14/20	11/09/20	12/04/20		298.08	0.00	0.00	298.08 ✓
		LAUNDRY								
	2921018182 ✓		11/14/20	11/13/20	12/08/20		121.02	0.00	0.00	121.02 ✓
		LAUNDRY								
	2921018181 ✓		11/14/20	11/13/20	12/08/20		2,696.73	0.00	0.00	2,696.73 ✓
		LAUNDRY								



2921005837 ✓	LAUNDRY	11/15/20 06/08/20 07/03/20	188.64	0.00	0.00	188.64 ✓
2921008079 ✓	LAUNDRY	11/15/20 07/06/20 07/31/20	29.75	0.00	0.00	29.75 ✓
2921008965 ✓	LAUNDRY	11/15/20 07/13/20 08/07/20	29.75	0.00	0.00	29.75 ✓
2921009483 ✓	LAUNDRY	11/15/20 07/20/20 08/14/20	29.75	0.00	0.00	29.75 ✓
2921010039 ✓	LAUNDRY	11/15/20 07/27/20 08/21/20	39.35	0.00	0.00	39.35 ✓
2921010578 ✓	LAUNDRY	11/15/20 08/03/20 08/28/20	31.85	0.00	0.00	31.85 ✓
2921011102 ✓	LAUNDRY	11/15/20 08/10/20 09/04/20	83.40	0.00	0.00	83.40 ✓
2921011650 ✓	LAUNDRY	11/15/20 08/17/20 09/11/20	29.96	0.00	0.00	29.96 ✓
2921012180 ✓	LAUNDRY	11/15/20 08/24/20 09/18/20	43.32	0.00	0.00	43.32 ✓
2921012656 ✓	LAUNDRY	11/15/20 08/31/20 09/25/20	29.75	0.00	0.00	29.75 ✓
2921013204 ✓	LAUNDRY	11/15/20 09/07/20 10/02/20	29.75	0.00	0.00	29.75 ✓
2921013762 ✓	LAUNDRY	11/15/20 09/14/20 10/09/20	29.75	0.00	0.00	29.75 ✓
2921014301 ✓	LAUNDRY	11/15/20 09/21/20 10/16/20	61.73	0.00	0.00	61.73 ✓
2921014820 ✓	LAUNDRY	11/15/20 09/28/20 10/23/20	34.26	0.00	0.00	34.26 ✓
2921015353 ✓	LAUNDRY	11/15/20 10/05/20 10/30/20	62.91	0.00	0.00	62.91 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	13,373.86	0.00	0.00	13,373.86

Vendor#	Vendor Name	Class	Pay Code
V1471	VICTORIA RADIOWORKS, LTD ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23100170 ✓	ADVERTISING	11/15/20	10/31/20	11/30/20			160.00	0.00	0.00	160.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD	160.00	0.00	0.00	160.00

Vendor#	Vendor Name	Class	Pay Code
11018	WEBPT, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV-452620 ✓	PROVIDER SUBSCRIPTION	11/15/20	11/12/20	11/13/20			9,342.00	0.00	0.00	9,342.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11018	WEBPT, INC	9,342.00	0.00	0.00	9,342.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	389,913.63	0.00	0.00	389,913.63 ✓

**APPROVED ON**  
**NOV 16 2023**

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK # 201688 - 201743

CITIBA



8 704 42 +  
8 446 92 -  
257 50 \* CARD

*o/s credit belongs to Calhoun County*

# Account Statement

Commercial Card Account  
C0001 CALHOUN COUNTY MMC

### Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX-2799  
Invoice # 3653004064

### Summary of Account Activity

Previous Balance	\$8,446.92
Payments	\$8,259.09
Credits	\$0.00
Purchases & Other Charges	\$2,117.73
Cash Transactions	\$0.00
Cash Transaction Fees	\$0.00
Interest Charges	\$0.00

### Payment Information

New Balance	\$2,305.56
Past Due Amount	\$187.83
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$2,305.56
Payment Due Date	11/28/2023
Statement Closing Date	11/03/2023
Days in Billing Period	31

*+257.50  
= 445.33*

Credit Limit	\$30,000
Available Credit Limit	\$27,694
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

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

### Company Transactions

*Confirmation with DWIR 11/24/23*

Account: XXXX-XXXX-XXXX-2799 C0001 CALHOUN COUNTY MMC Total Activity: (\$8,259.09)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
10/27	10/27	0000	75563973300300000006320	1 PAYMENT THANK YOU	8,259.09 PY

### Cardholder Transactions

Account: XXXX-XXXX-XXXX-9457 ROSHANDA S THOMAS Total Activity: \$2,117.73

Credit Limit: \$15,000 Cash Limit: \$0

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
10/04	10/03	9399	05134373277600037086941	1 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA 2.50	2.50
10/04	10/04	8999	55432863277208554578391	2 AMA*CREIDENTIALING 800-621-8335 IL 60611 USA 44.00	44.00
10/05	10/04	9399	05134373278600036396423	3 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA 2.50	2.50
10/06				TXAS HOSPITAL ASSOC AUSTIN TX 78701 USA 219.95	219.95

APPROVED ON  
NOV 20 2023

### NOTICE:

*Short paid amount that needs to be reimbursed by MMC*

8 259 09 -

445 33 \*

8 446 92 +

8 259 09 -

187 83 \*

187 83 +

257 50 +

445 33 \*



CITI  
PO E  
PHO

*o/s credit that belongs to county*

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

Account Number XXXX-XXXX-XXXX-2799

Payment Due Date November 28, 2023

New Balance \$2,305.56

Past Due Amount\* \$187.83

Minimum Payment Due \$2,305.56

Amount Enclosed

\$ Current 2,117.73 +

\*Pas Short paid 445.33 -

2,563.06 \*

*2,563.06  
2,563.06  
TR BL 11/27/23*

## Information About Your Citi<sup>®</sup> Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager<sup>®</sup> Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to [www.citimanager.com/login](http://www.citimanager.com/login) and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
  - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
  - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.

## Account Inquiries

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

Account: XXXX-XXXX-XXXX-2799

**Cardholder Transactions (con't)**

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
10/09	10/06	9399	05134373280600039250177	5 NPDB NPDB.HRSA.GOV FAIRFAX VA N100125299	22033 USA 2.50
10/09	10/07	8999	55432863280209486444202	6 AMA*CREENTIALING 800-621-8335 IL	60611 USA 44.00
10/12	10/11	9399	05134373285600037633015	7 NPDB NPDB.HRSA.GOV FAIRFAX VA N100277657	22033 USA 2.50
10/12	10/11	9399	05134373285600037633197	8 NPDB NPDB.HRSA.GOV FAIRFAX VA N100277822	22033 USA 2.50
10/12	10/11	4722	55432863284200953813165	9 Orbitz*72676385156415 ORBITZ.COM WA	98119 USA 41.44
10/12	10/11	5912	55436873285162857303335	10 IMPRIMISRX 503B LEDGEWOOD NJ 1824819	USA 370.00
10/12	10/12	8999	55432863285201006355351	11 AMA*CREENTIALING 800-621-8335 IL	60611 USA 88.00
10/16	10/11	3001	55417343287872873344460	12 AMERICAN 00180390569811 SEATTLE WA FISHER/CHRISTOP DEPARTURE: 10/17/23 OKC AA G DFW AA G CRP AA G DFW AA G OKC	85034 USA 568.40
10/16	10/13	9399	05134373287600039432752	13 NPDB NPDB.HRSA.GOV FAIRFAX VA N100362709	22033 USA 67.50
10/16	10/13	9399	05134373287600039432836	14 NPDB NPDB.HRSA.GOV FAIRFAX VA N100362906	22033 USA 2.50
10/19	10/18	3665	55436873292152924574910	15 HAMPTON INNS PORT LAVACA TX 00962250 CHECK IN: 10/17/2023 00962250	77979 USA 134.47
10/23	10/20	8699	75265863293587002874324	16 TEXAS MEDICAL ASSOCIAT 512-370-1492 TX A1EAFC4ECE8	78701 USA 300.00
10/27	10/26	9399	05134373300600037422220	17 NPDB NPDB.HRSA.GOV FAIRFAX VA N100730886	22033 USA 2.50
10/27	10/27	8999	55432863300205581450447	18 AMA*CREENTIALING 800-621-8335 IL	60611 USA 44.00
10/31	10/31	8999	55432863304206809459422	19 AMA*CREENTIALING 800-621-8335 IL	60611 USA 44.00
11/02	11/01	3665	55436873306163062750257	20 HAMPTON INNS PORT LAVACA TX 00957011 CHECK IN: 10/31/2023 00957011	77979 USA 134.47

**FINANCE CHARGE SUMMARY**

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges
PURCHASE AND FEES	10.25%	0.8542% (M)	\$0.00
CASH	10.25%	0.8542% (M)	\$0.00

\* (D) Daily Rate  
(M) Monthly Rate

Account: XXXX-XXXX-XXXX-2799

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RECEIVED BY THE COUNTY AUDITOR ON

NOV 20 2023

# CITIBANK CORPORATE CARD

SIoux COUNTY, TEXAS

## Account Statement

Commercial Card Account  
ROSHANDA S THOMAS



Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX-9457

### Summary of Account Activity

Total Activity **\$2,117.73**

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

Credit Limit **\$15,000**  
Cash Advance Limit **\$0**  
Statement Closing Date **11/03/2023**  
Days in Billing Period **31**

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

### Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
10/04	10/03	9399	05134373277600037086941	1 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
10/04	10/04	8999	55432863277208554578391	2 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	44.00 ✓
10/05	10/04	9399	05134373278600036396423	3 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
10/06	10/04	8062	55457373278200873000024	4 TEXAS HOSPITAL ASSOC AUSTIN TX 78701 USA	219.95 ✓
10/09	10/06	9399	05134373280600039250177	5 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
10/09	10/07	8999	55432863280209486444202	6 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	44.00 ✓
10/12	10/11	9399	05134373285600037633015	7 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
10/12	10/11	9399	05134373285600037633197	8 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
10/12	10/11	4722	55432863284200953813165	9 Orbitz*72676385156415 ORBITZ.COM WA 98119 USA	41.44 ✓
10/12	10/11	5912	55436873285162857303335	10 IMPRIMSIRX 503B LEDGEWOOD NJ 1824819 USA	370.00 ✓
10/12	10/12	8999	55432863285201006355351	11 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	88.00 ✓
10/16	10/11	3001	55417343287872873344460	12 AMERICAN 00180390569811 SEATTLE WA 85034 USA	568.40 ✓
10/16	10/13	9399	05134373287600039432752	13 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	67.50 ✓
10/16	10/13	9399	05134373287600039432836	14 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

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

Not an invoice.  
For your records only.

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

00007905040

## Information About Your Citi® Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager® Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to [www.citimanager.com/login](http://www.citimanager.com/login) and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are Issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
  - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
  - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.

## Account Inquiries

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

Account: XXXX-XXXX-XXXX-9457

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
10/19	10/18	3665	55436873292152924574910	15 HAMPTON INNS PORT LAVACA TX 00962250 CHECK IN: 10/17/2023 00962250	77979 USA 134.47 ✓
10/23	10/20	8699	75265863293587002874324	16 TEXAS MEDICAL ASSOCIAT 512-370-1492 TX A1EAF4CEEB	78701 USA 300.00 ✓
10/27	10/26	9399	05134373300600037422220	17 NPDB NPDB.HRSA.GOV FAIRFAX VA N100730886	22033 USA 2.50 ✓
10/27	10/27	8999	55432863300205581450447	18 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
10/31	10/31	8999	55432863304206809459422	19 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
11/02	11/01	3665	55436873306163062750257	20 HAMPTON INNS PORT LAVACA TX 00957011 CHECK IN: 10/31/2023 00957011	77979 USA 134.47 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$2,117.73					✓

APPROVED ON  
NOV 20 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



Account: XXXX-XXXX-XXXX-9457

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5

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank  
Vendor Address: \_\_\_\_\_  
Vendor Phone #: \_\_\_\_\_  
Vendor Fax #: \_\_\_\_\_

Date: 11/20/2023  
P.O. # \_\_\_\_\_  
Account # \_\_\_\_\_  
Initiated By: \_\_\_\_\_

Form # 9401

Date Required	Expense #	Department	Deliver To			
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		NPDB x 1 provider (Enroll)			2.50
2	-		AMA x 1 provider - Unit + CM			44.00
3	-		NPDB x 1 provider (Enroll)			2.50
4	-		THA - THH Governance Conf			219.95
5			Registration - Kay McPherson			
6			plus 5 HC Term Books - <sup>Board</sup> members			
7	-		NPDB x 1 provider (Enroll)			2.50
8	-		AMA x 1 Provider - Unit + CM			44.00
9	-		NPDB x 1 Provider - (Enroll)			2.50
10	-		NPDB x 1 Provider - (Enroll)			2.50

Est. Freight Imprimix - Phenyl-Lido FF Est. Total Cost \_\_\_\_\_ TOTAL COST 370.00

NOTES:

Charges made to Roshanda's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Phares 11/20/23</u>

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 11/20/2023

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

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

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

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

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

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

Form # 9401

Date Required	Expense #	Department	Deliver To	Form # 9401		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		Orbitz - Trip Protection for			41.44
2			Dr. Christopher Fisher, Hospitalist			
3	-		American - Flight for Dr.			568.40
4			Christopher Fisher, Hospitalist			
5			candidate			
6	-		AMA x 2 providers (cont+com)			88.00
7	-		NPDB x 27 renewals			67.50
8	-		NPDB x 1 provider - renewal			2.50
9	-		Hampton Inns - Room for		10/17/23	134.47
10			Dr. David Hobson, DR/clin per contract			

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

NOTES:

changes made to Roshanda's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 11/20/23</u>

# MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 11/20/2023

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

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

Vendor \_\_\_\_\_

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

Vendor 2 \* 50 +

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

Form # 9401

Date Req	Expense #	Department	Deliver To			
Line No.	Description	Unit Cost	Unit Meas.	Extended Cost		
	2 * 50 +					
	219 * 95 +					
1	44 * 00 +	<u>coding</u> Texas Med Assoc - Training				300.00 ✓
	2 * 50 +					
2	2 * 50 +	for clinic providers - deposit				
	370 * 00 +					
3	41 * 44 +	NPDB x 1 provider (Enroll)				2.50
	568 * 40 +					
4	88 * 00 +	AMA x 1 provider (unit + cm)				44.00
	67 * 50 +					
5	2 * 50 +	" "				44.00
	134 * 47 +					
6	300 * 00 +	Hampton Orens - Dr. David				134.47
	2 * 50 +					
7	44 * 00 +	Hobson, OB/Gyn Hotel	10/31/23 per contract			
	44 * 00 +					
8	134 * 47 +					
	2 * 117 * 73 * *					
9						
10						

Est. Freight \_\_\_\_\_

Est. Total Cost \_\_\_\_\_

TOTAL COST \$2,117.73

NOTES:

changes made to Roshande's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshande S. King</u> <u>11/20/23</u>

**RECEIPT**

MEMORIAL MEDICAL CENTER  
 815 N VIRGINIA  
 PORT LAVACA  
 TX 77979-3025

DATE	RECEIPT NUMBER	TYPE OF PAYMENT	PAYOR NAME
11/14/23	682566	AMERICAN EXPRESS	THOMAS ROSHANDA

ACCOUNT NO.	ACCOUNT NAME	AMOUNT	OFFICE USE
40600041	TRAVEL - M	120.00	40600041

THIS IS YOUR RECEIPT  
 PLEASE KEEP FOR YOUR RECORDS

PLB

120.00

445.33 \*  
 35.00 +  
 35.00 +  
 63.68 +  
 96.16 +  
 35.00 +  
 35.00 +  
 120.00 +

Amount  
 reimbursed  
 by MMC  
 employees.

\$120.00

Chip

REF#: 0000010  
 TRN: 331820833064  
 142745

AL CENTER  
 NA ST  
 TX 77979

4331078  
 77979

RESS  
 5010801  
 3 80 00

THANK YOU!

TOMER COPY

T-shirts 35.00  
Additional Room charge 93.68

already paid

**RECEIPT**

MEMORIAL MEDICAL CENTER  
815 N VIRGINIA  
PORT LAVACA  
TX 77979-3025

DATE	RECEIPT NUMBER	TYPE OF PAYMENT	PAYOR NAME
11/16/23	682731	PAYMENT-MASTER C	SILVAS CHRISTI

ACCOUNT NO.	ACCOUNT NAME	AMOUNT	OFFICE USE
40600041	TRAVEL - M	128.68	40600041

THIS IS YOUR RECEIPT  
PLEASE KEEP FOR YOUR RECORDS

PLB

128.68

T-Shirts

RECEIPT

MEMORIAL MEDICAL CENTER  
815 N VIRGINIA  
PORT LAVACA  
TX 77979-3025

DATE	RECEIPT NUMBER	TYPE OF PAYMENT	PAYOR NAME
11/16/23	682716	PAYMENT-CHECK	MUTCHLER HEATHER

ACCOUNT NO.	ACCOUNT NAME	AMOUNT	OFFICE USE
40600041	TRAVEL - M	35.00	40600041

THIS IS YOUR RECEIPT  
PLEASE KEEP FOR YOUR RECORDS

35.00

PLB

**RECEIPT**

MEMORIAL MEDICAL CENTER  
815 N VIRGINIA  
PORT LAVACA  
TX 77979-3025

DATE	RECEIPT NUMBER	TYPE OF PAYMENT	PAYOR NAME
11/14/23	682567	PAYMENT-CHECK	NGUYEN MIMI

ACCOUNT NO.	ACCOUNT NAME	AMOUNT	OFFICE USE
40600041	TRAVEL - M	93.68	40600041

THIS IS YOUR RECEIPT  
PLEASE KEEP FOR YOUR RECORDS

93.68



~~RECEIPT~~

MEMORIAL MEDICAL CENTER  
815 N VIRGINIA  
PORT LAVACA  
TX 77979-3025

DATE	RECEIPT NUMBER	TYPE OF PAYMENT	PAYOR NAME
11/16/23	682730	PAYMENT-VISA	NGUYEN MIMI

ACCOUNT NO.	ACCOUNT NAME	AMOUNT	OFFICE USE
40600041	TRAVEL - M	35.00	40600041

THIS IS YOUR RECEIPT  
PLEASE KEEP FOR YOUR RECORDS

35.00

PLB

RECEIPT

MEMORIAL MEDICAL CENTER  
815 N VIRGINIA  
PORT LAVACA  
TX 77979-3025

DATE	RECEIPT NUMBER	TYPE OF PAYMENT	PAYOR NAME
11/20/23	682986	PAYMENT-CHECK	COFFE BARREL LLC

ACCOUNT NO.	ACCOUNT NAME	AMOUNT	OFFICE USE
40600090	TRAVEL -A	35.00	40600090

THIS IS YOUR RECEIPT  
PLEASE KEEP FOR YOUR RECORDS

35.00

PLB

Dr. Patel - T-shirt

COFFEE BARREL, LLC  
100 E. HUTCHINSON ST #238  
BEEVILLE, TX 78102

2856

88-2265/1131-33

Nov 3 2023

Date

CHECK ARMOR  
TRADE PRACTICES

Pay to the  
Order of

Memorial Medical Center

\$ 91.65

Ninety one & 65/100

Dollars



Photo  
Safe  
Deposit  
Data on back



PROSPERITY BANK®

BEEVILLE BANKING CENTER  
100 SOUTH WASHINGTON • BEEVILLE, TX 78102  
361-358-3612 www.prosperitybankusa.com

For

travel notes

*[Signature]*

SP

Member FDIC

U.S. GOVERNMENT PRINTING OFFICE: 2012-312-100

# Wire Transfer

COUNTY OF CALHOUN TEXAS



## Wire Details

**Transaction Number**  
**Recurring Frequency** One-Time Payment  
**Template Name** CITI CARD PRGM - MMC  
**Amount** USD 2,563.06  
**Debit Account** \*4357 - DDA (MEMORIAL MEDICAL CENTER - OPERATING)  
**Notify Initiator Options** Pending Actions: Notify via EMAIL  
Pending Release: Notify via EMAIL  
System Events: Notify via EMAIL  
Complete - Unsuccessful: Notify via EMAIL  
Complete - Successful: Notify via EMAIL  
Early Action Taken: Notify via EMAIL  
Early Action Removed: Notify via EMAIL  
Expired: Notify via EMAIL  
**Payment Date** 11/27/2023

## Originator Information

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

## Beneficiary / Payee Information

## Beneficiary Bank Information

<b>Name</b>	NT	<b>Name</b>	
<b>ACCOUNT Beneficiary ID Type</b>	<b>Account Number</b>	<b>Beneficiary Bank ID Type</b>	
<b>Beneficiary ID</b>		<b>Beneficiary Bank ID</b>	
<b>Address 1</b>		<b>Address 1</b>	
<b>Address 2</b>		<b>Address 2</b>	
<b>Address 3</b>		<b>Address 3</b>	
<b>Beneficiary Country</b>		<b>Intl Routing Number</b>	
<b>Contact Name</b>		<b>Beneficiary Bank Country</b>	US
<b>Phone Number</b>			

## Additional Reference Information

**Purpose Of Payment** 5567090005272799

**Additional Information For Beneficiary**

## Status History

Timestamp	Status	Initiator	Description
Nov 27, 2023 1:00:00 PM CST	Delivered	SYSTEM	Wire has been delivered to the bank.
Nov 27, 2023 12:58:41 PM CST	Created	(RHONDA S. KOKENA)	Wire Created.

# MCKESSON

# STATEMENT

As of: 11/17/2023

Page: 002

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

Company: 8000

MEMORIAL MEDICAL CENTER  
 AP  
 815 N VIRGINIA STREET  
 PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

DC: 8115  
 Customer INV SupplD:  
 Territory:

As of: 11/17/2023  
 Mail to: Page: 002  
 Comp: 8000

Customer: 632536  
 Date: 11/18/2023

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 632536  
 Date: 11/18/2023  
**PLEASE CHECK ANY ITEMS NOT PAID (✓)**

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 13,161.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
 08/07/2017

If Paid By 11/21/2023,  
 Pay This Amount: 12,898.53 USD

If Paid After 11/21/2023,  
 Pay this Amount: 13,161.78 USD

Due If Paid On Time:  
 USD 12,898.53 ✓

Disc lost if paid late: 263.25

Due If Paid Late:  
 USD 13,161.78

5,377.01 +  
 7,515.28 +  
 6.24 +  
 12,898.53 \*

*Andrew Lopez Santos*  
 11/20/23

APPROVED ON

NOV 20 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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

# McKESSON

# STATEMENT

As of: 11/17/2023

Page: 001

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

Company: 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

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 256342  
Date: 11/18/2023

As of: 11/17/2023  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342  
Date: 11/18/2023  
**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										
11/13/2023	11/21/2023	7457348438	95228701	115Invoice	1.34	66.99		65.65	✓	7457348438
11/13/2023	11/21/2023	7457552876	95240522	115Invoice	0.03	1.27		1.24	✓	7457552876
11/14/2023	11/21/2023	7457690083	95561917	115Invoice	16.03	801.74		785.71	✓	7457690083
11/14/2023	11/21/2023	7457884440	95394704	115Invoice	1.03	51.39		50.36	✓	7457884440
11/15/2023	11/21/2023	7457966243	95655089	115Invoice	16.00	799.83		783.83	✓	7457966243
11/15/2023	11/21/2023	7457966244	95725682	115Invoice	2.59	129.70		127.11	✓	7457966244
11/15/2023	11/21/2023	7458129798	95661802	195Invoice	0.03	1.27		1.24	✓	7458129798
11/15/2023	11/21/2023	7458129799	95503022	115Invoice	0.68	33.84		33.16	✓	7458129799
11/15/2023	11/21/2023	7458130300	95668203	115Invoice	0.01	0.32		0.31	✓	7458130300
11/16/2023	11/21/2023	7458260930	95796469	115Invoice	0.03	1.27		1.24	✓	7458260930
11/16/2023	11/21/2023	7458260932	95869245	115Invoice	7.38	369.09		361.71	✓	7458260932
11/16/2023	11/21/2023	7458260933	95869245	115Invoice	0.01	0.32		0.31	✓	7458260933
11/17/2023	11/21/2023	7458524857	95920648	115Invoice	56.91	2,845.51		2,788.60	✓	7458524857
11/17/2023	11/21/2023	7458683794	95927403	195Invoice	0.05	2.53		2.48	✓	7458683794
11/17/2023	11/21/2023	7458683795	95933853	115Invoice	7.63	381.69		374.06	✓	7458683795

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 5,486.76 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11,739.80  
11/13/2023

If Paid By 11/21/2023,  
Pay This Amount: 5,377.01 USD

If Paid After 11/21/2023,  
Pay this Amount: 5,486.76 USD

Due If Paid On Time:  
USD 5,377.01 ✓

Disc lost if paid late:  
109.75

Due If Paid Late:  
USD 5,486.76

*Andrew De Los Santos*  
11/20/23

APPROVED ON

NOV 20 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# McKESSON

# STATEMENT

As of: 11/17/2023

Page: 001

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

Company: 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

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 835434  
Date: 11/18/2023

As of: 11/17/2023  
Mail to: Page: 001  
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434  
Date: 11/18/2023  
**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
11/15/2023	11/21/2023	7458017585	632536 2831976	115Invoice	153.37	7,668.65		7,515.28	✓	7458017585

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: 7,668.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/13/2023 11,739.80

If Paid By 11/21/2023,  
Pay This Amount:

7,515.28 USD

If Paid After 11/21/2023,  
Pay this Amount:

7,668.65 USD

Due If Paid On Time:

USD 7,515.28 ✓

Disc lost if paid late:

153.37

Due If Paid Late:

USD 7,668.65

*Andrew DeLos Santos*  
11/20/23

APPROVED ON

NOV 20 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 11/17/2023

Page: 001

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

Company: 8000

CVS PHCY 7416/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

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 835437  
Date: 11/18/2023

As of: 11/17/2023 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835437 PLEASE CHECK ANY  
Date: 11/18/2023 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 835437 CVS PHCY 7416/MEM MC PHS											
11/15/2023	11/21/2023	7458162914		2829726	115Invoice	0.13	6.37		6.24	✓	7458162914

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

TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 6.37 USD

Future Due: 0.00

Past Due: 0.00

Last Payment: 0.00

If Paid By 11/21/2023,  
Pay This Amount:

6.24 USD

If Paid After 11/21/2023,  
Pay this Amount:

6.37 USD

Due If Paid On Time:

USD 6.24 ✓

Disc lost if paid late:

0.13

Due If Paid Late:

USD 6.37

*Andrew DeLos Santos*  
11/20/23

APPROVED ON

NOV 20 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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



**Serviced By:**  
ABC DC SUGARLAND  
12727 W. AIRPORT BLVD.  
SUGAR LAND TX 77478-6101  
  
DEA: RA0289276  
866-451-9655

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

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

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	1,463.18
Past Due:	0.00
Total Due:	1,463.18
Account Balance:	1,463.18

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-13-2023	11-24-2023	3153857687	7004700062	Invoice	72.89		0.00	72.89
11-13-2023	11-24-2023	3153857688	7004714193	Invoice	85.39		0.00	85.39
11-13-2023	11-24-2023	3153962172	7004726159	Invoice	92.05		0.00	92.05
11-14-2023	11-24-2023	3154148147	7004735479	Invoice	106.44		0.00	106.44
11-14-2023	11-24-2023	355423899	170428	Invoice	(378.54)		0.00	(378.54)
11-14-2023	11-24-2023	355424200	170428	Invoice	376.19		0.00	376.19
11-14-2023	11-24-2023	355424406	171276	Invoice	(378.54)		0.00	(378.54)
11-14-2023	11-24-2023	355424407	171276	Invoice	376.19		0.00	376.19
11-15-2023	11-24-2023	3154306877	7004744968	Invoice	6.26		0.00	6.26
11-16-2023	11-24-2023	3154473755	7004756734	Invoice	221.10		0.00	221.10
11-17-2023	11-24-2023	3154532175	4539581202	Invoice	30.16		0.00	30.16
11-17-2023	11-24-2023	3154627414	7004768112	Invoice	853.59		0.00	853.59

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,463.18	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
11-17-2023	(2,593.35)

Reminders	
Due Date	Amount
11-24-2023	1,463.18
<b>Total Due:</b>	
	<b>1,463.18</b>

**APPROVED ON**  
**NOV 20 2023**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

*Andrew Santos*  
11/20/23

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	<input type="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	####		<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941"/> #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="23"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		<input type="text" value="03"/>
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		<input type="text" value="\$ 124,911.66"/> #
	"1 TO CONFIRM"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		<input type="text" value="\$ 63,489.46"/> #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			<input type="text" value="\$ 15,421.80"/> #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 46,000.40"/> #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		<input type="text"/>
	"1 TO CONFIRM"			<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>

**CALLED IN BY:**

**CALLED IN DATE:**

**CALLED IN TIME:**

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

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

PAY PERIOD: BEGIN	11/3/2023	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	11/16/2023					
PAY DATE:	11/24/2023					
GROSS PAY:	\$ 563,621.55			\$ -		\$ 563,621.55
DEDUCTIONS:						
A/R	\$ 250.00					\$ 250.00
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 1,206.28					\$ 1,206.28
SUNLIFE ACCIDENT	\$ 786.88					\$ 786.88
IRS TAX	\$ 117.00					\$ 117.00
SUNLIFE SHORT TERM DIS	\$ 1,968.40					\$ 1,968.40
BCBS VISION	\$ 1,032.38					\$ 1,032.38
CAFÉ-D	\$ 1,608.93					\$ 1,608.93
CAFÉ-H	\$ 23,243.39					\$ 23,243.39
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 570.69					\$ 570.69
CLINIC	\$ -					\$ -
COMBIN	\$ 271.83					\$ 271.83
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 1,063.06					\$ 1,063.06
SUNLIFE HOSP INDEM	\$ 739.47					\$ 739.47
FED TAX	\$ 46,000.40					\$ 46,000.40
FICA-M	\$ 7,671.89					\$ 7,671.89
FICA-O	\$ 31,744.73					\$ 31,744.73
FICA-M ADDITIONAL	\$ 78.02					\$ 78.02
FIRST C						\$ -
FLEX S	\$ 3,447.31					\$ 3,447.31
FLX-FE	\$ -					\$ -
GIFT S	\$ 217.03					\$ 217.03
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 1,034.54					\$ 1,034.54
OTHER	\$ 1,837.98					\$ 1,837.98
NATIONAL FARM LIFE	\$ 1,523.92					\$ 1,523.92
MED SURCHARGE	\$ 360.00					\$ 360.00
PR FIN	\$ -					\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 1,115.86					\$ 1,115.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 38,862.96					\$ 38,862.96
UWHOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 166,752.95	\$ -	\$ -	\$ -	\$ -	\$ 166,752.95
NET PAY:	\$ 396,868.60	\$ -	\$ -	\$ -	\$ -	\$ 396,868.60
TOTAL CAFÉ 125 PLAN:	\$ 34,526.43	Less Exempt:				
TAXABLE PAY:	\$ 529,095.12	\$ 612,011.64				

	**CALCULATED**	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,671.88		
FICA - MED (EE)	1.45% \$ 7,671.88	\$ 7,671.89	\$ (0.01)
FICA - SOC SEC (ER)	6.20% \$ 31,744.72		
FICA - SOC SEC (EE)	6.20% \$ 31,744.72	\$ 31,744.73	\$ (0.01)
FED WITHHOLDING	\$ 46,000.40	\$ 46,000.40	

Employees over FICA-SS Cap:  
 Roshanda Thomas \$ 8,669.28  
 Michael Gaines \$ 8,414.20  
 \$ -

Paycode S - Employee Reimb:

TOTAL: \$ 17,083.48

TAX DEPOSIT:	\$ 124,833.60	\$ 124,833.64
FICA - MEDICARE	2.90% \$ 15,343.76	\$ 15,343.78
FICA - SOCIAL SECURITY	12.40% \$ 63,489.44	\$ 63,489.46
FED WITHHOLDING	\$ 46,000.40	\$ 46,000.40
TOTAL TAX:	\$ 124,833.60	\$ 124,833.64

PREPARED BY:  
 PREPARED DATE:  
 (0.04)

Andrie Flores  
 11/20/2023

Final Summary

*-- Pay Code Summary						*-- Deductions Summary					
PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9946.50	N	N	N			234342.11	A/R	250.00	
1	REGULAR PAY-S1	1945.50	N	N	N	N		94344.29	ADVANC	AWARDS	
1	REGULAR PAY-S1	374.00	Y	N	N			12543.46	BOOTS	CAFE H	
2	REGULAR PAY-S2	2728.75	N	N	N			75470.64	CAFE-2	CAFE-3	
2	REGULAR PAY-S2	105.00	Y	N	N			4505.81	CAFE-5	CAFE-C	
3	REGULAR PAY-S3	1571.75	N	N	N			54439.38	CAFE-F	CAFE-H	
3	REGULAR PAY-S3	101.25	Y	N	N			5293.80	CAFE-L	CAFE-P	
4	CALL BACK PAY	20.75	N	1	N	N	Y	901.09	CHILD	570.69	
4	CALL BACK PAY	18.50	N	2	N	N	Y	785.36	CREGUN	DD ADV	
4	CALL BACK PAY	.25	Y	1	N	N	Y	17.99	DEP-LF	DIS-LF	
4	CALL BACK PAY	1.50	Y	2	N	N	Y	104.41	EATCSH	FBDTAX	
C	CALL PAY	2274.75	N	1	N	N		4549.50	FICA-O	31744.73	
D	DOUBLE TIME	19.75	N	1	N	N		1307.44	FLX FE	FORT D	
D	DOUBLE TIME	12.00	N	2	N	N		1098.81	GIFT S	217.03	
D	DOUBLE TIME	2.00	N	3	N	N		241.52	GTL	HOSP-I	
D	DOUBLE TIME	5.50	Y	3	N	N		996.27	IRSTAX	117.00	
E	EXTRA WAGES		N	N	N	N		14320.43	MASA	834.00	
E	EXTRA WAGES		N	1	N	N		2456.45	MISC	MISC/	
F	FUNERAL LEAVE	24.00	N	1	N	N		850.08	NATFML	1523.92	
I	INSERVICE	25.75	N	1	N	N		1169.71	PHI***	PR FIN	
I	INSERVICE	2.00	Y	1	N	N		111.12	REPAY	SAMS	
K	EXTENDED-ILLNESS-BANK	154.00	N	1	N	N		4738.22	SIGNON	ST-TX	
M	MEAL REIMBURSEMENT		N	N	N	N		106.83	STONE	STONE2	
P	PAID-TIME-OFF	273.72	N	N	N	N		12400.79	SUNACC	786.88	
P	PAID-TIME-OFF	1100.50	N	1	N	N		35905.04	SUNLIF	1063.06	
X	CALL PAY 2	144.00	N	1	N	N		288.00	SURCHG	360.00	
Y	YMCA/CURVES		N	N	N	N		45.00	TSA-C	TSA-P	
Z	CALL PAY 3	96.00	N	1	N	N		288.00	TUTION	UNIFOR	
Grand Totals:		20947.72							563621.55		166752.95
Checks Count:-		FT 204	PT 14	Other 34	Female 224	Male 27	Credit			13	
										ZeroNet	Term
											Total: 251

Andrew DeLata Santos  
11/20/23

Run Date: 11/20/23  
Time: 10:13

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 11/03/23--11/16/23 Run: 1  
Type=NET 1000001 OPERATING - PROSPERITY

Page 1  
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02620	IVONNE AVILES	327.62	00063356	11/24/23
02312	HANNAH M GOOD	55.41	00063357	11/24/23
02963	DOROTHY J RENDON	1523.64	00063358	11/24/23
20012	ALEXIS LOREDO	876.17	00063359	11/24/23
38428	JULIAN HEYSQUIERDO	832.81	00063360	11/24/23
00041	CARL LEE KING	2465.99	DD	11/24/23
00083	SYLVIA A VARGAS	997.28	DD	11/24/23
00094	SYLVIA A MENDOZA	957.28	DD	11/24/23
00113	JACLYN CARREON	1138.13	DD	11/24/23
00132	SANDRA A BRAUN	895.31	DD	11/24/23
00192	BRENDA D PENA	1819.05	DD	11/24/23
00344	SANDRA LEE RUDDICK	2946.66	DD	11/24/23
00387	BILLIE F DUCKWORTH	2425.62	DD	11/24/23
00392	MONICA T CARR	1224.15	DD	11/24/23
00399	LINDA J TIJERINA	2461.57	DD	11/24/23
00401	VELMA J PINA	1698.76	DD	11/24/23
00417	SHERRY L KING	2571.10	DD	11/24/23
00423	DONN V STRINGO	2012.20	DD	11/24/23
00482	PAM FIKAC	1431.38	DD	11/24/23
00581	CYNTHIA L RUSHING	1674.59	DD	11/24/23
00681	RILLA RENEE WOOD	1737.13	DD	11/24/23
00697	MARIA C FARIAS	1194.64	DD	11/24/23
00707	KIMBERLY RESENDEZ	1744.95	DD	11/24/23
00895	EMILIE DIANE WILKEY	680.03	DD	11/24/23
01015	SUSAN B SMALLEY	2253.08	DD	11/24/23
01191	SHARON M SPARKS	507.39	DD	11/24/23
01234	JENISE N SVETLIK	2407.54	DD	11/24/23
01241	MANDY MACE	2007.58	DD	11/24/23
01367	MARILYN A SANDERS	1758.50	DD	11/24/23
01451	JENNIFER L ZISSA	407.09	DD	11/24/23
01791	RAUSHANAH J MONDAY	2131.71	DD	11/24/23
02011	ERIN R CLEVENGER	9807.40	DD	11/24/23
02014	AGAPITA C CANTU	694.29	DD	11/24/23
02021	ERIKA OSORNIA-SANCHEZ	842.00	DD	11/24/23
02022	AMANDA J GRIGGS, OTR	2551.86	DD	11/24/23
02064	ANNA LAURA GARCIA	1870.95	DD	11/24/23
02099	TRACI M SHEFCIK	2851.46	DD	11/24/23
02112	LESLIE THOMAS	3698.61	DD	11/24/23
02132	JASMINE RUIZ	1795.54	DD	11/24/23
02135	NORMA ALLISON	1573.93	DD	11/24/23
02136	TAMMY ESQUIVEL	517.86	DD	11/24/23
02154	JUSTINE STREL CZYK	1617.23	DD	11/24/23
02162	MIRIAM PALUKA	1442.22	DD	11/24/23
02168	JENSICA KNIGHT	3147.89	DD	11/24/23
02193	TIKI VENGLAR	1419.17	DD	11/24/23
02202	SENON I SANCHEZ	83.64	DD	11/24/23
02271	DAWN J BUBENIK	2262.03	DD	11/24/23
02301	NICOLAS TIJERINA	2353.79	DD	11/24/23
02302	CATHERINE MARIE DECILLOS	82.53	DD	11/24/23
02303	CONNIE M LUNA	2227.22	DD	11/24/23
02315	NINA M GREEN	2332.28	DD	11/24/23
02322	RICK OSORNIA	385.79	DD	11/24/23
02331	JESSICA B BIFFLE	1080.75	DD	11/24/23

Run Date: 11/20/23  
Time: 10:13

MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
Pay Period 11/03/23--11/16/23 Run: 1  
Type=NET 10000001 OPERATING - PROSPERITY

Page 2  
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02346	JEANETTE L FALCON	2064.46	DD	11/24/23
02416	JANELLE SCOTT	1887.15	DD	11/24/23
02535	STEFANIE M SOLIZ	377.89	DD	11/24/23
02552	VERONICA RAGUSIN	1954.81	DD	11/24/23
02678	MELISSA NESLONEY	1485.11	DD	11/24/23
02685	JULIANA TORRES	233.42	DD	11/24/23
02701	RONDA DAWNELLE GOHLKE	2341.12	DD	11/24/23
02719	DAWN M MCLELLAND	2095.14	DD	11/24/23
02720	ELDA M LUERA	2039.13	DD	11/24/23
02733	ROBIN N PLEDGER	2464.78	DD	11/24/23
02763	JESSICA MARQUEZ	1874.15	DD	11/24/23
02794	HEATHER L MUTCHLER	1923.46	DD	11/24/23
02812	BRITTANY N RUDDICK	1805.52	DD	11/24/23
02907	MARIA F LONGORIA	1271.01	DD	11/24/23
02927	MICHAEL L GAINES	6425.23	DD	11/24/23
02970	DIANNE G ATKINSON	2233.66	DD	11/24/23
03864	JACQUELINE R HERRERA	1504.73	DD	11/24/23
05003	COURTNE D THURLKILL	3225.92	DD	11/24/23
05006	REGINA A MARTINEZ	2883.62	DD	11/24/23
05122	MARISSA RANGEL	829.98	DD	11/24/23
05345	ERICA NGUYEN	1854.83	DD	11/24/23
05641	AMANDA R KEY	1930.72	DD	11/24/23
05757	SHARON T HOLDER	2013.69	DD	11/24/23
07123	CYNTHIA GUERRA	1599.55	DD	11/24/23
07147	CHAD A VORCE	2448.76	DD	11/24/23
07878	DIANA C SAUCEDA	1161.95	DD	11/24/23
11197	CATHERINE A SAENZ	2772.27	DD	11/24/23
11412	COURTNEY L MORKOVSKY	1397.92	DD	11/24/23
12011	KIMBERLY J REYNA	1002.15	DD	11/24/23
12115	LISA J HINOJOSA	1003.07	DD	11/24/23
12129	MICHAEL HERMES	1440.13	DD	11/24/23
15097	KYLE L DANIEL	3261.78	DD	11/24/23
15131	SAVANNAH HARLEY	1555.16	DD	11/24/23
15139	KRISTEN NICOLE BALLARD	1721.26	DD	11/24/23
15163	KELSEY HEINOLD	4308.34	DD	11/24/23
15286	DAWN M MAREK	2193.23	DD	11/24/23
15555	STEPHANIE MARTIN	785.81	DD	11/24/23
15909	JULIE NGUYEN	2078.18	DD	11/24/23
15915	BRIANNE J KEY	2692.58	DD	11/24/23
20156	ERIN ASHLEY WISDOM	2248.66	DD	11/24/23
20168	JOSHUA PEPPERS	817.69	DD	11/24/23
20178	AMY GARCIA	3448.01	DD	11/24/23
20184	MELISSA ZAMORANO	945.79	DD	11/24/23
20206	KELLI B GOPF	2482.18	DD	11/24/23
20207	SHAWNA G HARTL, MLT	2645.69	DD	11/24/23
20243	MELANIE CORTEZ	924.34	DD	11/24/23
20272	ANGELA YEAGER	1816.44	DD	11/24/23
20294	JESSICA D WALTHER	895.60	DD	11/24/23
20324	PATRICIA STRIBLEY	2271.87	DD	11/24/23
20343	SAVANNAH N SOCARRAS	547.87	DD	11/24/23
20456	SAYDI A ST CLAIR	746.24	DD	11/24/23
20484	BRIANNA S PASSMORE	403.15	DD	11/24/23
20759	JAMIE SADLER	1194.05	DD	11/24/23
20788	JAYLIN RAMIREZ	383.64	DD	11/24/23

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MEMORIAL MEDICAL CENTER BI-WEEKLY  
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Num.	Name	Amount	CHECK NUM	DATE
20797	BETHANN M DIGGS	2135.31	DD	11/24/23
20977	CHERYL L TESCH	2760.56	DD	11/24/23
20980	SAVANA LENTO	704.26	DD	11/24/23
21450	DIANA E LEAL	1567.40	DD	11/24/23
21629	JACOBY R CRAWFORD	1612.70	DD	11/24/23
22618	HEATHER L LOPEZ	386.20	DD	11/24/23
28034	KRISTINA A BUENGER	1108.47	DD	11/24/23
28120	JESSICA V SELVERA	953.01	DD	11/24/23
29199	KELLY A SCHOTT	2392.22	DD	11/24/23
31035	STACIE L EPLEY	2704.20	DD	11/24/23
31054	LORA L LAMBDEN	955.91	DD	11/24/23
31219	LAUREN PHILLIPS	1552.20	DD	11/24/23
31241	MONICA SALAZAR	612.42	DD	11/24/23
31251	CYNTHIA L BIAS	1826.66	DD	11/24/23
31313	KATHERINE LYNN JIMENEZ	2000.46	DD	11/24/23
31319	STACY L FARMER	1833.44	DD	11/24/23
31463	EDWARD E MATULA	2552.17	DD	11/24/23
31508	RACHEL A HEFFNER	2015.67	DD	11/24/23
31821	KAYLA M ALVAREZ	1663.66	DD	11/24/23
38118	KRYSTELLA F KISIAH	1059.57	DD	11/24/23
38188	MADELINE ANDERSON	813.19	DD	11/24/23
41112	ANASTASIA L PEREZ	739.51	DD	11/24/23
41171	TOMMIE M TREVINO	869.67	DD	11/24/23
41219	GUADALUPE OLANDEZ	778.15	DD	11/24/23
41225	LESLIE A CRAIGEN	1413.37	DD	11/24/23
41236	PAMELA K VANNOY	1495.30	DD	11/24/23
41251	SARA YBARBO	830.25	DD	11/24/23
41261	BERNICE AGUILAR	831.90	DD	11/24/23
41269	BERENICE LUGO	746.09	DD	11/24/23
41274	KAREN GANN	1165.99	DD	11/24/23
41279	PAMELA R HARMON	931.62	DD	11/24/23
41347	ADRIANNA D STRAKOS	797.07	DD	11/24/23
41418	ANGEL M CASSEL	969.83	DD	11/24/23
41426	TASHA NORMAN	3504.70	DD	11/24/23
41506	JOSEFAT LUGO TORRES	821.28	DD	11/24/23
41612	SONJA A GUAJARDO	1108.64	DD	11/24/23
41617	JACQUELINE M MARTINEZ	909.05	DD	11/24/23
41896	RENAE MICHELLE EMERY	606.48	DD	11/24/23
41897	ROXANNA MUNOZ	819.65	DD	11/24/23
41901	JUANITA R MILLER	1328.37	DD	11/24/23
41953	KAYLENN TREVINO	782.88	DD	11/24/23
42106	CHRISTY SILVAS	965.21	DD	11/24/23
42112	SOCORRO C GONZALES	1013.37	DD	11/24/23
42122	LEI ANA CHAVANA	1757.73	DD	11/24/23
42125	LUCY CALZADA	953.18	DD	11/24/23
42304	MIMI T NGUYEN	2238.95	DD	11/24/23
42536	MARIAH A SOCARRAS	691.95	DD	11/24/23
42820	MARIA D CHAVEZ	859.98	DD	11/24/23
42842	SHANNA S O DONNELL	12124.46	DD	11/24/23
50018	MICHELLE M MORALES	1472.92	DD	11/24/23
50148	PENNY GOULDEN	3461.85	DD	11/24/23
50161	BRITTNEY MICHELLE ZAMORA	463.02	DD	11/24/23
50250	SUMMER E NICHOLSON	770.73	DD	11/24/23
50282	JACOB W HAMILTON, PT, DPT	2627.68	DD	11/24/23

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MEMORIAL MEDICAL CENTER BI-WEEKLY  
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Num.	Name	Amount	CHECK NUM	DATE
50310	JASMINE GRIGSBY	754.60	DD	11/24/23
50546	MELANIE K SAMAYOA	2135.84	DD	11/24/23
50573	DEANA R DAVIS	1594.20	DD	11/24/23
50596	BETTY S DAVIS	2057.30	DD	11/24/23
50719	DEBRA K MUSTERED	2366.57	DD	11/24/23
50928	ADINA RODRIGUEZ	727.09	DD	11/24/23
53541	JACLYN B HARTL	1623.40	DD	11/24/23
54024	MONICA A ESCALANTE	1117.39	DD	11/24/23
55025	LEA C RESENDEZ	1411.48	DD	11/24/23
55026	IRENE B PEREZ	803.56	DD	11/24/23
55127	APRIL N KUBALA	2700.91	DD	11/24/23
55371	BLANCA HERNANDEZ	401.69	DD	11/24/23
55382	SHANNON JACILDO	747.71	DD	11/24/23
55658	LAJUAN WILKE	775.74	DD	11/24/23
58510	RITA L POLENSKY	816.43	DD	11/24/23
60112	ROBERT A RODRIQUEZ	1968.91	DD	11/24/23
60131	NORA OVALLE	569.42	DD	11/24/23
60156	DANIELLE M KALISEK	1081.38	DD	11/24/23
60165	TERESA A BENITEZ	1530.81	DD	11/24/23
60587	NANCI S GARCIA	776.25	DD	11/24/23
60589	JASON J LOYA	1092.64	DD	11/24/23
60616	DOROTHY A LONGORIA	1065.62	DD	11/24/23
62322	ALAN KNIGHT	1614.80	DD	11/24/23
63124	SANJUAN M GARCIA	991.84	DD	11/24/23
63193	MICHAEL SOCARRAS	978.92	DD	11/24/23
63458	VIRGINIA C BERNARDINO	966.92	DD	11/24/23
65100	FELICITA BONUZ	674.62	DD	11/24/23
65125	MARTHA CUMPEAN	839.21	DD	11/24/23
65127	VERONICA ORTIZ	719.64	DD	11/24/23
65136	TINA KORANEK	961.02	DD	11/24/23
65148	MARTA INIGUEZ	744.34	DD	11/24/23
65151	ELIA OLACHIA	1069.49	DD	11/24/23
65189	ELVIRA SANCHEZ	730.80	DD	11/24/23
65205	JUANA SANTILLAN	756.22	DD	11/24/23
65213	LEE SIMERLY	1154.00	DD	11/24/23
65269	NATALIE BAREFIELD	960.91	DD	11/24/23
65315	ELVA RODRIGUEZ	937.14	DD	11/24/23
65393	RAMONA A PEREZ	1136.42	DD	11/24/23
65453	AMALIA L FLORES	1298.40	DD	11/24/23
65463	MARIA I VELOZ	771.18	DD	11/24/23
65486	ROSA RODRIGUEZ	870.54	DD	11/24/23
65513	MARIA MORALES	996.09	DD	11/24/23
65705	DOMITILA HERRERA	1053.31	DD	11/24/23
65715	MARIA R GOMEZ	951.79	DD	11/24/23
65865	MARIA F LEDEZMA	846.72	DD	11/24/23
68368	DOMITILA GARCIA	616.50	DD	11/24/23
68568	CHRISTOPHER RUTHERFORD	915.63	DD	11/24/23
68792	NAZARIO DIAZ HERNANDEZ	2097.47	DD	11/24/23
70119	SARA N BLEDSOE	2285.62	DD	11/24/23
72727	CHRISANDRA LYNN KOVAREK	68.28	DD	11/24/23
73749	GLORIA N REID	2269.79	DD	11/24/23
74159	CAROL VILLARREAL	1241.28	DD	11/24/23
75190	RIKA MILLER	2017.41	DD	11/24/23
76003	IRMA DELEON	720.45	DD	11/24/23



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MEMORIAL MEDICAL CENTER BI-WEEKLY  
\*\*\*\* Check Register \*\*\*\*  
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Num.	Name	Amount	CHECK NUM	DATE
76115	JENNIFER R CARLOCK	801.67	DD	11/24/23
76120	RACHEL CANALES	1248.63	DD	11/24/23
76138	KAREN D GARCIA	749.79	DD	11/24/23
76210	ZOE VILLARREAL	527.64	DD	11/24/23
76300	AIDA JIMENEZ	831.38	DD	11/24/23
76313	PAMELA L BARTON	838.99	DD	11/24/23
76403	KATRINA A POKLUDA	1256.24	DD	11/24/23
76647	CHERYL A SEE	1070.14	DD	11/24/23
76706	GREGORY E MORALES	820.68	DD	11/24/23
76854	MARY PATTERSON	1069.35	DD	11/24/23
76985	VANESSA TRISTAN	348.22	DD	11/24/23
77646	FAREN A GONZALES	1094.47	DD	11/24/23
78020	MISTY R PASSMORE	1594.14	DD	11/24/23
78058	KYANN J POWER	289.26	DD	11/24/23
78072	DONNA M RAWLINGS	1539.60	DD	11/24/23
78128	ALEXA QUINTANILLA	851.63	DD	11/24/23
78287	MARISSA D ALMANZAR	2221.00	DD	11/24/23
78336	JESSICA L GLOVER	1748.46	DD	11/24/23
78566	MELISSA K GEE	850.78	DD	11/24/23
78764	ASHLEY D HADLEY	2017.18	DD	11/24/23
78781	KRISTEN R MACHICEK	2533.40	DD	11/24/23
78787	FARAH I JANAK	2513.60	DD	11/24/23
78897	DAYLE J ROBINSON	646.21	DD	11/24/23
80008	ADAM D BESIO	2432.64	DD	11/24/23
80141	JEANNIE ORTA	1616.08	DD	11/24/23
80928	BRYAN HOBGOOD	1988.35	DD	11/24/23
82227	CAITLIN A CLEVINGER	1285.07	DD	11/24/23
86482	MEGAN W HARPER	809.54	DD	11/24/23
86576	ELSA HERRERA	781.93	DD	11/24/23
88125	LISA M TREVINO	1171.83	DD	11/24/23
88148	MICHELLE CUMBERLAND	2151.83	DD	11/24/23
88321	ANDREW DE LOS SANTOS	2651.53	DD	11/24/23
88435	JOE GARCIA	1840.96	DD	11/24/23
90320	ROSHANDA S THOMAS	6136.03	DD	11/24/23
90929	STEVE BROCK	4923.14	DD	11/24/23
93231	ANDRIE M FLORES	1830.89	DD	11/24/23
98756	ADRIANNA M GALVAN	1634.43	DD	11/24/23

396868.60

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 13, 2023 - Nov 19, 2023**

Date	Bank Description	MMC Notes
11/17/2023	STATE COMPTLR TEXNET 07919702/31116 2100002	-CHIRP IGT
11/17/2023	PAY PLUS ACHTrans 000000006845372 1010006955	- 3rd Party Payor Fee
11/17/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
11/16/2023	PAY PLUS ACHTrans 000000006716117 1010006944	- 3rd Party Payor Fee
11/15/2023	PAY PLUS ACHTrans 000000006487311 1010006933	- 3rd Party Payor Fee
11/15/2023	TEXAS COUNTY DRS RECEIVABLE 0419 21000025421	- Retirement Funding
11/15/2023	FDMS FDMS PYMT 052-1737276-000 4100012386386	- Credit Card Processing Fee
11/15/2023	FDMS FDMS PYMT 052-1743548-000 4100012388357	- Credit Card Processing Fee
11/15/2023	FDMS FDMS PYMT 052-2100911-000 4100012389256	- Credit Card Processing Fee
11/15/2023	FDMS FDMS PYMT 052-1743547-000 4100012386923	- Credit Card Processing Fee
11/14/2023	WEBFILE TAX PYMT DD 902/73972219 21000025579	- Sales Tax
11/14/2023	PAY PLUS ACHTrans 000000006375111 1010006921	- 3rd Party Payor Fee
11/14/2023	MCKESSON DRUG AUTO ACH ACH05741203 910000138	- 340B Drug Program Expense
11/13/2023	DEBTMGMTSERVICES PAYMENT 0000 41036048226230	-Wage Garnishment
11/13/2023	PAY PLUS ACHTrans 000000006271226 1010006902	- 3rd Party Payor Fee
11/13/2023	IRS USATAXPYMT 270371780222160 6103601003143	- Payroll Taxes

Amount	
	Pay Plus
	52.52 +
	25.02 +
	104.00 +
	11.82 +
	27.56 +
	220.92 *
\$ 71,899.00	IGT
\$ 52.52	
\$ 2,593.35	71,899.00 +
\$ 25.02	
\$ 104.00	71,899.00 +
\$ 190,641.93	CC Fees
\$ 120.09	120.09 +
\$ 80.06	
\$ 45.64	80.06 +
\$ 40.03	
\$ 2,063.60	45.64 +
\$ 11.82	40.03 +
\$ 11,739.80	285.82 *
\$ 175.45	Debt Mgmt.
\$ 27.56	
\$ 117,623.43	175.45 +
<u>397,243.30</u>	175.45 +

Andrew De Los Santos  
ANDREW DE LOS SANTOS  
Memorial Medical Center

November 20, 2023

\* Approved 11.15.23 CC  
\*\* Approved 11.08.23 CC

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

Date	Description	MMC Notes

Andrew De Los Santos  
ANDREW DE LOS SANTOS  
Memorial Medical Center

November 20, 2023

**APPROVED ON  
NOV 20 2023**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

	220.92 +
	71,899.00 +
	285.82 +
	175.45 +
	72,581.19 *
<u>397,243.30</u>	
	2,593.35 -
	190,641.93 -
	2,063.60 -
	11,739.80 -
	117,623.43 -
	72,581.19 *
	72,581.19 +
	72,581.19 -
	0.00 *



**Transaction Summary**

Transaction Complete  
Trace #:

**Texas Health and Human Services Commission  
Memorial Medical Center Operating County**

Payment Total	\$71,899.00
Bank Routing and Account Number	
Settlement Date	11/17/2023
CHIRP Amount	\$71,899.00 ✓
Entered By	Andrew De Los Santos

RECEIVED BY THE  
COUNTY AUDITOR ON

NOV 16 2023

11/16/2023

10:05

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

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Dates Through:

Class Pay Code

Vendor# Vendor Name

11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110923		11/14/20	11/09/20	12/09/20		4,140.00	0.00	0.00	4,140.00 ✓

TRANSFER *NH insurance pymt deposited into MMC operating*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT		4,140.00	0.00	0.00	4,140.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,140.00	0.00	0.00	4,140.00

APPROVED ON

NOV 16 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#201707

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NOV 16 2023

11/16/2023

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE ✓								
111323A		11/15/20	11/13/20	12/13/20		6,004.95	0.00	0.00	6,004.95 ✓
	TRANSFER	<i>NH insurance pymt deposited into MME operating</i>							
111323		11/15/20	11/13/20	12/13/20		889.28	0.00	0.00	889.28 ✓
	TRANSFER	"							
111023B		11/15/20	11/10/20	12/10/20		20,175.01	0.00	0.00	20,175.01 ✓
	TRANSFER	"							
111023		11/15/20	11/10/20	12/10/20		3,181.76	0.00	0.00	3,181.76 ✓
	TRANSFER	"							
111023A		11/15/20	11/10/20	12/10/20		61,418.32	0.00	0.00	61,418.32 ✓
	TRANSFER	"							
Vendor Totals:						Gross	Discount	No-Pay	Net
11836 GOLDENCREEK HEALTHCARE						91,669.32	0.00	0.00	91,669.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	91,669.32	0.00	0.00	91,669.32

APPROVED ON

NOV 16 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK#201765

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COUNTY AUDITOR ON

NOV 16 2023

11/16/2023

09:59

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA ✓								
110623		11/14/20	11/06/20	12/09/20		209.30	0.00	0.00	209.30 ✓
	TRANSFER								
110723		11/14/20	11/07/20	12/09/20		213.60	0.00	0.00	213.60 ✓
	TRANSFER								
110823		11/14/20	11/08/20	12/09/20		437.36	0.00	0.00	437.36 ✓
	TRANSFER								
111023A		11/15/20	11/10/20	12/10/20		224.35	0.00	0.00	224.35 ✓
	TRANSFER								
111023		11/15/20	11/10/20	12/10/20		228.17	0.00	0.00	228.17 ✓
	TRANSFER								
111323		11/15/20	11/13/20	12/13/20		441.78	0.00	0.00	441.78 ✓
	TRANSFER								
Vendor Totals									
Number	Name					Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA					1,754.56	0.00	0.00	1,754.56

*NH insurance pymt deposited into MME operating*

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,754.56	0.00	0.00	1,754.56

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NOV 16 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 201764

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COUNTY AUDITOR ON

NOV 16 2023

11/16/2023

CALHOUN COUNTY, TEXAS

10:03

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110823		11/14/20	11/08/20	12/09/20		2,400.00	0.00	0.00	2,400.00

TRANSFER NH insurance pymt deposited int mmc open by

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE		2,400.00	0.00	0.00	2,400.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,400.00	0.00	0.00	2,400.00

APPROVED ON

NOV 16 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

ck# 201768

RECEIVED BY THE  
COUNTY AUDITOR ON

NOV 16 2023

11/16/2023

09:55

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

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ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110623		11/14/20	11/06/20	12/09/20		162.26	0.00	0.00	162.26 ✓
	TRANSFER	<i>NH insuranc pygmt deposited into MMC operating</i>							
110723		11/14/20	11/07/20	12/09/20		155.59	0.00	0.00	155.59 ✓
	TRANSFER	"							
111023A		11/15/20	11/10/20	12/10/20		23,752.15	0.00	0.00	23,752.15 ✓
	TRANSFER	"							
111023B		11/15/20	11/10/20	12/10/20		9,483.21	0.00	0.00	9,483.21 ✓
	TRANSFER	"							
111023		11/15/20	11/10/20	12/10/20		464.31	0.00	0.00	464.31 ✓
	TRANSFER	"							
111323		11/15/20	11/13/20	12/13/20		10,670.34	0.00	0.00	10,670.34 ✓
	TRANSFER	"							
110823		11/16/20	11/08/20	12/09/20		3,316.58	0.00	0.00	3,316.58 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	48,004.44	0.00	0.00	48,004.44

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	48,004.44	0.00	0.00	48,004.44

APPROVED ON

NOV 16 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 201764



8

RUN DATE:11/20/23  
 TIME:09:26

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 11/22/23 THRU 11/22/23

PAGE 1  
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	201688	11/22/23	2,648.72	ACE HARDWARE 15521
A/P	201689	11/22/23	561.27	AIRGAS USA, LLC - CENTRAL DIV
A/P	201690	11/22/23	191.07	ALIMED INC.
A/P	201691	11/22/23	854.81	AMAZON CAPITAL SERVICES
A/P	201692	11/22/23	1,260.00	AMERICAN CONSTRUCTION
A/P	201693	11/22/23	10.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	201694	11/22/23	2,976.75	AYA HEALTHCARE INC
A/P	201695	11/22/23	5,792.22	BAXTER HEALTHCARE
A/P	201696	11/22/23	828.06	BAYER HEALTHCARE
A/P	201697	11/22/23	32,458.74	BECKMAN COULTER INC
A/P	201698	11/22/23	7,969.44	BIOMERIEUX, INC
A/P	201699	11/22/23	666.24	CARDINAL HEALTH 414, INC.
A/P	201700	11/22/23	12,830.00	CARRIER CORPORATION
A/P	201701	11/22/23	365.45	CDW GOVERNMENT, INC.
A/P	201702	11/22/23	51,817.95	CITIZENS MEDICAL CENTER
A/P	201703	11/22/23	107.53	CONMED CORPORATION
A/P	201704	11/22/23	95.04	CONMED LINVATEC
A/P	201705	11/22/23	34,383.92	CULINARY CONCESSIONS LLC
A/P	201706	11/22/23	1,190.34	DETAR HOSPITAL
A/P	201707	11/22/23	634.94	DEWITT POTHS & SON
A/P	201708	11/22/23	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	201709	11/22/23	7,552.00	EQUALIZE RCM SERVICES
A/P	201710	11/22/23	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	201711	11/22/23	37.20	ERIN CLEVINGER
A/P	201712	11/22/23	29,556.49	EVIDENT
A/P	201713	11/22/23	545.00	FASTHEALTH CORPORATION
A/P	201714	11/22/23	132.69	FEDERAL EXPRESS CORP.
A/P	201715	11/22/23	29.22	FERGUSON ENTERPRISE LLC #61
A/P	201716	11/22/23	1,346.17	FILTER TECHNOLOGY CO, INC
A/P	201717	11/22/23	62.40	FISHER & PAYKEL HEALTHCARE
A/P	201718	11/22/23	1,218.24	FRONTIER
A/P	201719	11/22/23	12,840.36	GE PRECISION HEALTHCARE, LLC
A/P	201720	11/22/23	242.99	GLOBAL EQUIPMENT CO. INC.
A/P	201721	11/22/23	10,473.26	GREAT AMERICA FINANCIAL SVCS
A/P	201722	11/22/23	866.31	GULF COAST PAPER COMPANY
A/P	201723	11/22/23	437.00	HEALTHCARE CODING & CONSULTING
A/P	201724	11/22/23	6,407.96	HEALTHCARE FINANCIAL SERVICES
A/P	201725	11/22/23	500.00	HEALTHSURE INSURANCE SERVICES
A/P	201726	11/22/23	34.13	HENRY SCHEIN INC.
A/P	201727	11/22/23	472.50	HOLOGIC INC
A/P	201728	11/22/23	14,738.75	HUNTER PHARMACY SERVICES
A/P	201729	11/22/23	701.84	INOVALON PROVIDER INC.
A/P	201730	11/22/23	48.30	LABCORP OF AMERICA HOLDINGS
A/P	201731	11/22/23	3,078.00	LRS HEALTHCARE
A/P	201732	11/22/23	105.24	MEDICAL DATA SYSTEMS, INC.
A/P	201733	11/22/23	1,467.75	MEDICAL TECHNOLOGY ASSOCIATES
A/P	201734	11/22/23	.00	VOIDED
A/P	201735	11/22/23	.00	VOIDED
A/P	201736	11/22/23	.00	VOIDED
A/P	201737	11/22/23	.00	VOIDED

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	201738	11/22/23	15,817.53	MEDLINE INDUSTRIES INC
A/P	201739	11/22/23	2,376.65	MERCK SHARP & DOHME CORP
A/P	201740	11/22/23	1,140.72	MICROTEK MEDICAL INC
A/P	201741	11/22/23	.00	VOIDED
A/P	201742	11/22/23	18,074.86	MORRIS & DICKSON CO, LLC
A/P	201743	11/22/23	2,846.00	NEOGENOMICS LABORATORIES
A/P	201744	11/22/23	472.50	OCCUPRO LLC
A/P	201745	11/22/23	3,084.00	PARAREV
A/P	201746	11/22/23	2,729.72	PRESS GANEY ASSOCIATES, INC.
A/P	201747	11/22/23	240.76	PRINT RITE INC.
A/P	201748	11/22/23	1,791.67	RADSOURCE
A/P	201749	11/22/23	71.49	ROBERT RODRIQUEZ
A/P	201750	11/22/23	166.37	ROSHANDA THOMAS
A/P	201751	11/22/23	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	201752	11/22/23	9,458.59	SPBS CLINICAL EQUIPMENT SRVC
A/P	201753	11/22/23	2,795.69	STERICYCLE, INC
A/P	201754	11/22/23	2,435.56	STERIS CORPORATION
A/P	201755	11/22/23	2,224.64	STRYKER SUSTAINABILITY
A/P	201756	11/22/23	4,042.29	TRANSCAT INC
A/P	201757	11/22/23	1,144.91	TRIOSE, INC
A/P	201758	11/22/23	1,475.80	TRIZETTO PROVIDER SOLUTIONS
A/P	201759	11/22/23	.00	VOIDED
A/P	201760	11/22/23	.00	VOIDED
A/P	201761	11/22/23	13,373.86	UNIFIRST HOLDINGS INC
A/P	201762	11/22/23	160.00	VICTORIA RADIOWORKS, LTD
A/P	201763	11/22/23	9,342.00	WEBPT, INC
A/P	201764	11/22/23	48,004.44	BETHANY SENIOR LIVING
A/P	201765	11/22/23	91,669.32	GOLDENCREEK HEALTHCARE
A/P	201766	11/22/23	1,754.56	GULF POINTE PLAZA
A/P	201767	11/22/23	4,140.00	THE CRESCENT
A/P	201768	11/22/23	2,400.00	TUSCANY VILLAGE
TOTALS:			537,881.95	

Payables 389,913.63 +  
 NH Transfers 147,968.32 +  
 537,881.95 \*

APPROVED ON

NOV 22 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 11/20/2023

Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Ashford Gardens</b>	98,982.00	98,773.88	153,406.82		153,614.94	124,240.71
					Bank Balance	153,614.94
					Variance	
					Leave in Balance	100.00
					Molina Y6 Q4 QIPP	10,001.88
					Amerigroup Y6Q4 QIPP	19,090.00
					<i>Oct.</i> <del>November</del> Interest	182.37
					Adjust Balance/Transfer Amt	124,240.71
<b>Broadmoor</b>	96,260.15	96,003.51	101,060.54		101,317.18	87,585.47
					Bank Balance	101,317.18
					Variance	
					Leave in Balance	100.00
					Molina Y6 Q4 QIPP	4,638.96
					Amerigroup Y6Q4 QIPP	8,836.11
					<i>Oct.</i> <del>November</del> Interest	156.64
					Adjust Balance/Transfer Amt	87,585.47
<b>Crescent</b>	256,592.82	256,202.04	133,672.17		134,062.95	99,935.38
					Bank Balance	134,062.95
					Variance	
					Leave in Balance	100.00
					Molina Y6 Q4 QIPP	3,870.18
					Amerigroup Y6Q4 QIPP	7,366.51
					Claim pymt to Tuscany	22,500.00
					<i>Oct.</i> <del>November</del> Interest	290.78
					Adjust Balance/Transfer Amt	99,935.38
<b>Fort Bend</b>	32,924.20		54,602.05		87,526.25	
					Bank Balance	87,526.25
					Variance	
					Leave in Balance	100.00
					YS IAR/YS IGT REFUND	86,902.69
					Molina Y6 Q4 QIPP	4,827.15
					Amerigroup Y6Q4 QIPP	9,186.08
					November Interest	84.48
					Adjust Balance/Transfer Amt	(18,574.15)
<b>Solera at W Houston</b>	113,546.39	113,301.35	85,439.34		85,684.38	76,629.53
					Bank Balance	85,684.38
					Variance	
					Leave in Balance	100.00
					Molina Y6 Q4 QIPP	1,000.31
					Amerigroup Y6Q4 QIPP	5,726.40
					<i>Oct.</i> <del>November</del> Interest	228.12
					Adjust Balance/Transfer Amt	76,629.53

124,240.71 +  
 87,585.47 + *Broadmoor*  
 99,935.38 +  
 76,629.53 +  
 388,391.09 \*

APPROVED ON  
 NOV 20 2023  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 388,391.09  
 Approved: *Andrew De Los Santos*  
 ANDREW DE LOS SANTOS 11/20/2023

Ashford Gardens

Table with columns for date, description, and amount. Includes entries for 11/17/2023 and 11/16/2023.

Summary table for Ashford Gardens with columns: Transfer-Out, Transfer-in, QIPP/Comp1, QIPP/Comp 2, QIPP/Comp3, QIPP/Comp4&Lapse, QIPP TI, NH PORTION. Totals: 98,773.88, 153,406.82, 49,366.70, 47,606.15, 29,091.86, 124,314.97.

Broadmoor

Table with columns for date, description, and amount. Includes entries for 11/17/2023 and 11/16/2023.

Summary table for Broadmoor with columns: Transfer-Out, Transfer-in, QIPP/Comp1, QIPP/Comp 2, QIPP/Comp3, QIPP/Comp4&Lapse, QIPP TI, NH PORTION. Totals: 96,003.51, 101,060.54, 9,642.72, 35,274.19, 13,475.07, 87,585.47.

Crecenti

Table with columns for date, description, and amount. Includes entries for 11/17/2023 and 11/16/2023.

Summary table for Crecenti with columns: Transfer-Out, Transfer-in, QIPP/Comp1, QIPP/Comp 2, QIPP/Comp3, QIPP/Comp4&Lapse, QIPP TI, NH PORTION. Totals: 256,202.04, 133,672.11, 10,397.53, 27,058.42, 11,236.79, 122,435.39.

Fort Bend

Table with columns for date, description, and amount. Includes entries for 11/17/2023 and 11/16/2023.

Summary table for Fort Bend with columns: Transfer-Out, Transfer-in, QIPP/Comp1, QIPP/Comp 2, QIPP/Comp3, QIPP/Comp4&Lapse, QIPP TI, NH PORTION. Totals: 54,602.05, 15,449.94, 31,260.81, 14,013.23, 40,588.83.

Solara at West Houston

Table with columns for date, description, and amount. Includes entries for 11/17/2023 and 11/16/2023.

Summary table for Solara at West Houston with columns: Transfer-Out, Transfer-in, QIPP/Comp1, QIPP/Comp 2, QIPP/Comp3, QIPP/Comp4&Lapse, QIPP TI, NH PORTION. Totals: 113,301.35, 85,439.34, 14,771.89, 14,317.21, 8,726.73, 76,712.61.

TOTALS

Overall summary row: 564,280.78, 528,180.92, 99,628.78, 155,516.78, 76,543.67, 451,637.25.

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Collapse All

Sort: Display Name

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$6,017,468.19	\$6,389,125.94	\$6,532,590.26	\$6,389,125.94

Account Name	Available Balance	Collected Balance	Prior Day Balance	Current Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,197,941.66	\$3,243,349.58	\$3,197,941.66	\$3,058,915.83
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 ✓	\$153,614.94 ✓	\$197,565.36 ✓	\$153,614.94	\$173,550.54
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ✓	\$101,317.18 ✓	\$101,317.18 ✓	\$101,317.18	\$73,210.10
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ✓	\$134,062.95 ✓	\$151,597.55 ✓	\$134,062.95	\$135,947.61
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ✓	\$85,684.38 ✓	\$114,978.66 ✓	\$85,684.38	\$63,249.78
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ✓	\$87,526.25 ✓	\$89,012.35 ✓	\$87,526.25	\$65,635.75
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$181,645.13	\$183,436.13	\$181,645.13	\$98,381.50
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$656.44	\$656.44	\$656.44	\$131.36
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$7,023.17	\$11,023.17	\$7,023.17	\$5,023.17
MMC -NH BETHANY SENIOR LIVING *5506	\$225,399.23	\$225,399.23	\$225,399.23	\$161,608.02
MMC -NH TUSCANY VILLAGE *3407	\$118,881.88	\$118,881.88	\$118,881.88	\$86,432.60
MMC -BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,094,298.35	\$2,694,298.35	\$2,094,298.35	\$2,054,298.35

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		67,767.17	69,075.67	182,953.63		181,645.13	125,805.20
					Bank Balance	181,645.13	
					Variance	-	
					Leave in Balance	100.00	
					Superior Y6Q4	33,305.45	
					Supreior Y7 September	22,250.98	
					<i>Oct. - November</i> Interest	183.50	
					Adjust Balance/Transfer Amt	125,805.20	

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 11/20/2023

APPROVED ON  
 NOV 20 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION	
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse		QIPP TI
Golden Creek ✓								
11/17/2023 Centene Managem ACH 008765433514 1110000223	-	83,263.63			27,490.62	55,773.01	33,305.45	49,958.18
11/16/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	67,483.67							
11/16/2023 Deposit		63,253.43						63,253.43
11/16/2023 TSY5/TRANSFIRST CR CD DEP 54368455876917 91		800.00						800.00
11/16/2023 HNB - ECHO HCCLAIMPMT 746003411 440000205424		9,021.12						9,021.12
11/15/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001031		988.51						988.51
11/15/2023 AETNA AS01 HCCLAIMPMT 1588075964 51000011285		95.50						95.50
11/14/2023 GOLDENCREEKHEALT ELEC DEBIT 1220356 91000016	1,592.00							
11/14/2023 Centene Managem ACH 008765433514 1110000277		25,531.44	20,064.00	5,467.44			22,250.98	3,280.46
	69,075.67	182,953.63	20,064.00	5,467.44	27,490.62	55,773.01	55,556.43	127,397.20

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: \$6,017,468.19 | Collected Balance: \$6,389,125.94 | Available Balance: \$6,532,590.26 | Current Balance: \$6,389,125.94

	Current Balance	Avail. Balance	Indexed Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,197,941.66	\$3,243,349.58	\$3,197,941.66	\$3,058,915.83
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	\$153,614.94	\$197,565.36	\$153,614.94	\$173,550.54
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$101,317.18	\$101,317.18	\$101,317.18	\$73,219.10
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$134,062.95	\$151,597.55	\$134,062.95	\$135,947.61
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$85,684.38	\$114,978.66	\$85,684.38	\$63,249.78
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$87,526.25	\$89,017.35	\$87,526.25	\$65,635.75
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$181,645.13	\$183,436.13	\$181,645.13	\$98,381.50
MMC - NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$656.44	\$656.44	\$656.44	\$131.36
MMC - NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$7,023.17	\$11,023.17	\$7,023.17	\$5,023.17
MMC - NH BETHANY SENIOR LIVING *5506	\$225,399.23	\$225,399.23	\$225,399.23	\$161,608.02
MMC - NH TUSCANY VILLAGE *3407	\$118,881.88	\$118,881.88	\$118,881.88	\$86,432.80
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  
 11/20/2023

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza-Private Pay ✓	15,919.07 ✓	15,819.07 ✓	556.44 ✓			656.44 ✓	656.44 ✓ no transfer ✓
					Bank Balance Variance		
					Leave in Balance	100.00	

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza-Medicare/Medicaid ✓	50,107.40 ✓	50,007.40 ✓	6,923.17 ✓			7,023.17 ✓	7,023.17 ✓ 6,923.17 ✓
					Bank Balance Variance		
					Leave in Balance	100.00	

Adjust Balance/Transfer Amt	556.44 ✓
Adjust Balance/Transfer Amt	6,923.17 ✓
<b>TOTAL TRANSFERS</b>	<b>7,479.61 ✓</b>

Routine Information for Gulf Pointe Plaza:  
 [Redacted]

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

Approved: Andrew De Los Santos  
 ANDREW DE LOS SANTOS 11/20/2023

**APPROVED ON**  
**NOV 20 2023**  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Gulf Points Plaza-Private Pay** ✓

11/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000245861  
 11/17/2023 HNB - ECHO HCCLAIMPMT 746003411 440000245594  
 11/16/2023 WIRE OUT HMG Rockport SNF, LP - Commerical  
 11/13/2023 HNB - ECHO HCCLAIMPMT 746003411 440000274489

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	24.00	-	-	-	-	-	24.00
-	501.08	-	-	-	-	-	501.08
15,819.07	-	-	-	-	-	-	-
-	31.36	-	-	-	-	-	31.36
-	-	-	-	-	-	-	-
<b>15,819.07</b>	<b>556.44</b>	-	-	-	-	-	<b>556.44</b>

**Gulf Points Plaza-Medicare/Medicaid** ✓

11/17/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 11/16/2023 WIRE OUT HMG Rockport SNF, LP - Commerical  
 11/16/2023 Deposit  
 11/15/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 11/13/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 11/13/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	2,000.00	-	-	-	-	-	2,000.00
50,007.40	-	-	-	-	-	-	-
-	1,553.26	-	-	-	-	-	1,553.26
-	1,234.91	-	-	-	-	-	1,234.91
-	588.00	-	-	-	-	-	588.00
-	1,547.00	-	-	-	-	-	1,547.00
-	-	-	-	-	-	-	-
<b>50,007.40</b>	<b>6,923.17</b>	-	-	-	-	-	<b>6,923.17</b>
<b>65,826.47</b>	<b>7,479.61</b>	-	-	-	-	-	<b>7,479.61</b>

Accounts

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Search Accounts

Make my Default View

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

Collapse All

Sort: Display Name

<b>DDA (15)</b>	Prior Day Balance	Collected Balance	Available Balance	Current Balance
	<b>\$6,017,468.19</b>	<b>\$6,389,125.94</b>	<b>\$6,532,590.26</b>	<b>\$6,389,125.94</b>

	Current Balance	Prior Day Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,197,941.66	\$3,243,349.58	\$3,197,941.66	\$3,058,915.83
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	\$153,614.94	\$197,565.36	\$153,614.94	\$173,550.54
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$101,317.18	\$101,317.18	\$101,317.18	\$73,219.10
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$134,062.95	\$151,597.55	\$134,062.95	\$135,947.61
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4436	\$85,684.38	\$114,978.66	\$85,684.38	\$63,249.78
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$87,526.25	\$89,012.35	\$87,526.25	\$65,635.75
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$181,645.13	\$183,436.13	\$181,645.13	\$98,381.50
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433 ✓	\$656.44 ✓	\$656.44 ✓	\$656.44 ✓	\$131.36
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ✓	\$7,023.17 ✓	\$11,023.17 ✓	\$7,023.17 ✓	\$5,023.17
MMC -NH BETHANY SENIOR LIVING *5506	\$225,399.23	\$225,399.23	\$225,399.23	\$161,608.02
MMC -NH TUSCANY VILLAGE *3407	\$118,881.88	\$118,881.88	\$118,881.88	\$86,432.80
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 Tuscany Transfer  
 Prosperity Accounts  
 11/20/2023

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 ✓		37,389.16 ✓	37,006.14 ✓	118,498.86 ✓	✓		118,881.88 ✓	79,227.23 ✓
						Bank Balance	118,881.88 ✓	
						Variance		
						Leave in Balance	100.00 ✓	
						Molina Y6 Q4 Q/PP	13,531.09 ✓	
						Amerigroup Y6Q4 Q/PP	25,740.54 ✓	
						<b>Oct</b> November Interest	283.02 ✓	
						Adjust Balance/Transfer Amt	<u>79,227.23</u> ✓	
						Approved: <i>Andrew De Los Santos</i>		
						ANDREW DE LOS SANTOS		11/20/2023

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 20 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Tuscany Village	1138	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
11/17/2023		16,672.93	-						-
11/17/2023	MOLINA HEALTHCAR MOLINAACH 01236213 42000017	-	27,062.17			7,512.30	19,549.87	13,531.09	13,531.09
11/17/2023	HNB - ECHO HCCLAIMPMT 746003411 440000245299	-	2,613.68						2,613.68
11/17/2023	HNB - ECHO HCCLAIMPMT 746003411 440000245861	-	19,446.16						19,446.16
11/16/2023	WIRE OUT LINBAR ENTERPRISES, LLC	20,333.21	-						-
11/16/2023	Deposit	-	5,850.00						5,850.00
11/16/2023	Deposit	-	8,344.89						8,344.89
11/16/2023	HNB - ECHO HCCLAIMPMT 746003411 440000206247	-	1,044.40						1,044.40
11/16/2023	NOVITAS SOLUTION HCCLAIMPMT 676201 420000105	-	2,656.49						2,656.49
11/16/2023	AMERIGROUP CORPO E-PAYMENT EE52698598 111000	-	51,481.07			14,294.79	37,186.28	25,740.54	25,740.54
		37,006.14	118,498.86	-	-	21,807.09	56,736.15	39,271.62	79,227.24

Accounts

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

Collapse All

Sort: Display Name

DDA (15)

Prior Day Balance	Collected Balance	Available Balance	Current Balance
\$6,017,468.19	\$6,389,125.94	\$6,532,590.26	\$6,389,125.94

	Current Balance	Available Balance	Prior Day Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,197,941.66	\$3,243,349.58	\$3,197,941.66	\$3,058,915.83
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	\$153,614.94	\$197,565.36	\$153,614.94	\$173,550.54
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$101,317.18	\$101,317.18	\$101,317.18	\$73,219.10
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$134,062.95	\$151,997.56	\$134,062.95	\$135,947.61
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$85,684.38	\$114,978.66	\$85,684.38	\$63,249.78
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$87,526.25	\$89,012.35	\$87,526.25	\$65,635.75
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$181,645.13	\$183,436.13	\$181,645.13	\$98,381.50
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$656.44	\$656.44	\$656.44	\$131.36
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$7,023.17	\$11,023.17	\$7,023.17	\$5,023.17
MMC -NH BETHANY SENIOR LIVING *5506	\$225,399.23	\$225,399.23	\$225,399.23	\$161,608.02
MMC -NH TUSCANY VILLAGE *3407	\$118,881.88	\$118,881.88	\$118,881.88	\$86,432.80
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  
 11/20/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		100,895.23	100,562.98	225,066.98			225,399.23	184,944.73
						Bank Balance	225,399.23	184,944.73
						Variance		
						Leave in Balance	100.00	
						Superior Y6Q4	21,461.65	
						Supreior Y7 September	18,660.60	
						Oct -November Interest	232.25	
						Adjust Balance/Transfer Amt	184,944.73	

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

Approved: *Andrew De Los Santos*  
 ANDREW DE LOS SANTOS 11/20/2023

APPROVED ON

NOV 20 2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	NH PORTION
11/17/2023 NDC SWEEP FAC K236 31316969277508 SWEEP FR	-	1,083.00						1,083.00
11/17/2023 HOSPICE OF SOUTH Payments NF 113122650045725	-	1,389.22						1,389.22
11/17/2023 Centene Managem ACH 008765433514 1110000223	-	61,318.99			16,880.67	44,438.32	21,461.65	39,857.34
11/16/2023 WIRE OUT PORT LAVACA NH, LLC	100,562.98	-						-
11/16/2023 Deposit	-	40,079.86						40,079.86
11/16/2023 Deposit	-	8,283.07						8,283.07
11/16/2023 Deposit	-	5,850.00						5,850.00
11/16/2023 Deposit	-	42,799.40						42,799.40
11/16/2023 Deposit	-	4,156.51						4,156.51
11/14/2023 NDC SWEEP FAC K236 31316966594391 SWEEP FR	-	13,356.02						13,356.02
11/14/2023 Centene Managem ACH 008765433514 1110000277	-	21,679.20	17,035.20	4,644.00			18,660.60	3,018.60
11/13/2023 Deposit	-	6,740.20						6,740.20
11/13/2023 Deposit	-	7,161.63						7,161.63
11/13/2023 Deposit	-	11,169.88						11,169.88
	100,562.98	225,066.98	17,035.20	4,644.00	16,880.67	44,438.32	40,122.25	184,944.73



Accounts

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Account Balances Card View Table View

Search Accounts

Make my Default View

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

Collapse All Sort: Display Name ▼

❖ DDA (15) Prior Day Balance: \$6,017,468.19 | Collected Balance: \$6,389,125.94 | Available Balance: \$6,532,590.26 | Current Balance: \$6,389,125.94

	Deposited Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,197,941.66	\$3,243,849.58	\$3,197,941.66	\$3,058,515.83
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	\$153,614.94	\$197,565.36	\$153,614.94	\$173,550.54
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$101,317.18	\$101,317.18	\$101,317.18	\$73,219.10
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$134,062.95	\$151,597.55	\$134,062.95	\$135,947.61
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$85,684.38	\$114,978.66	\$85,684.38	\$63,249.78
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$87,526.25	\$89,012.35	\$87,526.25	\$65,635.75
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$181,645.13	\$183,436.13	\$181,645.13	\$98,381.50
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$656.44	\$656.44	\$656.44	\$131.36
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$7,023.17	\$11,023.17	\$7,023.17	\$5,023.17
MMC -NH BETHANY SENIOR LIVING *5506	\$225,399.23	\$225,399.23	\$225,399.23	\$161,608.02
MMC -NH TUSCANY VILLAGE *3407	\$118,881.88	\$118,881.88	\$118,881.88	\$86,432.80
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

P Memorial Medical Center  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/20/2023

FOR ACCT USE ONLY

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

APPROVED ON  
NOV 20 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 001220

AMOUNT: \$ 29,091.86 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina Y6Q4 and Amerigroup Y6Q4

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew J. DeLeon Santos

11/20/23

Broadmoor ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 11/20/2023

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON  
NOV 20 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 00256

AMOUNT: \$ 13,475.07 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina Y6Q4 and Amerigroup Y6Q4

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Polk Santos

11/20/23

Crescent ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center

Date Requested: 11/20/2023

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Y \_\_\_\_\_

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E \_\_\_\_\_

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON  
NOV 20 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 000310

AMOUNT: \$ 11,236.79 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Y6Q4 and Amerigroup Y6Q4

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Lopez

11/20/23

Fort Bend ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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Memorial Medical Center  
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\_\_\_\_\_

Date Requested: 11/20/2023

FOR ACCT USE ONLY

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

APPROVED ON  
NOV 20 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 000227

AMOUNT: \$ 14,013.23 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina Y6Q4 and Amerigroup Y6Q4  
\_\_\_\_\_

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew J. Dolan

11/20/23

Solera ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 11/20/2023

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FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON  
NOV 20 2023

BY COUNTY AUDITOR  
GALHOUN COUNTY, TEXAS  
CK# 001282

AMOUNT: \$ 8,726.73 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina Y6Q4 and Amerigroup Y6Q4

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Solera

11/20/23

Golden Creek ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center  
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E \_\_\_\_\_

Date Requested: 11/20/2023

FOR ACCT USE ONLY

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

APPROVED ON  
NOV 20 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CJLF 000200

AMOUNT: \$ 55,556.43 ✓ G/L NUMBER: 10255040

EXPLANATION: Superior y6q5 and y7 september

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLaRosa

11/20/23

Tuscany

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 11/20/2023

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FOR ACCT USE ONLY

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

APPROVED ON

NOV 20 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 1139

AMOUNT: \$ 39,271.62 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina Y6Q4 and Amerigroup Y6Q4

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLaRosa

11/20/23



Bethany ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
A  
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E  
Memorial Medical Center  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Requested: 11/20/2023

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON  
NOV 20 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 1031

AMOUNT: \$ 40,122.25 G/L NUMBER: 10255040

EXPLANATION: Superior y6q5 and y7 september

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Baker

11/20/23

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

001220

Date 11-22-23

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical Center

\$ 29,091. <sup>86</sup>/<sub>100</sub>

Twenty-nine thousand, ninety-one dollars <sup>86</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

County Auditor

MP



County Treasurer  
Security features are  
included. Details on back.

FOR Molina's Amerisource 4604

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

000256

Date 11-22-23

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical Center

\$ 13,475. <sup>07</sup>/<sub>100</sub>

Thirteen thousand, four hundred seventy-five dollars <sup>07</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

County Auditor

MP



County Treasurer  
Security features are  
included. Details on back.

FOR Molina's Amerigroup 4604

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

000310

Date 11-22-23

88-2265/1131

PAY  
TO THE  
ORDER OF

Memorial Medical Center

\$ 11,236. <sup>79</sup>/<sub>100</sub>

Eleven thousand, two hundred thirty-six dollars <sup>79</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

County Auditor

MP



County Treasurer  
Security features are  
included. Details on back.

FOR Molina's Amerigroup 4604

MEMORIAL MEDICAL CENTER

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

000227

88-2265/1131

Date 11-22-23

PAY

TO THE  
ORDER OF

MMC Operating

\$ 14,013.  $\frac{23}{100}$

Fourteen thousand, thirteen dollars &  $\frac{23}{100}$

DOLLARS



County Auditor

FOR moving & moving 11/04



MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001282

88-2265/1131

Date 11-22-23

PAY

TO THE  
ORDER OF

MMC Operating

\$ 8,726.  $\frac{73}{100}$

Eight thousand, seven hundred twenty-six dollars &  $\frac{73}{100}$

DOLLARS



County Auditor

FOR moving & American 11/04



MEMORIAL MEDICAL CENTER

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

000200

88-2265/1131

Date 11-22-23

PAY

TO THE  
ORDER OF

MMC Operating

\$ 55,556.  $\frac{43}{100}$

Fifty-five thousand, five hundred fifty-six dollars &  $\frac{43}{100}$

DOLLARS



County Auditor

FOR Superior 11/04 & Sept



MEMORIAL MEDICAL CENTER 022020  
NH TUSCANY VILLAGE

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

1139

88-2265/1131-97

DATE 11-22-23



PAY TO THE ORDER OF MMC Operating

\$ 39,271. <sup>62</sup>/<sub>100</sub>

Thirty-nine thousand, two hundred seventy-one dollars & <sup>62</sup>/<sub>100</sub>

DOLLARS



PROSPERITY BANK

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

county auditor

FOR Amerigroup & Molina Y6 Q4

county treasurer

MEMORIAL MEDICAL CENTER 102019  
NH BETHANY SENIOR LIVING

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

1031

88-2265/1131-97

DATE 11-22-23



PAY TO THE ORDER OF MMC Operating

\$ 40,122. <sup>25</sup>/<sub>100</sub>

Forty thousand, one hundred twenty-two dollars & <sup>25</sup>/<sub>100</sub>

DOLLARS



PROSPERITY BANK

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

county auditor

FOR Sup. Y6 Q4 & Sept

county treasurer

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

11/20/2023

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina Y6Q4	AmerigroupY6Q4	Superior Y6Q4	Superior Y7 Sept					TOTAL	Date
Ashford	10000018 - Prosperity		MMC - Prosperity Operating #10000001	10255040	10,001.86	19,090.00							29,091.86	11/20/2023
Broadmoor	10000019 - Prosperity		MMC - Prosperity Operating #10000001	10255040	4,638.96	8,836.11							13,475.07	11/20/2023
Crescent	10000020 - Prosperity		MMC - Prosperity Operating #10000001	10255040	3,870.28	7,366.51							11,236.79	11/20/2023
Fort Bend	10000021 - Prosperity		MMC - Prosperity Operating #10000001	10255040	4,827.15	9,186.08							14,013.23	11/20/2023
Solera	10000022 - Prosperity		MMC - Prosperity Operating #10000001	10255040	3,000.33	5,726.40							8,726.73	11/20/2023
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #10000001	10255040			33,305.45	22,250.98					55,556.43	11/20/2023
Bethany			MMC - Prosperity Operating #10000001	10255040			21,461.65	18,660.60					40,122.25	11/20/2023
Tuscany			MMC - Prosperity Operating #10000001	10255040	13,531.09	25,740.54							39,271.62	11/20/2023
				Total:	39,869.66	75,945.63	54,767.10	40,911.58	-	-	-	-	211,493.96	11/20/2023

Note:

*Andrew De Los Santos*  
 Approved:

ANDREW DE LOS SANTOS 11/20/2023

Crescent ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P Tuscany ✓  
A \_\_\_\_\_  
Y \_\_\_\_\_  
E \_\_\_\_\_  
E \_\_\_\_\_

Date Requested: 11/20/2023

APPROVED ON  
NOV 20 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CLKA 000312

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT: \$ 22,500.00 ✓ G/L NUMBER: 21400007

EXPLANATION: Claim payment owed to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. [Signature]

11/20/23

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

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000312

Date 11-22-23

88-2265/1131

PAY  
TO THE  
ORDER OF

Tuscany Village

\$ 22,500  $\frac{00}{100}$

Twenty-two thousand, five hundred dollars &  $\frac{00}{100}$  DOLLARS



PROSPERITY  
BANK

\_\_\_\_\_  
County Auditor

FOR

Claim payment

Security features are included. Details on back.

☒

RUN DATE:11/22/23  
TIME:11:41

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
11/22/23 THRU 11/22/23

PAGE 1  
GLCKREG

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

NHG \* 000200 11/22/23 55,556.43 MMC OPERATING  
NHF \* 000227 11/22/23 14,013.23 MMC OPERATING  
NHB \* 000256 11/22/23 13,475.07 MMC OPERATING  
NHC \* 000310 11/22/23 11,236.79 MMC OPERATING  
NHC \* 000312 11/22/23 22,500.00 TUSCANY VILLAGE  
BSL \* 001031 11/22/23 40,122.25 MMC OPERATING  
TUS \* 001139 11/22/23 39,271.62 MMC OPERATING  
NHA \* 001220 11/22/23 29,091.86 MMC OPERATING  
NHS \* 001282 11/22/23 8,726.73 MMC OPERATING

