

MEMORIAL MEDICAL CENTER

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

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 988,957.09	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 486,328.88	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 1,009,033.71	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED December 06, 2023	\$ 2,484,319.68	✓

APPROVED

DEC 06 2023

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---December 06, 2023

PAYABLES AND PAYROLL

11/30/2023 Weekly Payables	472,247.52
12/24/2023 McKesson-340B Prescription Expense	8,017.91
12/4/2023 Amerisource Bergen-340B Prescription Expense	776.94
12/4/2023 Payroll Liabilities -Payroll Taxes	120,683.92
12/4/2023 Payroll	381,341.68
12/4/2023 Health Equity-Wage works employee FSA	5,199.77

Prosperity Electronic Bank Payments

11/27-11/29/23 Credit Card & Lease Fees	231.14
11/28/2023 Debt Management Services-wage garnishment	117.00
11/27-12/1/23 Pay Plus-Patient Claims Processing Fee	251.19
11/30/2023 Harland Clarke-checks for NH accounts	90.02

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 988,957.09**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

11/30/2023 MMC Operating to Ashford-NH portion of QIPP payment deposited into MMC Operating	90,267.85
11/30/2023 MMC Operating to Solera-NH portion of QIPP payment deposited into MMC Operating	27,070.71
11/30/2023 MMC Operating to Fort bend-NH portion of QIPP payment deposited into MMC Operating	42,169.61
11/30/2023 MMC Operating to Broadmoor-correction of NH insurance payment and QIPP deposited into MMC Operating	75,627.38
11/30/2023 MMC Operating to Crescent-NH portion of QIPP payment deposited into MMC Operating in error	34,031.20
11/30/2023 MMC Operating to Golden Creek-correction of NH insurance and QIPP payment deposited into MMC Operating in error	88,468.13
11/30/2023 MMC Operating to Gulf Pointe Plaza -NH portion of QIPP payment deposited into MMC Operating	40,869.63
11/30/2023 MMC Operating to Tuscany Village-NH portion of QIPP payment deposited into MMC Operating	50,989.63
11/30/2023 MMC Operating to Bethany-correction of NH insurance and QIPP payment deposited into MMC Operating	36,834.74

TOTAL TRANSFERS BETWEEN FUNDS **\$ 486,328.88**

NURSING HOME UPL EXPENSES

12/4/2023 Nursing Home UPL-Cantex Transfer	497,714.16
12/4/2023 Nursing Home UPL-Nexion Transfer	31,319.11
12/4/2023 Nursing Home UPL-HMG Transfer	24,331.41
12/4/2023 Nursing Home UPL-Tuscany Transfer	225,921.18
12/4/2023 Nursing Home UPL-HSL Transfer	208,641.48

QIPP CHECKS TO MMC

12/4/2023 Ashford	2,676.18
12/4/2023 Broadmoor	992.10
12/4/2023 Crescent	741.99
12/4/2023 Fort Bend	833.70
12/4/2023 Solera	800.35
12/4/2023 Tuscany	2,640.05

TRANSFER OF FUNDS BETWEEN NURSING HOMES

12/4/2023 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	12,422.00
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TOTAL NURSING HOME UPL EXPENSES **\$ 1,009,033.71**

TOTAL INTER-GOVERNMENT TRANSFERS **\$0.00**

GRAND TOTAL DISBURSEMENTS APPROVED December 06, 2023 **\$ 2,484,319.68**

RECEIVED BY THE COUNTY AUDITOR ON 11/30/2023 NOV 30 2023

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/22/2023

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CALHOON COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11237	3WON, LLC ✓			3573 ✓		11/30/202	11/01/202	12/01/202			300.00	0.00	0.00	300.00 ✓
	PRACTIONER ENROLLMENT			3558 ✓		11/30/202	11/01/202	12/01/202			199.00	0.00	0.00	199.00 ✓
	CREDENTIALING-RUPLEY			Vendor Totals: Number Name Gross Discount No-Pay Net										
	11237 3WON, LLC										499.00	0.00	0.00	499.00
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M		9144190491 ✓		11/29/202	11/16/202	12/11/202			354.98	0.00	0.00	354.98 ✓
	OXYGEN			Vendor Totals: Number Name Gross Discount No-Pay Net										
	A1680 AIRGAS USA, LLC - CENTRAL DIV										354.98	0.00	0.00	354.98
A1705	ALIMED INC. ✓	M		RPSV04126094 ✓		11/15/202	11/06/202	11/21/202			973.24	0.00	0.00	973.24 ✓
	SUPPLIES			Vendor Totals: Number Name Gross Discount No-Pay Net										
	A1705 ALIMED INC.										973.24	0.00	0.00	973.24
11756	AYA HEALTHCARE INC ✓			3720025 ✓		11/29/202	11/22/202	12/22/202			5,953.50	0.00	0.00	5,953.50 ✓
	KARANN DUNN 11/10-11/16/23			Vendor Totals: Number Name Gross Discount No-Pay Net										
	11756 AYA HEALTHCARE INC										5,953.50	0.00	0.00	5,953.50
14088	AZALEA HEALTH ✓			97706 ✓		11/29/202	12/01/202	12/01/202			594.00	0.00	0.00	594.00 ✓
	MONTHLY PROCESSING			Vendor Totals: Number Name Gross Discount No-Pay Net										
	14088 AZALEA HEALTH										594.00	0.00	0.00	594.00
M2485	BAYER HEALTHCARE ✓	M		6010916670 ✓		11/28/202	11/13/202	11/28/202			1,380.10	0.00	0.00	1,380.10 ✓
	SUPPLIES			Vendor Totals: Number Name Gross Discount No-Pay Net										
	M2485 BAYER HEALTHCARE										1,380.10	0.00	0.00	1,380.10
B1220	BECKMAN COULTER INC ✓	M		5481390 ✓		11/28/202	11/21/202	12/16/202			1,935.15	0.00	0.00	1,935.15 ✓
	LEASE			Vendor Totals: Number Name Gross Discount No-Pay Net										
	B1220 BECKMAN COULTER INC										1,935.15	0.00	0.00	1,935.15

14753	BIOMERIEUX, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1213146871 ✓		11/28/202	11/21/202	11/28/202			20,726.69	0.00	0.00	20,726.69 ✓	
	SUPPLIES BIOFIRE										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	14753	BIOMERIEUX, INC					20,726.69	0.00	0.00	20,726.69	
Vendor#	Vendor Name		Class	Pay Code							
12324	BLUE CROSS BLUE SHIELD ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
111723		11/29/202	11/17/202	12/01/202			230,654.99	0.00	0.00	230,654.99 ✓	
	INSURANCE										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	12324	BLUE CROSS BLUE SHIELD					230,654.99	0.00	0.00	230,654.99	
Vendor#	Vendor Name		Class	Pay Code							
C1048	CALHOUN COUNTY ✓		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
112423		11/29/202	11/24/202	12/06/202			32.71	0.00	0.00	32.71 ✓	
	FUEL										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	C1048	CALHOUN COUNTY					32.71	0.00	0.00	32.71	
Vendor#	Vendor Name		Class	Pay Code							
14120	CALHOUN COUNTY EMS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2023-10 ✓		11/14/202	11/13/202	12/20/202			3,080.00	0.00	0.00	3,080.00 ✓	
	OCTOBER 23 TRANFERS										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	14120	CALHOUN COUNTY EMS					3,080.00	0.00	0.00	3,080.00	
Vendor#	Vendor Name		Class	Pay Code							
10650	CAREFUSION 2200, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9400345333 ✓		11/28/202	11/07/202	12/07/202			86.94	0.00	0.00	86.94 ✓	
	SUPPLIES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	10650	CAREFUSION 2200, INC					86.94	0.00	0.00	86.94	
Vendor#	Vendor Name		Class	Pay Code							
C1992	CDW GOVERNMENT, INC. ✓		M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
NB30056 ✓		11/28/202	11/10/202	12/10/202			40.88	0.00	0.00	40.88 ✓	
	SUPPLIES										
MR71995 ✓		11/30/202	10/24/202	11/23/202			40.88	0.00	0.00	40.88 ✓	
	SUPPLIES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	C1992	CDW GOVERNMENT, INC.					81.76	0.00	0.00	81.76	
Vendor#	Vendor Name		Class	Pay Code							
C1730	CITY OF PORT LAVACA ✓		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
111523		11/29/202	11/15/202	12/05/202			65.66	0.00	0.00	65.66 ✓	
	WATER-REHAB										
111523A		11/29/202	11/15/202	12/05/202			38.64	0.00	0.00	38.64 ✓	
	WATER										
111523B		11/29/202	11/15/202	12/05/202			6,262.55	0.00	0.00	6,262.55 ✓	
	WATER-MAIN										
111523C		11/29/202	11/15/202	12/05/202			135.53	0.00	0.00	135.53 ✓	
	WATER-CLINIC										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	C1730	CITY OF PORT LAVACA					6,502.38	0.00	0.00	6,502.38	

Vendor#	Vendor Name	Class	Pay Code							
10212	CLINICAL PATHOLOGY LABS ✓	ICP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17656-202309 ✓		11/29/202	09/30/202	10/30/202			13,831.61	0.00	0.00	13,831.61 ✓
	LAB SERV									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS					13,831.61	0.00	0.00	13,831.61
Vendor#	Vendor Name	Class	Pay Code							
C1166	COASTAL OFFICE SolutONS ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN-QT-25067 ✓		11/30/202	11/27/202	12/07/202			31,250.00	0.00	0.00	31,250.00 ✓
	DEPOSIT-GABINETs									
	<i>ER Reception Station and Room, Nurses wing and Cashier station</i>									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SolutONS					31,250.00	0.00	0.00	31,250.00
Vendor#	Vendor Name	Class	Pay Code							
14080	CORROHEALTH, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
908534 ✓		11/30/202	10/31/202	11/30/202			2,318.70	0.00	0.00	2,318.70 ✓
	CODING									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14080	CORROHEALTH, INC.					2,318.70	0.00	0.00	2,318.70
Vendor#	Vendor Name	Class	Pay Code							
10368	DEWITT POTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
737224-0 ✓		11/28/202	11/16/202	12/11/202			523.80	0.00	0.00	523.80 ✓
	SUPPLIES									
737212-0 ✓		11/28/202	11/16/202	12/11/202			26.00	0.00	0.00	26.00 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					549.80	0.00	0.00	549.80
Vendor#	Vendor Name	Class	Pay Code							
14508	EITAN GROUP NORTH AMERICA, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN10-29409 ✓		11/28/202	01/19/202	02/19/202			324.53	0.00	0.00	324.53 ✓
	SUPPLIES									
IN-10-36937 ✓		11/28/202	06/15/202	07/15/202			324.95	0.00	0.00	324.95 ✓
	SUPPLIES									
IN-10-41515 ✓		11/28/202	09/26/202	10/26/202			325.20	0.00	0.00	325.20 ✓
	SUPPLIES									
IN10-19896 ✓		11/28/202	11/28/202	11/28/202			293.89	0.00	0.00	293.89 ✓
	SUPPLIES									
IN-10-20677 ✓		11/28/202	11/28/202	11/28/202			324.95	0.00	0.00	324.95 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14508	EITAN GROUP NORTH AMERICA, INC					1,593.52	0.00	0.00	1,593.52
Vendor#	Vendor Name	Class	Pay Code							
11284	EMERGENCY STAFFING SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42736 ✓		11/29/202	11/30/202	12/10/202			40,062.50	0.00	0.00	40,062.50 ✓
	PHYSICIAN SERV									
	<i>(11c-Edm)</i>									
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							
13804	EVERGREEN MEDICAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
EMSIN0018699 ✓		11/28/202	10/31/202	11/28/202			1,895.00	0.00	0.00	1,895.00 ✓

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Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		13804	EVERGREEN MEDICAL SERVICES		1,895.00	0.00	0.00	1,895.00		
Vendor#	Vendor Name		Class	Pay Code						
15052	FAVORITE HEALTHCARE STAFFING ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1170664		11/29/202	11/16/202	12/01/202			2,327.50	0.00	0.00	2,327.50 ✓
	LYSSA CORTINAS	11/11-11/12/23								
	RN									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		15052	FAVORITE HEALTHCARE STAFFING		2,327.50	0.00	0.00	2,327.50		
Vendor#	Vendor Name		Class	Pay Code						
10003	FILTER TECHNOLOGY CO, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120481 ✓		11/28/202	11/15/202	12/15/202			157.67	0.00	0.00	157.67 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10003	FILTER TECHNOLOGY CO, INC		157.67	0.00	0.00	157.67		
Vendor#	Vendor Name		Class	Pay Code						
F1400	FISHER HEALTHCARE ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6857782 ✓		11/01/202	10/10/202	11/04/202			314.80	0.00	0.00	314.80 ✓
	SUPPLIES									
7404789 ✓		11/15/202	10/31/202	11/25/202			2,487.40	0.00	0.00	2,487.40 ✓
	SUPPLIES									
7699500 ✓		11/28/202	11/10/202	12/05/202			82.99	0.00	0.00	82.99 ✓
	SUPPLIES									
7771435 ✓		11/28/202	11/14/202	12/09/202			230.46	0.00	0.00	230.46 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		F1400	FISHER HEALTHCARE		3,115.65	0.00	0.00	3,115.65		
Vendor#	Vendor Name		Class	Pay Code						
11183	FRONTIER ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111923		11/29/202	11/19/202	12/13/202			56.40	0.00	0.00	56.40
	PHONE									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11183	FRONTIER		56.40	0.00	0.00	56.40		
Vendor#	Vendor Name		Class	Pay Code						
14156	FUJI FILM ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91410513 ✓		11/29/202	11/25/202	12/22/202			7,908.33	0.00	0.00	7,908.33 ✓
	VERTEX II CONTRACT									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14156	FUJI FILM		7,908.33	0.00	0.00	7,908.33		
Vendor#	Vendor Name		Class	Pay Code						
12636	FUSION CLOUD SERVICES, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029034316 ✓		11/29/202	11/16/202	12/16/202			2,434.46	0.00	0.00	2,434.46 ✓
	PHONE									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		12636	FUSION CLOUD SERVICES, LLC		2,434.46	0.00	0.00	2,434.46		
Vendor#	Vendor Name		Class	Pay Code						
W1300	GRAINGER ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9906455846 ✓		11/28/202	11/15/202	12/10/202			606.48	0.00	0.00	606.48 ✓
	SUPPLIES									

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				606.48	0.00	0.00	606.48
Vendor#	Vendor Name			Class	Pay Code					
G1210	GULF COAST PAPER COMPANY ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2472122 ✓		11/28/202	11/21/202	12/21/202			125.96	0.00	0.00	125.96 ✓
	SUPPLIES									
2472121 ✓		11/28/202	11/21/202	12/21/202			62.98	0.00	0.00	62.98 ✓
	SUPPLIES									
2472126 ✓		11/28/202	11/21/202	12/21/202			783.38	0.00	0.00	783.38 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				972.32	0.00	0.00	972.32
Vendor#	Vendor Name			Class	Pay Code					
H1269	HENRY SCHEIN INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62006995 ✓		11/28/202	11/15/202	12/15/202			208.71	0.00	0.00	208.71 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		H1269	HENRY SCHEIN INC.				208.71	0.00	0.00	208.71
Vendor#	Vendor Name			Class	Pay Code					
H1399	HILL-ROM COMPANY, INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3218131 ✓		11/28/202	10/31/202	11/28/202			751.75	0.00	0.00	751.75 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		H1399	HILL-ROM COMPANY, INC				751.75	0.00	0.00	751.75
Vendor#	Vendor Name			Class	Pay Code					
H0416	HOLOGIC INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10741723 ✓		11/28/202	11/13/202	12/13/202			3,414.00	0.00	0.00	3,414.00 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC				3,414.00	0.00	0.00	3,414.00
Vendor#	Vendor Name			Class	Pay Code					
11612	MEDICAL AIR SERVICES ASSOC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1689904 ✓		11/29/202	11/15/202	12/01/202			1,693.00	0.00	0.00	1,693.00 ✓
	INS PAYROLL DEDUCT									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11612	MEDICAL AIR SERVICES ASSOC.				1,693.00	0.00	0.00	1,693.00
Vendor#	Vendor Name			Class	Pay Code					
M2470	MEDLINE INDUSTRIES INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2285458201 ✓		11/01/202	09/19/202	10/29/202			101.95	0.00	0.00	101.95 ✓
	SUPPLIES									
2294404983 ✓		11/20/202	11/15/202	12/10/202			13,923.68	0.00	0.00	13,923.68 ✓
	SUPPLIES									
2295222895 ✓		11/28/202	11/21/202	12/16/202			24.78	0.00	0.00	24.78 ✓
	SUPPLIES									
2295222893 ✓		11/28/202	11/21/202	12/16/202			23.22	0.00	0.00	23.22 ✓
	SUPPLIES									
2295222891 ✓		11/28/202	11/21/202	12/16/202			123.00	0.00	0.00	123.00 ✓
	SUPPLIES									
2295222896 ✓		11/28/202	11/21/202	12/16/202			24.99	0.00	0.00	24.99 ✓
	SUPPLIES									

2295222894 ✓	SUPPLIES	11/28/202 11/21/202 12/16/202	30.55	0.00	0.00	30.55 ✓
2295346290 ✓	SUPPLIES	11/28/202 11/22/202 12/17/202	23.99	0.00	0.00	23.99 ✓
2295346292 ✓	SUPPLIES	11/28/202 11/22/202 12/17/202	1,475.59	0.00	0.00	1,475.59 ✓
2295346294 ✓	SUPPLIES	11/28/202 11/22/202 12/17/202	1,475.59	0.00	0.00	1,475.59 ✓
2295346285 ✓	SUPPLIES	11/28/202 11/22/202 12/17/202	37.14	0.00	0.00	37.14 ✓
2295347502 ✓	SUPPLIES	11/28/202 11/22/202 12/17/202	51.63	0.00	0.00	51.63 ✓
2295346291 ✓	SUPPLIES	11/28/202 11/22/202 12/17/202	15.59	0.00	0.00	15.59 ✓
2295346297 ✓	SUPPLIES	11/28/202 11/22/202 12/17/202	2,695.70	0.00	0.00	2,695.70 ✓
2295347500 ✓	SUPPLIES	11/28/202 11/22/202 12/17/202	22,711.55	0.00	0.00	22,711.55 ✓
2295347501 ✓	SUPPLIES	11/28/202 11/22/202 12/17/202	22.56	0.00	0.00	22.56 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2470	MEDLINE INDUSTRIES INC	42,761.51	0.00	0.00	42,761.51

Vendor#	Vendor Name	Class	Pay Code								
10536	MORRIS & DICKSON CO, LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1315673 ✓	INVENTORY	11/29/202	11/21/202	12/01/202			753.87	0.00	0.00	753.87 ✓
	1315672 ✓	INVENTORY	11/29/202	11/21/202	12/01/202			115.87	0.00	0.00	115.87 ✓
	1318760 ✓	INVENTORY	11/29/202	11/22/202	12/02/202			463.20	0.00	0.00	463.20 ✓
	CM75628 ✓	CREDIT	11/29/202	11/22/202	12/02/202			-5.79	0.00	0.00	-5.79 ✓
	1318759 ✓	INVENTORY	11/29/202	11/22/202	12/02/202			47.46	0.00	0.00	47.46 ✓
	1320130 ✓	INVENTORY	11/29/202	11/22/202	12/02/202			1,234.88	0.00	0.00	1,234.88 ✓
	1320129 ✓	INVENTORY	11/29/202	11/22/202	12/02/202			52.68	0.00	0.00	52.68 ✓
	1324947 ✓	INVENTORY	11/29/202	11/26/202	12/06/202			246.36	0.00	0.00	246.36 ✓
	1325807 ✓	INVENTORY	11/29/202	11/26/202	12/06/202			1,642.22	0.00	0.00	1,642.22 ✓
	1325806 ✓	INVENTORY	11/29/202	11/26/202	12/06/202			45.92	0.00	0.00	45.92 ✓
	1329862 ✓	INVENTORY	11/29/202	11/27/202	12/07/202			620.75	0.00	0.00	620.75 ✓
	CM76031 ✓	CREDIT	11/29/202	11/27/202	12/07/202			-0.97	0.00	0.00	-0.97 ✓
	1336812 ✓	INVENTORY	11/29/202	11/28/202	12/08/202			345.32	0.00	0.00	345.32 ✓
	1334073 ✓	INVENTORY	11/29/202	11/28/202	12/08/202			20.19	0.00	0.00	20.19 ✓
	1336813 ✓	INVENTORY	11/29/202	11/28/202	12/08/202			2,191.72	0.00	0.00	2,191.72 ✓
	1334074 ✓	INVENTORY	11/29/202	11/28/202	12/08/202			188.18	0.00	0.00	188.18 ✓

	INVENTORY									
1334072 ✓		11/29/202	11/28/202	12/08/202		0.19	0.00	0.00	0.19 ✓	
	INVENTORY									
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	10536 MORRIS & DICKSON CO, LLC					7,962.05	0.00	0.00	7,962.05	
Vendor#	Vendor Name		Class	Pay Code						
13548	NACOGDOCHES TRANSCRIPTION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8178 ✓		11/29/202	11/01/202	11/11/202			192.08	0.00	0.00	192.08 ✓
	TRANSCRIPTION (10/14-10/27/23)									
8187 ✓		11/29/202	11/13/202	11/23/202			163.80	0.00	0.00	163.80 ✓
	TRANSCRIPTION (10/28-11/10/23)									
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	13548 NACOGDOCHES TRANSCRIPTION					355.88	0.00	0.00	355.88	
Vendor#	Vendor Name		Class	Pay Code						
O1500	OLYMPUS AMERICA INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35318758 ✓		11/28/202	11/13/202	12/08/202			201.88	0.00	0.00	201.88 ✓
	SUPPLIES									
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	O1500 OLYMPUS AMERICA INC					201.88	0.00	0.00	201.88	
Vendor#	Vendor Name		Class	Pay Code						
O1416	ORTHO CLINICAL DIAGNOSTICS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1853250504 ✓		11/28/202	11/13/202	12/13/202			752.16	0.00	0.00	752.16 ✓
	SUPPLIES									
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	O1416 ORTHO CLINICAL DIAGNOSTICS					752.16	0.00	0.00	752.16	
Vendor#	Vendor Name		Class	Pay Code						
10896	QIAGEN INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
999027948 ✓		11/28/202	11/14/202	12/14/202			1,309.93	0.00	0.00	1,309.93 ✓
	SUPPLIES									
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	10896 QIAGEN INC					1,309.93	0.00	0.00	1,309.93	
Vendor#	Vendor Name		Class	Pay Code						
S0900	SAM'S CLUB DIRECT ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112023		11/29/202	11/20/202	12/08/202			802.85	0.00	0.00	802.85 ✓
	FOOD SUPPLIES									
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	S0900 SAM'S CLUB DIRECT					802.85	0.00	0.00	802.85	
Vendor#	Vendor Name		Class	Pay Code						
10688	SAN ANTONIO ENA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112823		11/29/202	11/28/202	12/01/202			425.00	0.00	0.00	425.00 ✓
	TRAUMA NURSE COURSE									
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	10688 SAN ANTONIO ENA					425.00	0.00	0.00	425.00	
Vendor#	Vendor Name		Class	Pay Code						
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116461197 ✓		11/29/202	11/16/202	12/11/202			2,375.92	0.00	0.00	2,375.92 ✓
	SYMBIA EVO CONTRACT									
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	S2001 SIEMENS MEDICAL SOLUTIONS INC					2,375.92	0.00	0.00	2,375.92	

Vendor#	Vendor Name	Class	Pay Code							
S2345	SOUTHEAST TEXAS HEALTH SYS ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26866 ✓		11/30/202	11/05/202	12/05/202			350.00	0.00	0.00	350.00 ✓
	CREDENTIALING NORMAN/HOBS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS					350.00	0.00	0.00	350.00
C1010	SPARKLIGHT ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111623		11/29/202	11/16/202	11/17/202			205.62	0.00	0.00	205.62 ✓
	CABLE -CLINIC									
111423		11/29/202	11/28/202	11/29/202			248.56	0.00	0.00	248.56 ✓
	CABLE-LOBBY									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT					454.18	0.00	0.00	454.18
12476	SUN LIFE FINANCIAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112723		11/29/202	11/27/202	12/01/202			11,147.81	0.00	0.00	11,147.81 ✓
	LIFE INSUR									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12476	SUN LIFE FINANCIAL					11,147.81	0.00	0.00	11,147.81
10758	TEXAS SELECT STAFFING, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0023147		11/29/202	11/22/202	11/23/202			4,125.00	0.00	0.00	4,125.00 ✓
	BRANDON BATES 11/18/23 RN									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC					4,125.00	0.00	0.00	4,125.00
T3130	TRI-ANIM HEALTH SERVICES INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
600060278 ✓		11/28/202	11/17/202	12/12/202			636.02	0.00	0.00	636.02 ✓
	SUPPLIES									
600064046 ✓		11/28/202	11/21/202	12/16/202			415.71	0.00	0.00	415.71 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC					1,051.73	0.00	0.00	1,051.73
U1064	UNIFIRST HOLDINGS INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921018735 ✓		11/29/202	11/20/202	12/15/202			2,684.16	0.00	0.00	2,684.16 ✓
	LAUNDRY									
2921018736 ✓		11/29/202	11/20/202	12/15/202			103.61	0.00	0.00	103.61 ✓
	LAUNDRY									
2921019062 ✓		11/29/202	11/23/202	12/18/202			127.22	0.00	0.00	127.22 ✓
	LAUNDRY									
2921019065 ✓		11/29/202	11/23/202	12/18/202			29.95	0.00	0.00	29.95 ✓
	LAUNDRY									
2921019068 ✓		11/29/202	11/23/202	12/18/202			234.96	0.00	0.00	234.96 ✓
	LAUNDRY									
2921019064 ✓		11/29/202	11/23/202	12/18/202			2,420.36	0.00	0.00	2,420.36 ✓
	LAUNDRY									
2921019069 ✓		11/29/202	11/23/202	12/18/202			112.46	0.00	0.00	112.46 ✓
	LAUNDRY									

2921019067 ✓	LAUNDRY	11/29/202 11/23/202 12/18/202	254.19	0.00	0.00	254.19 ✓
2921019066 ✓	LAUNDRY	11/29/202 11/23/202 12/18/202	323.04	0.00	0.00	323.04 ✓
2921019063 ✓	LAUNDRY	11/29/202 11/23/202 12/18/202	232.26	0.00	0.00	232.26 ✓
2921019267 ✓	LAUNDRY	11/29/202 11/27/202 12/22/202	106.30	0.00	0.00	106.30 ✓
2921019266 ✓	LAUNDRY	11/29/202 11/27/202 12/22/202	2,526.41	0.00	0.00	2,526.41 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	9,154.92	0.00	0.00	9,154.92

Vendor# Vendor Name Class Pay Code

12000	VYAIR MEDICAL, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9101590449 ✓		11/15/202	11/10/202	12/05/202			118.86	0.00	0.00	118.86 ✓
	SUPPLIES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12000	VYAIR MEDICAL, INC	118.86	0.00	0.00	118.86

Vendor# Vendor Name Class Pay Code

11400	WEST COAST MEDICAL RESOURCES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV106657 ✓		11/28/202	11/20/202	12/12/202			895.00	0.00	0.00	895.00 ✓
	SUPPLIES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11400	WEST COAST MEDICAL RESOURCES	895.00	0.00	0.00	895.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	472,247.52	0.00	0.00	472,247.52

APPROVED ON

NOV 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 21839-21890

MCKESSON

STATEMENT

As of: 12/01/2023

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 SupplID:
Territory:

Customer: 632536
Date: 12/02/2023

As of: 12/01/2023 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/02/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
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PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 8,181.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 12/05/2023,
Pay This Amount:

8,017.91 USD

If Paid After 12/05/2023,
Pay this Amount:

8,181.55 USD

Due If Paid On Time:

USD 8,017.91

Disc lost if paid late:

163.64

Due If Paid Late:

USD 8,181.55

0.00
7,963.56 +
1.87 +
3.40 +
49.08 +
8,017.91

Andrew DeLos Santos
12/4/23

APPROVED ON

DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 12/01/2023

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: 12/02/2023

As of: 12/01/2023 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/02/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	632536	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS												
11/27/2023	12/05/2023	7460034216	96712193		115Invoice	5.72	285.84		280.12	✓	7460034216	
11/27/2023	12/05/2023	7460034217	96825607		115Invoice	7.83	391.42		383.59	✓	7460034217	
11/27/2023	12/05/2023	7460034218	96842865		115Invoice	1.21	60.42		59.21	✓	7460034218	
11/27/2023	12/05/2023	7460034219	96880553		115Invoice	4.47	223.52		219.05	✓	7460034219	
11/27/2023	12/05/2023	7460051341	96954010		115Invoice		0.14		0.14	✓	7460051341	
11/27/2023	12/05/2023	7460298067	96719994		115Invoice	10.46	523.00		512.54	✓	7460298067	
11/27/2023	12/05/2023	7460298068	96886824		195Invoice	0.01	0.32		0.31	✓	7460298068	
11/28/2023	12/05/2023	7460470944	97147513		115Invoice	4.47	223.52		219.05	✓	7460470944	
11/28/2023	12/05/2023	7460629080	97066464		195Invoice	0.04	1.90		1.86	✓	7460629080	
11/29/2023	12/05/2023	7460756543	97289877		115Invoice	0.01	0.49		0.48	✓	7460756543	
11/29/2023	12/05/2023	7460756544	97289877		115Invoice	18.28	913.90		895.62	✓	7460756544	
11/29/2023	12/05/2023	7460924592	97226115		195Invoice	0.01	0.32		0.31	✓	7460924592	
11/30/2023	12/05/2023	7461071598	97433856		115Invoice	7.83	391.42		383.59	✓	7461071598	
11/30/2023	12/05/2023	7461364310	91713533		115Invoice	99.64	4,982.16		4,882.52	✓	7461364310	
12/01/2023	12/05/2023	7461353633	97485123		115Invoice		0.10		0.10	✓	7461353633	
12/01/2023	12/05/2023	7461353634	97485123		115Invoice	1.21	60.63		59.42	✓	7461353634	
12/01/2023	12/05/2023	7461353635	97559423		115Invoice	1.34	66.99		65.65	✓	7461353635	

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: 8,126.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/27/2023 2,892.44

If Paid By 12/05/2023,
Pay This Amount: 7,963.56 USD

If Paid After 12/05/2023,
Pay this Amount: 8,126.09 USD

Due If Paid On Time:
USD 7,963.56 ✓

Disc lost if paid late: 162.53

Due If Paid Late:
USD 8,126.09

APPROVED ON

DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew D. Santos
12/4/23

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

MCKESSON

STATEMENT

As of: 12/01/2023

Page: 001

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

Company: 8000

CVS PHCY 10356/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: 835430
Date: 12/02/2023

As of: 12/01/2023 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 PLEASE CHECK ANY
Date: 12/02/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 835430	CVS PHCY 10356/MEM MC PHS									
11/29/2023	12/05/2023	7460755571	2864170	115 Invoice	0.04	1.91		1.87	✓	7460755571

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

TOTAL: Customer Number 835430 CVS PHCY 10356/MEM MC PHS

Subtotals: 1.91 USD

Future Due: 0.00

Past Due: 0.00

Last Payment: 0.00

If Paid By 12/05/2023,
Pay This Amount:

1.87 USD

If Paid After 12/05/2023,
Pay this Amount:

1.91 USD

Due If Paid On Time:

USD

1.87 ✓

Disc lost if paid late:

0.04

Due If Paid Late:

USD

1.91

Andrew De los Santos
12/4/23

APPROVED ON

DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 12/01/2023

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: 12/02/2023

As of: 12/01/2023 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 12/02/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434	CVS PHCY 8923/MEM MC PHS										
11/29/2023	12/05/2023	7460753049	2864593	115Invoice	0.07	3.47		3.40	✓	7460753049	

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

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

Subtotals: 3.47 USD

Future Due: 0.00

If Paid By 12/05/2023,
Pay This Amount:

3.40 USD

Due If Paid On Time:

USD

3.40 ✓

Past Due: 0.00

Disc lost if paid late:

0.07

Last Payment 11/27/2023 2,892.44

If Paid After 12/05/2023,
Pay this Amount:

3.47 USD

Due If Paid Late:

USD

3.47

Andrew Lopez Santol
12/4/23

APPROVED ON

DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/01/2023

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 12/02/2023

As of: 12/01/2023 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 12/02/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
11/29/2023	12/05/2023	7460950231	2865223	115Invoice	0.02	1.06		1.04	✓	7460950231	
11/29/2023	12/05/2023	7460950232	2865223	115Invoice	0.98	49.02		48.04	✓	7460950232	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 50.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/27/2023 2,892.44

If Paid By 12/05/2023,
Pay This Amount: 49.08 USD

If Paid After 12/05/2023,
Pay this Amount: 50.08 USD

Due If Paid On Time: USD 49.08 ✓
Disc lost if paid late: 1.00
Due If Paid Late: USD 50.08

Andrew Delos Santos
12/4/23

APPROVED ON

DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

Served 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:	666.94
Past Due:	0.00
Total Due:	666.94
Account Balance:	666.94

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-27-2023	12-08-2023	3155331630	7004846959	Invoice	15.74		0.00	15.74 ✓
11-27-2023	12-08-2023	3155331631	7004854826	Invoice	134.98		0.00	134.98 ✓
11-27-2023	12-08-2023	3155464905	7004874317	Invoice	24.70		0.00	24.70 ✓
11-27-2023	12-08-2023	3155464906	7004874281	Invoice	2.89		0.00	2.89 ✓
11-28-2023	12-08-2023	3155636342	7004881829	Invoice	18.73		0.00	18.73 ✓
11-29-2023	12-08-2023	3155802771	7004889266	Invoice	11.33		0.00	11.33 ✓
11-30-2023	12-08-2023	3155959812	7004905479	Invoice	5.02		0.00	5.02 ✓
11-30-2023	12-08-2023	3155959813	7004901683	Invoice	2.89		0.00	2.89 ✓
12-01-2023	12-08-2023	3156126471	7004914016	Invoice	450.66		0.00	450.66 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
666.94	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
12-01-2023	(1,228.80)

Reminders	
Due Date	Amount
12-08-2023	666.94
Total Due: 666.94 ✓	

Andrew DeLos Santos
12/4/23

APPROVED ON
DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Served By	ABC DC ROANOKE 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Ship To	US BIOSERVICES CARROLLTON 340B 5025 PLANO PARKWAY SUITE 100 CARROLLTON TX 75010	CUSTOMER NUMBER	
				100270691 / 018628707	
				DOCUMENT TOTAL	DUE DATE
				55.00	12/08/2023
				PAYMENT TERMS	
				Sat - Fri Due in 7 days	
Shipped From	ABC DC ROANOKE 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA ST PORT LAVACA TX 77979	Remit To	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223
	STATE LIC: 0077623 DEA: RA0316958				

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

APPROVED ON
DEC 04 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Total Amount: 55.00

INVOICE

Invoice Number: **355523494**

Invoice Date: 11/27/2023

Served By	ABC DC ROANOKE 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Ship To	SENDERRA RX PHY 340B MEMORIAL MEDICAL CENTER 3712 E PLANO PKWY STE 200 PLANO TX 75074-1831	CUSTOMER NUMBER	
			STATE LIC: 26699 DEA: FS1799610	100288078 / 037983771	
Shipped From	ABC DC ROANOKE 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Sold To	MEMORIAL MEDICAL CENTER 815 N VIRGINIA ST PORT LAVACA TX 77979	DOCUMENT TOTAL DUE DATE	
	STATE LIC: 0077623 DEA: RA0316958			55.00	12/08/2023
				PAYMENT TERMS	
				Sat - Fri Due in 7 days	
				Remit To	
				AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	

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

APPROVED ON

DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Total Amount:

55.00

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" 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="text" value="03"/>
<input type="checkbox"/> "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★ <input type="text" value="\$ 120,683.92"/> # <input type="text" value="1"/>
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ <input type="text" value="61,555.16"/> #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ <input type="text" value="14,858.71"/> #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ <input type="text" value="44,270.05"/> #
<input type="checkbox"/> "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ <input type="text"/> <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	11/17/2023	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	11/30/2023					
PAY DATE:	12/8/2023					
GROSS PAY:	\$ 543,780.94			\$ -		\$ 543,780.94
DEDUCTIONS:						
A/R	\$ 300.00					\$ 300.00
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$ 1,206.28					\$ 1,206.28
SUNLIFE ACCIDENT	\$ 786.88					\$ 786.88
IRS TAX	\$ 281.33					\$ 281.33
SUNLIFE SHORT TERM DIS	\$ 1,994.83					\$ 1,994.83
BCBS VISION	\$ 1,014.81					\$ 1,014.81
CAFÉ-D	\$ 1,577.77					\$ 1,577.77
CAFÉ-H	\$ 22,762.00					\$ 22,762.00
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 570.69					\$ 570.69
CLINIC	\$ 416.26					\$ 416.26
COMBIN	\$ 271.83					\$ 271.83
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$ 1,076.79					\$ 1,076.79
SUNLIFE HOSP INDEM	\$ 739.47					\$ 739.47
FED TAX	\$ 44,270.05					\$ 44,270.05
FICA-M	\$ 7,388.35					\$ 7,388.35
FICA-O	\$ 30,777.58					\$ 30,777.58
FICA-M ADDITIONAL	\$ 82.01					\$ 82.01
FIRST C						\$ -
FLEX S	\$ 3,499.95					\$ 3,499.95
FLX-FE	\$ -					\$ -
GIFT S	\$ 181.14					\$ 181.14
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$ 1,044.29					\$ 1,044.29
OTHER	\$ 1,506.05					\$ 1,506.05
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	\$ 37,691.12					\$ 37,691.12
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 162,439.26	\$ -	\$ -	\$ -	\$ -	\$ 162,439.26
NET PAY:	\$ 381,341.68	\$ -	\$ -	\$ -	\$ -	\$ 381,341.68

TOTAL CAFÉ 125 PLAN:	\$ 34,239.71	Less Exempt:
TAXABLE PAY:	\$ 509,541.23	\$ 496,412.18

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,388.35		
FICA - MED (EE)	1.45% \$ 7,388.35	\$ 7,388.35	\$ -
FICA - SOC SEC (ER)	6.20% \$ 30,777.56		
FICA - SOC SEC (EE)	6.20% \$ 30,777.56	\$ 30,777.58	\$ (0.02)
FED WITHHOLDING	\$ 44,270.05	\$ 44,270.05	

Exempt Amt:	
Employees over FICA-SS Cap:	
Roshanda Thomas	\$ 9,112.45
Michael Gaines	\$ 4,016.60
	\$ -
Paycode S - Employee Reimb.:	
TOTAL:	\$ 13,129.05

TAX DEPOSIT:	\$ 120,601.87	\$ 120,601.91
FICA - MEDICARE	2.90% \$ 14,776.70	\$14,776.70
FICA - SOCIAL SECURITY	12.40% \$ 61,555.12	\$61,555.16
FED WITHHOLDING	\$ 44,270.05	\$44,270.05
TOTAL TAX:	\$ 120,601.87	\$120,601.91

PREPARED BY: Andrie Flores
 PREPARED DATE: 12/4/2023

Final Summary

*-- Pay Code Summary							*-- Deductions Summary								
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount					
1	REGULAR PAY-S1	8507.00	N	N	N			201700.15	A/R	300.00	A/R2	A/R3			
1	REGULAR PAY-S1	1716.50	N	N	N	N		82988.05	ADVANC	AWARDS	BCBSVI	1014.81	✓		
1	REGULAR PAY-S1	216.50	N	N	Y			8761.28	BOOTS	CAPE H	CAPE-1				
1	REGULAR PAY-S1	165.00	Y	N	N			6336.24	CAPE-2	CAPE-3	CAPE-4				
2	REGULAR PAY-S2	2400.75	N	N	N			65504.85	CAPE-5	CAPE-C	CAPE-D	1577.77	✓		
2	REGULAR PAY-S2	142.75	N	N	Y			6546.28	CAPE-F	CAPE-H	22762.00	CAPE-I			
2	REGULAR PAY-S2	70.25	Y	N	N			3405.05	CAPE-L	CAPE-P	CANCER				
3	REGULAR PAY-S3	1361.25	N	N	N			47516.57	CHILD	570.69	CLINIC	416.26	COMBIN	271.83	✓
3	REGULAR PAY-S3	11.75	N	N	N	N		559.30	CREDUN	DD ADV	DEWTAL				
3	REGULAR PAY-S3	119.50	N	N	Y			6024.26	DEP-LF	DIS-LF	EAT				
3	REGULAR PAY-S3	104.00	Y	N	N			4951.43	EATCSH	FEDTAX	44270.05	FICA-M	7470.36	✓	
4	CALL BACK PAY	30.75	N	1	N	N	Y	1441.71	FICA-O	30777.58	FIRSTC	FLEX S	3499.95	✓	
4	CALL BACK PAY	26.50	N	2	N	N	Y	1079.46	FLX FE	FORT D	FUTA				
4	CALL BACK PAY	4.00	N	3	N	N	Y	194.75	GIFT S	181.14	GRANT	GRP-IN			
C	CALL PAY	2269.50	N	1	N	N		4539.00	GTL	HOSP-I	ID TPT				
D	DOUBLE TIME	18.25	N	1	N	N		821.10	IRSTAX	281.33	LEAF	LEGAL	200.54	✓	
D	DOUBLE TIME	3.50	N	1	N	Y		472.29	MASA	843.75	MEALS	1506.05	NETVIS		
D	DOUBLE TIME	24.75	N	2	N	N		1692.66	MISC	MISC/	MMCSHR				
D	DOUBLE TIME	9.00	N	2	N	Y		1268.46	NATFML	1523.92	OTHER	PHI			
D	DOUBLE TIME	18.00	N	3	N	N		1686.22	PHI***	PR FIN	RELAY				
D	DOUBLE TIME	7.50	Y	2	N	N		763.20	REPAY	SAMS	SCRUBS				
D	DOUBLE TIME	14.00	Y	3	N	N		1474.16	SIGNON	ST-TX	STONDF	1115.86	✓		
E	EXTRA WAGES		N	N	N	N		-600.00	STONE	STONE2	STUDEN				
E	EXTRA WAGES		N	1	N	N		3313.85	SUNACC	786.88	SUNILL	1206.28	SUNIND	739.47	✓
F	FUNERAL LEAVE	72.00	N	1	N	N		1903.92	SUNLIF	1076.79	SUNSTD	1994.83	SUNVIS		
I	INSERVICE	22.25	N	1	N	N		1002.75	SURCHG	360.00	TSA-1	TSA-2			
I	INSERVICE	4.25	Y	1	N	N		227.61	TSA-C	TSA-P	TSA-R	37691.12	✓		
K	EXTENDED-ILLNESS-BANK	279.50	N	1	N	N		8920.73	TUTION	UNIFOR	UW/HOS				
P	PAID-TIME-OFF	280.14	N	N	N	N		7154.51							
P	PAID-TIME-OFF	2458.00	N	1	N	N		67653.19							
X	CALL PAY 2	144.00	N	1	N	N		288.00							
Z	CALL PAY 3	96.00	N	1	N	N		288.00							
p	PAID TIME OFF - PROBATION	16.00	N	N	N	N		889.11							
p	PAID TIME OFF - PROBATION	82.00	N	1	N	N		1612.80							
t	PHONE & DATA		N	N	N	N		1400.00							

----- Grand Totals: 20695.14 ----- (Gross: 543780.94 ✓ Deductions: 162439.26 Net: 381341.68 ✓)
 Checks Count:- FT 206 PT 15 Other 34 Female 228 Male 26 Credit OverAmt 16 ZeroNet Term Total: 254 |

Andrew De Los Santos
12/4/23

Run Date: 12/04/23
Time: 10:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/17/23--11/30/23 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
11412	COURTNEY L MORKOVSKY	1220.64	00063361	12/08/23
02312	HANNAH M GOOD	718.77	00063362	12/08/23
12609	RAELIN R LUNA	410.07	00063363	12/08/23
00041	CARL LEE KING	1123.51	DD	12/08/23
00083	SYLVIA A VARGAS	924.07	DD	12/08/23
00094	SYLVIA A MENDOZA	998.28	DD	12/08/23
00113	JACLYN CARREON	1136.27	DD	12/08/23
00132	SANDRA A BRAUN	743.70	DD	12/08/23
00192	BRENDA D PENA	1330.84	DD	12/08/23
00344	SANDRA LEE RUDDICK	2880.64	DD	12/08/23
00387	BILLIE F DUCKWORTH	2561.92	DD	12/08/23
00392	MONICA T CARR	1980.29	DD	12/08/23
00399	LINDA J TIJERINA	2477.81	DD	12/08/23
00401	VELMA J PINA	3064.12	DD	12/08/23
00417	SHERRY L KING	2619.12	DD	12/08/23
00423	DONN V STRINGO	2003.71	DD	12/08/23
00482	PAM PIKAC	1469.18	DD	12/08/23
00581	CYNTHIA L RUSHING	1727.84	DD	12/08/23
00681	RILLA RENEE WOOD	1765.67	DD	12/08/23
00692	DEBORAH E WITTEBERT	88.76	DD	12/08/23
00697	MARIA C FARIAS	1184.22	DD	12/08/23
00707	KIMBERLY RESENDEZ	1781.55	DD	12/08/23
00895	EMILIE DIANE WILKEY	902.94	DD	12/08/23
01015	SUSAN B SMALLLEY	2337.26	DD	12/08/23
01191	SHARON M SPARKS	20.48	DD	12/08/23
01234	JENISE N SVETLIK	2418.92	DD	12/08/23
01241	MANDY MACE	1984.84	DD	12/08/23
01367	MARILYN A SANDERS	1381.04	DD	12/08/23
01791	RAUSHANAH J MONDAY	1735.93	DD	12/08/23
02011	ERIN R CLEVINGER	3950.43	DD	12/08/23
02014	AGAPITA C CANTU	318.29	DD	12/08/23
02021	ERIKA OSORNIA-SANCHEZ	435.17	DD	12/08/23
02022	AMANDA J GRIGGS, OTR	2551.86	DD	12/08/23
02064	ANNA LAURA GARCIA	1910.20	DD	12/08/23
02099	TRACI M SHEFCIK	2851.46	DD	12/08/23
02112	LESLIE THOMAS	3163.05	DD	12/08/23
02132	JASMINE RUIZ	1887.75	DD	12/08/23
02135	NORMA ALLISON	1085.73	DD	12/08/23
02136	TAMMY ESQUIVEL	711.78	DD	12/08/23
02154	JUSTINE STREL CZYK	157.97	DD	12/08/23
02162	MIRIAM PALUKA	1673.62	DD	12/08/23
02168	JENSICA KNIGHT	2301.02	DD	12/08/23
02193	TIKI VENGLAR	1703.13	DD	12/08/23
02271	DAWN J BUBENIK	2264.10	DD	12/08/23
02301	NICOLAS TIJERINA	528.86	DD	12/08/23
02303	CONNIE M LUNA	2982.47	DD	12/08/23
02315	NINA M GREEN	2262.84	DD	12/08/23
02322	RICK OSORNIA	882.73	DD	12/08/23
02331	JESSICA B BIFFLE	693.47	DD	12/08/23
02346	JEANETTE L FALCON	1980.29	DD	12/08/23
02416	JANELLE SCOTT	1932.15	DD	12/08/23
02511	MAGDALENA SEPULVEDA	531.07	DD	12/08/23
02552	VERONICA RAGUSIN	2005.29	DD	12/08/23

Run Date: 12/04/23
Time: 10:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/17/23--11/30/23 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 2
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02622	JESUSA MARIE BENAVIDES	741.38	DD	12/08/23
02678	MELISSA NESLONEY	2220.44	DD	12/08/23
02685	JULIANA TORRES	238.26	DD	12/08/23
02701	RONDA GOHLKE	2329.28	DD	12/08/23
02719	DAWN M MCCLELLAND	2098.29	DD	12/08/23
02720	ELDA M LUERA	1232.37	DD	12/08/23
02733	ROBIN N PLEDGER	2417.05	DD	12/08/23
02735	ZANDRA A GARCIA	378.30	DD	12/08/23
02763	JESSICA MARQUEZ	2893.58	DD	12/08/23
02794	HEATHER L MUTCHLER	2108.78	DD	12/08/23
02812	BRITTANY N RUDDICK	1833.87	DD	12/08/23
02907	MARIA F LONGORIA	1296.27	DD	12/08/23
02927	MICHAEL L GAINES	3268.90	DD	12/08/23
02963	DOROTHY J RENDON	936.98	DD	12/08/23
02970	DIANNE G ATKINSON	2233.66	DD	12/08/23
03864	JACQUELINE R HERRERA	1430.92	DD	12/08/23
05003	COURTNE D THURLKILL	3225.92	DD	12/08/23
05006	REGINA A MARTINEZ	2672.76	DD	12/08/23
05345	ERICA NGUYEN	2309.64	DD	12/08/23
05641	AMANDA R KEY	1943.21	DD	12/08/23
05757	SHARON T HOLDER	3204.11	DD	12/08/23
07123	CYNTHIA GUERRA	1600.83	DD	12/08/23
07147	CHAD A VORCE	2335.18	DD	12/08/23
07878	DIANA C SAUCEDA	1161.95	DD	12/08/23
11197	CATHERINE A SAENZ	1990.97	DD	12/08/23
12011	KIMBERLY J REYNA	486.25	DD	12/08/23
12115	LISA J HINOJOSA	914.50	DD	12/08/23
12129	MICHAEL HERMES	1814.40	DD	12/08/23
15097	KYLE L DANIEL	3731.40	DD	12/08/23
15131	SAVANNAH HARLEY	2080.51	DD	12/08/23
15139	KRISTEN NICOLE BALLARD	2424.05	DD	12/08/23
15163	KELSEY HEINOLD	3154.70	DD	12/08/23
15171	JESSICA BARRON	821.48	DD	12/08/23
15286	DAWN M MAREK	2403.03	DD	12/08/23
15909	JULIE NGUYEN	2130.03	DD	12/08/23
15915	BRIANNE J KEY	2653.37	DD	12/08/23
20012	ALEXIS LOREDO	1006.74	DD	12/08/23
20112	YULMA PATRICA RODRIGUEZ	944.58	DD	12/08/23
20156	ERIN ASHLEY WISDOM	3029.94	DD	12/08/23
20168	JOSHUA PEPPERS	753.66	DD	12/08/23
20178	AMY GARCIA	3416.15	DD	12/08/23
20184	MELISSA ZAMORANO	677.92	DD	12/08/23
20206	KELLI B GOFF	1784.84	DD	12/08/23
20207	SHAWNA G HARTL, MLT	2608.87	DD	12/08/23
20243	MELANIE CORTEZ	2892.42	DD	12/08/23
20272	ANGELA YEAGER	2688.02	DD	12/08/23
20294	JESSICA D WALTHER	883.51	DD	12/08/23
20324	PATRICIA STRIBBLEY	2252.95	DD	12/08/23
20343	SAVANNAH N SOCARRAS	786.83	DD	12/08/23
20456	SAYDI A ST CLAIR	679.42	DD	12/08/23
20484	BRIANNA S PASSMORE	561.14	DD	12/08/23
20759	JAMIE SADLER	576.97	DD	12/08/23
20788	JAYLIN RAMIREZ	509.67	DD	12/08/23
20797	BETHANN M DIGGS	2133.14	DD	12/08/23

Run Date: 12/04/23
Time: 10:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/17/23--11/30/23 Run: 1
Type=NET 1000001 OPERATING - PROSPERITY

Page 3
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
20977	CHERYL L TESCH	2156.68	DD	12/08/23
20980	SAVANA LENTO	616.23	DD	12/08/23
21450	DIANA E LEAL	1578.96	DD	12/08/23
21629	JACOBY R CRAWFORD	1628.59	DD	12/08/23
22618	HEATHER L LOPEZ	378.60	DD	12/08/23
28034	KRISTINA A BUENGER	564.85	DD	12/08/23
28120	JESSICA V SELVERA	1113.43	DD	12/08/23
29199	KELLY A SCHOTT	2354.75	DD	12/08/23
30491	ARLEEN JUDD	459.38	DD	12/08/23
31035	STACIE L EPLEY	1651.42	DD	12/08/23
31054	LORA L LAMBDEN	955.91	DD	12/08/23
31099	ARACELY Z GARCIA	580.26	DD	12/08/23
31219	LAUREN PHILLIPS	1755.69	DD	12/08/23
31241	MONICA SALAZAR	206.86	DD	12/08/23
31251	CYNTHIA L BIAS	2123.89	DD	12/08/23
31313	KATHERINE LYNN JIMENEZ	2270.74	DD	12/08/23
31319	STACY L FARMER	1760.83	DD	12/08/23
31463	EDWARD E MATULA	3174.48	DD	12/08/23
31508	RACHEL A HEFFNER	2469.19	DD	12/08/23
31821	KAYLA M ALVAREZ	1736.63	DD	12/08/23
38118	KRYSTELLA F KISIAH	1114.44	DD	12/08/23
38188	MADELINE ANDERSON	995.87	DD	12/08/23
38428	JULIAN HEYSQUIERDO	1047.78	DD	12/08/23
41112	ANASTASIA L PEREZ	513.22	DD	12/08/23
41171	TOMMIE M TREVINO	786.04	DD	12/08/23
41219	GUADALUPE OLANDEZ	770.91	DD	12/08/23
41225	LESLIE A CRAIGEN	1085.65	DD	12/08/23
41236	PAMELA K VANNOY	1508.79	DD	12/08/23
41251	SARA YEABO	799.10	DD	12/08/23
41261	BERNICE AGUILAR	845.80	DD	12/08/23
41269	BERENICE LUGO	776.08	DD	12/08/23
41274	KAREN GANN	1003.75	DD	12/08/23
41279	PAMELA R HARMON	776.34	DD	12/08/23
41347	ADRIANNA D STRAKOS	680.75	DD	12/08/23
41418	ANGEL M CASSEL	882.97	DD	12/08/23
41426	TASHA NORMAN	3504.70	DD	12/08/23
41506	JOSEFAT LUGO TORRES	799.08	DD	12/08/23
41612	SONJA A GUAJARDO	886.40	DD	12/08/23
41617	JACQUELINE M MARTINEZ	922.34	DD	12/08/23
41896	RENAE MICHELLE EMERY	672.42	DD	12/08/23
41897	ROXANNA MUNOZ	878.85	DD	12/08/23
41901	JUANITA R MILLER	1207.72	DD	12/08/23
41953	KAYLENN TREVINO	556.47	DD	12/08/23
42106	CHRISTY SILVAS	1016.84	DD	12/08/23
42112	SOCORRO C GONZALES	947.72	DD	12/08/23
42122	LEI ANA CHAVANA	1731.35	DD	12/08/23
42125	LUCY CALZADA	876.90	DD	12/08/23
42304	MIMI T NGUYEN	2261.17	DD	12/08/23
42536	MARIAH A SOCARRAS	703.51	DD	12/08/23
42820	MARIA D CHAVEZ	986.17	DD	12/08/23
42842	SHANNA S O DONNELL	3283.75	DD	12/08/23
48680	JESSICA BUSH	2.14	DD	12/08/23
50018	MICHELLE M MORALES	1443.12	DD	12/08/23
50148	PENNY GOULDEN	3382.78	DD	12/08/23

Run Date: 12/04/23
Time: 10:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/17/23--11/30/23 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
50161	BRITTNEY MICHELLE ZAMORA	1322.47	DD	12/08/23
50250	SUMMER E NICHOLSON	705.25	DD	12/08/23
50282	JACOB W HAMILTON, PT, DPT	2621.07	DD	12/08/23
50310	JASMINE GRIGSBY	847.95	DD	12/08/23
50546	MELANIE K SAMAYOA	2121.48	DD	12/08/23
50573	DEANA R DAVIS	1588.68	DD	12/08/23
50596	BETTY S DAVIS	1974.65	DD	12/08/23
50719	DEBRA K MUSTERED	2261.52	DD	12/08/23
50928	ADINA RODRIGUEZ	701.05	DD	12/08/23
53541	JACLYN B HARTL	1623.40	DD	12/08/23
54024	MONICA A ESCALANTE	1147.48	DD	12/08/23
55025	LEA C RESENDEZ	1378.81	DD	12/08/23
55026	IRENE B PEREZ	817.58	DD	12/08/23
55127	APRIL N KUBALA	2359.51	DD	12/08/23
55371	BLANCA HERNANDEZ	601.86	DD	12/08/23
55382	SHANNON JACILDO	447.80	DD	12/08/23
55658	LAJUAN WILKE	812.82	DD	12/08/23
58115	BECKY MARIE SALINAS	375.47	DD	12/08/23
58510	RITA L POLENSKY	888.70	DD	12/08/23
60112	ROBERT A RODRIQUEZ	1987.46	DD	12/08/23
60131	NORA OVALLE	515.63	DD	12/08/23
60156	DANIELLE M KALISEK	1054.14	DD	12/08/23
60165	TERESA A BENITEZ	1708.32	DD	12/08/23
60587	NANCI S GARCIA	435.74	DD	12/08/23
60589	JASON J LOYA	1292.34	DD	12/08/23
60616	DOROTHY A LONGORIA	1751.73	DD	12/08/23
62322	ALAN KNIGHT	1518.89	DD	12/08/23
63124	SANJUAN M GARCIA	1108.17	DD	12/08/23
63193	MICHAEL SOCARRAS	1168.24	DD	12/08/23
63458	VIRGINIA C BERNARDINO	946.85	DD	12/08/23
65100	FELICITA BONUZ	700.22	DD	12/08/23
65125	MARTHA CUMPEAN	871.91	DD	12/08/23
65127	VERONICA ORTIZ	722.51	DD	12/08/23
65136	TINA KORANEK	1088.04	DD	12/08/23
65148	MARTA INIGUEZ	757.16	DD	12/08/23
65151	ELIA OLACHIA	1064.02	DD	12/08/23
65189	ELVIRA SANCHEZ	771.76	DD	12/08/23
65205	JUANA SANTILLAN	748.96	DD	12/08/23
65213	LEE SIMERLY	1159.43	DD	12/08/23
65269	NATALIE BAREFIELD	944.86	DD	12/08/23
65315	ELVA RODRIGUEZ	812.54	DD	12/08/23
65393	RAMONA A PEREZ	1199.60	DD	12/08/23
65453	AMALIA L FLORES	1347.94	DD	12/08/23
65463	MARIA I VELOZ	777.27	DD	12/08/23
65486	ROSA RODRIGUEZ	1000.26	DD	12/08/23
65513	MARIA MORALES	1041.18	DD	12/08/23
65705	DOMITILA HERRERA	997.82	DD	12/08/23
65715	MARIA R GOMEZ	934.35	DD	12/08/23
65865	MARIA F LEDEZMA	794.31	DD	12/08/23
68568	CHRISTOPHER RUTHERFORD	2156.87	DD	12/08/23
68792	NAZARIO DIAZ HERNANDEZ	2116.01	DD	12/08/23
70119	SARA N BLEDSOE	2423.53	DD	12/08/23
72727	CHRISANDRA LYNN KOVAREK	34.14	DD	12/08/23
73749	GLORIA N REID	2444.59	DD	12/08/23

Run Date: 12/04/23
Time: 10:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 11/17/23--11/30/23 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
74159	CAROL VILLARREAL	1288.20	DD	12/08/23
75190	RIKA MILLER	1988.55	DD	12/08/23
76003	IRMA DELEON	693.92	DD	12/08/23
76115	JENNIFER R CARLOCK	752.36	DD	12/08/23
76120	RACHEL CANALES	1256.90	DD	12/08/23
76138	KAREN D GARCIA	693.88	DD	12/08/23
76210	ZOE VILLARREAL	797.52	DD	12/08/23
76300	AIDA JIMENEZ	1238.97	DD	12/08/23
76313	PAMELA L BARTON	821.75	DD	12/08/23
76403	KATRINA A POKLUDA	1255.38	DD	12/08/23
76647	CHERYL A SEE	1053.48	DD	12/08/23
76706	GREGORY E MORALES	768.17	DD	12/08/23
76854	MARY PATTERSON	945.35	DD	12/08/23
76985	VANESSA TRISTAN	453.22	DD	12/08/23
77646	FAREN A GONZALES	1086.75	DD	12/08/23
78020	MISTY R PASSMORE	1646.17	DD	12/08/23
78058	KYANN J POWER	427.44	DD	12/08/23
78072	DONNA M RAWLINGS	1370.67	DD	12/08/23
78128	ALEXA QUINTANILLA	833.41	DD	12/08/23
78287	MARISSA D ALMANZAR	2245.46	DD	12/08/23
78336	JESSICA L GLOVER	1910.88	DD	12/08/23
78566	MELISSA K GEE	514.84	DD	12/08/23
78764	ASHLEY D HADLEY	1856.96	DD	12/08/23
78781	KRISTEN R MACHICEK	2285.32	DD	12/08/23
78787	FARAH I JANAX	2905.38	DD	12/08/23
78897	DAYLE J ROBINSON	651.20	DD	12/08/23
80008	ADAM D BESIO	2646.20	DD	12/08/23
80141	JEANNIE ORTA	1749.34	DD	12/08/23
80928	BRYAN HOBGOOD	1692.76	DD	12/08/23
82227	CAITLIN A CLEVINGER	1161.22	DD	12/08/23
86482	MEGAN M HARPER	811.29	DD	12/08/23
86576	ELSA HERRERA	802.27	DD	12/08/23
88125	LISA M TREVINO	1123.92	DD	12/08/23
88148	MICHELLE CUMBERLAND	1613.67	DD	12/08/23
88321	ANDREW DE LOS SANTOS	2651.53	DD	12/08/23
88435	JOE GARCIA	1668.45	DD	12/08/23
90320	ROSHANDA S THOMAS	6407.88	DD	12/08/23
90929	STEVE BROCK	4949.10	DD	12/08/23
93231	ANDRIE M FLORES	1865.77	DD	12/08/23
98756	ADRIANNA M GALVAN	1613.01	DD	12/08/23

381341.68

Memorial Medical Center
Transfer Request

Amount: 5,199.77 ✓✓

From Account: Operating- *4357

To Account: US BANCORP FSA/HRA/DC ACCT ACCT

APPROVED ON

DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Number: 158300195894

Routing Number: 122235821

Explanation:

Invoice numbers: 5882978, 5864377, 5844669, 5813052
✓ ✓ ✓ ✓

Requested by: Caitlin Clevenger

Date: 12/4/2023

Authorized by: Andrew DeLeon Santos

Date: 12/4/23

HealthEquity® WageWorks

INVOICE

To: Memorial Medical Center ✓
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
 FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH
 Credit or Wire payment.

Log on to our employer website to view detailed invoice
 reports: employer.wageworks.com

Account #	Invoice Date
2052366	11/27/2023
PO #	DUE DATE
	02/26/2024
Invoice #	AMOUNT DUE
INV5882978	\$630.20

Description	Plan Code	Amount
Visa Card Payments - HCFA 2023	HCFA2023	630.20

A.D.
 12/4/23

Total Amount Due

\$630.20 ✓

HealthEquity[®] WageWorks

INVOICE

To: Memorial Medical Center ✓
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
 FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	11/20/2023
PO #	DUE DATE
	02/19/2024
Invoice #	AMOUNT DUE
INV5864377	\$2,792.53

Description	Plan Code	Amount
PMB Payments - DCFSA 2023	DCFSA2023	13.36
PMB Payments - HCFSAs 2023	HCFSAs2023	2,070.00
Visa Card Payments - HCFSAs 2023	HCFSAs2023	709.17

D.D.
12/4/23

Total Amount Due

\$2,792.53 ✓

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
 FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH
 Credit or Wire payment.

Log on to our employer website to view detailed invoice
 reports: employer.wageworks.com

Account #	Invoice Date
2052366	11/13/2023
PO #	DUE DATE
	02/12/2024
Invoice #	AMOUNT DUE
INV5844669	\$422.39

Description	Plan Code	Amount
Visa Card Payments - HCFA 2023	HCFA2023	422.39

h.d.
 12/14/23

Total Amount Due

\$422.39

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center ✓
 PO Box 25
 Port Lavaca TX 77979

WageWorks, Inc.
 4609 Regent Blvd.
 Irving, TX 75063
 214.596.6900

Remit: Via Wire or ACH Credit to US BANCORP
 FSA/HRA/DC Acct #: 158300195894 Routing #: 122235821

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	11/06/2023
PO #	DUE DATE
	02/05/2024
Invoice #	AMOUNT DUE
INV5813052	\$1,354.65

Description	Plan Code	Amount
PMB Payments - DCFSA 2023	DCFSA2023	216.64
Repayments - HCFSA 2023	HCFSA2023	(34.99)
PMB Payments - HCFSA 2023	HCFSA2023	148.20
PMP Payments - HCFSA 2023	HCFSA2023	301.73
Visa Card Payments - HCFSA 2023	HCFSA2023	723.07

Andrew De la Santos
 12/4/23

Total Amount Due

\$1,354.65 ✓

Wire Transfer

COUNTY OF CALHOUN TEXAS (COUNT1923)



**PROSPERITY
BANK**

Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name WAGEWORKS
Amount USD 5,199.77
Debit Account DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 12/06/2023

Originator Information

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

Beneficiary / Payee Information

Name HEALTHEQUITY
Beneficiary ID Type Account Number
Beneficiary ID
Address 1
Address 2
Address 3 13 73003
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment NOV INVOICES

Additional Information For Beneficiary 5882978, 5864377, 5844669, 5813052

Status History

Timestamp	Status	Initiator	Description
Dec 6, 2023 11:27:32 AM CST	Created	Mmckissack (MELISSA McKISSACK)	Wire Created.

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 27, 2023 - Dec 3, 2023**

Pay Plus
26-05 +
90-65 +
40-72 +
22-95 +
70-82 +

CPS

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	
12/1/2023	PAY PLUS ACHTrans 00000008328371 1010006954	- 3rd Party Payor Fee	\$ 26.05	251-19 *
12/1/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	\$ 1,228.80 *	
11/30/2023	STATE COMPTLR TEXNET 07952329/31129 2100002	RAPPS IGT Payment	\$ 25,379.56 *	<i>Harold clake</i>
11/30/2023	PAY PLUS ACHTrans 000000008173654 1010006944	- 3rd Party Payor Fee	\$ 90.65	90-02 +
11/30/2023	HARLAND CLARKE CHK ORDERS 15DZ766302212R5 91	-Deposit Book Operating	\$ 90.02	90-02 *
11/29/2023	TSYS/TRANSFIRST CR CD DEP 41399801332419 611	- Credit Card Processing Fee	\$ 150.00	<i>CC Fees</i>
11/29/2023	PAY PLUS ACHTrans 000000007730653 1010006931	- 3rd Party Payor Fee	\$ 40.72	150-00 +
11/28/2023	PAY PLUS ACHTrans 000000007577538 1010006919	- 3rd Party Payor Fee	\$ 22.95	81-14 +
11/28/2023	MCKESSON DRUG AUTO ACH ACH05761514 910000136	- 340B Drug Program Expense	\$ 2,892.44 *	
11/28/2023	DEBTMGMTSERVICES PAYMENT 0000 41036047187991	-Wage Garnishment	\$ 117.00	231-14 *
11/27/2023	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Paymen	\$ 2,563.06 **	<i>Debt Mgmt</i>
11/27/2023	TSYS/TRANSFIRST CR CD CHBK 39300982541616 61	- Credit Card Processing Fee	\$ 81.14	117-00 +
11/27/2023	PAY PLUS ACHTrans 000000007458266 1010006908	- 3rd Party Payor Fee	\$ 70.82	117-00 +
11/27/2023	IRS USATAXPYMT 270373125254359 6103601000859	- Payroll Taxes	\$ 124,911.66 **	117-00 *
			157,664.87 ✓	

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

December 4, 2023

* Approved 11-29-23 CC
** Approved 11-22-23 CC

251-19 +
90-02 +
231-14 +
117-00 +
689-35 *

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

157,664.87 +
1,228.80 -
25,379.56 -
2,892.44 -
2,563.06 -
- 124,911.66 -
689-35 =

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
			1,228.80 -
			25,379.56 -
			2,892.44 -
			2,563.06 -
			- 124,911.66 -

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

December 4, 2023

**APPROVED ON
DEC 04 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

689-35 -
689-35 -
0+00 *

RECEIVED BY THE
COUNTY AUDITOR ON

11/30/2023

NOV 30 2023

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name
11816 ASHFORD GARDENS
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112223		11/28/202	11/22/202	12/23/202			90,267.85	0.00	0.00	90,267.85 ✓

UHC SEPT Y6 Q4

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	90,267.85	0.00	0.00	90,267.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	90,267.85	0.00	0.00	90,267.85

APPROVED ON

NOV 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 201891

RECEIVED BY THE
11/30/2023 / AUDITOR ON
11:42
NOV 30 2023

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112223		11/28/202	11/22/202	12/23/202			27,070.71	0.00	0.00	27,070.71 ✓

UHC SEPT Y6 Q4

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	27,070.71	0.00	0.00	27,070.71

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27,070.71	0.00	0.00	27,070.71

APPROVED ON

NOV 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#201897

RECEIVED BY THE
COUNTY AUDITOR ON

11/30/2023

11:46

NOV 30 2023

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

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ap_open_invoice.template

CALHOUN COUNTY, TEXAS
Vendor# Vendor Name

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112223		11/30/202	11/22/202	12/23/202			42,169.61	0.00	0.00	42,169.61 ✓

UHC SEPT Y6 Q4

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	42,169.61	0.00	0.00	42,169.61

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	42,169.61	0.00	0.00	42,169.61

APPROVED ON

NOV 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 201894

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COUNTY AUDITOR ON
11/30/2023
11:39 NOV 30 2023

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Vendor# Vendor Name
11832 BROADMOOR AT CREEKSIDE PARK ✓
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112223		11/28/202	11/22/202	12/23/202			41,089.02	0.00	0.00	41,089.02 ✓
	UHC SEPT Y6 Q4									
112823		11/28/202	11/28/202	12/28/202			34,538.36	0.00	0.00	34,538.36 ✓
	QIPP Y5 IGT REFUND Y5 IAR									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11832		BROADMOOR AT CREEKSIDE PARK					75,627.38	0.00	0.00	75,627.38

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	75,627.38	0.00	0.00	75,627.38

APPROVED ON

NOV 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 201893

RECEIVED BY THE
BY COUNTY AUDITOR ON
NOV 30 2023

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112223		11/28/202	11/22/202	12/23/202			34,031.20	0.00	0.00	34,031.20 ✓

UHC SEPT Y6 Q4

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	34,031.20	0.00	0.00	34,031.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34,031.20	0.00	0.00	34,031.20

APPROVED ON

NOV 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 201898

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NOV 30 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 Dt	Pay	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE ✓									
112023		11/28/202	11/20/202	12/23/202			2,527.57	0.00	0.00	2,527.57 ✓
	TRANSFER	<i>NH insurance pymt deposited into MME operating</i>								
112123A		11/28/202	11/21/202	12/23/202			1,285.45	0.00	0.00	1,285.45 ✓
	TRANSFER	<i> </i>								
112123		11/28/202	11/21/202	12/23/202			186.42	0.00	0.00	186.42 ✓
	TRANSFER	<i> </i>								
112223		11/28/202	11/22/202	12/23/202			62,656.96	0.00	0.00	62,656.96 ✓
	UHC SEPT Y6 Q4									
112823		11/28/202	11/28/202	12/28/202			21,811.73	0.00	0.00	21,811.73 ✓
	QIP Y5 IGT REFUND Y5 IAR									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11836 GOLDENCREEK HEALTHCARE							88,468.13	0.00	0.00	88,468.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	88,468.13	0.00	0.00	88,468.13

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NOV 30 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#201895

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11:41
NOV 30 2023

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112223		11/28/202	11/22/202	12/23/202			40,869.63	0.00	0.00	40,869.63 ✓

UHC SEPT Y6 Q4

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA	40,869.63	0.00	0.00	40,869.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,869.63	0.00	0.00	40,869.63

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 201894

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11:43

NOV 30 2023

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name
CALHOUN COUNTY, TEXAS

13004 TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112223		11/28/202	11/22/202	12/23/202			50,989.63	0.00	0.00	50,989.63 ✓

UHC SEPT Y6 Q4

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	50,989.63	0.00	0.00	50,989.63

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	50,989.63	0.00	0.00	50,989.63

APPROVED ON

NOV 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 201899

RECEIVED BY THE
COUNTY AUDITOR ON

11/30/2023

11:40

NOV 30 2023

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name
12792 BETHANY SENIOR LIVING

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111723		11/28/202	11/17/202	12/23/202			139.66	0.00	0.00	139.66 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>								
112223		11/28/202	11/22/202	12/23/202			36,695.08	0.00	0.00	36,695.08 ✓
	UHC SEPT Y6 Q4									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	36,834.74	0.00	0.00	36,834.74

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	36,834.74	0.00	0.00	36,834.74

APPROVED ON

NOV 30 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#201892

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RUN DATE:12/05/23
 TIME:08:53

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 12/06/23 THRU 12/06/23

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	201839	12/06/23	499.00	3WON, LLC
A/P	201840	12/06/23	354.98	AIRGAS USA, LLC - CENTRAL DIV
A/P	201841	12/06/23	973.24	ALIMED INC.
A/P	201842	12/06/23	5,953.50	AYA HEALTHCARE INC
A/P	201843	12/06/23	594.00	AZALEA HEALTH
A/P	201844	12/06/23	1,380.10	BAYER HEALTHCARE
A/P	201845	12/06/23	1,935.15	BECKMAN COULTER INC
A/P	201846	12/06/23	20,726.69	BIOMERIEUX, INC
A/P	201847	12/06/23	230,654.99	BLUE CROSS BLUE SHIELD
A/P	201848	12/06/23	32.71	CALHOUN COUNTY
A/P	201849	12/06/23	3,080.00	CALHOUN COUNTY EMS
A/P	201850	12/06/23	86.94	CAREFUSION 2200, INC
A/P	201851	12/06/23	81.76	CDW GOVERNMENT, INC.
A/P	201852	12/06/23	6,502.38	CITY OF PORT LAVACA
A/P	201853	12/06/23	13,831.61	CLINICAL PATHOLOGY LABS
A/P	201854	12/06/23	31,250.00	COASTAL OFFICE SOLUTIONS
A/P	201855	12/06/23	2,318.70	CORROHEALTH, INC.
A/P	201856	12/06/23	549.80	DEWITT POTH & SON
A/P	201857	12/06/23	1,593.52	EITAN GROUP NORTH AMERICA, INC
A/P	201858	12/06/23	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	201859	12/06/23	1,895.00	EVERGREEN MEDICAL SERVICES
A/P	201860	12/06/23	2,327.50	FAVORITE HEALTHCARE STAFFING
A/P	201861	12/06/23	157.67	FILTER TECHNOLOGY CO, INC
A/P	201862	12/06/23	3,115.65	FISHER HEALTHCARE
A/P	201863	12/06/23	56.40	FRONTIER
A/P	201864	12/06/23	7,908.33	FUJI FILM
A/P	201865	12/06/23	2,434.46	FUSION CLOUD SERVICES, LLC
A/P	201866	12/06/23	606.48	GRAINGER
A/P	201867	12/06/23	972.32	GULF COAST PAPER COMPANY
A/P	201868	12/06/23	208.71	HENRY SCHEIN INC.
A/P	201869	12/06/23	751.75	HILL-ROM COMPANY, INC
A/P	201870	12/06/23	3,414.00	HOLOGIC INC
A/P	201871	12/06/23	1,693.00	MEDICAL AIR SERVICES ASSOC.
A/P	201872	12/06/23	.00	VOIDED
A/P	201873	12/06/23	42,761.51	MEDLINE INDUSTRIES INC
A/P	201874	12/06/23	.00	VOIDED
A/P	201875	12/06/23	7,962.05	MORRIS & DICKSON CO, LLC
A/P	201876	12/06/23	355.88	NACOGDOCHES TRANSCRIPTION
A/P	201877	12/06/23	201.88	OLYMPUS AMERICA INC
A/P	201878	12/06/23	752.16	ORTHO CLINICAL DIAGNOSTICS
A/P	201879	12/06/23	1,309.93	QIAGEN INC
A/P	201880	12/06/23	802.85	SAM'S CLUB DIRECT
A/P	201881	12/06/23	425.00	SAN ANTONIO ENA
A/P	201882	12/06/23	2,375.92	SIEMENS MEDICAL SOLUTIONS INC
A/P	201883	12/06/23	350.00	SOUTHEAST TEXAS HEALTH SYS
A/P	201884	12/06/23	454.18	SPARKLIGHT
A/P	201885	12/06/23	11,147.81	SUN LIFE FINANCIAL
A/P	201886	12/06/23	4,125.00	TEXAS SELECT STAFFING, LLC
A/P	201887	12/06/23	1,051.73	TRI-ANIM HEALTH SERVICES INC
A/P	201888	12/06/23	9,154.92	UNIFIRST HOLDINGS INC

RUN DATE:12/05/23
TIME:08:53

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/06/23 THRU 12/06/23

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	201889	12/06/23	118.86	VYAIR MEDICAL, INC
A/P	201890	12/06/23	895.00	WEST COAST MEDICAL RESOURCES
A/P	201891	12/06/23	90,267.85	ASHFORD GARDENS
A/P	201892	12/06/23	36,834.74	BETHANY SENIOR LIVING
A/P	201893	12/06/23	75,627.38	BROADMOOR AT CREEKSIDE PARK
A/P	201894	12/06/23	42,169.61	FORTBEND HEALTHCARE CENTER
A/P	201895	12/06/23	88,468.13	GOLDENCREEK HEALTHCARE
A/P	201896	12/06/23	40,869.63	GULF POINTE PLAZA
A/P	201897	12/06/23	27,070.71	SOLERA WEST HOUSTON
A/P	201898	12/06/23	34,031.20	THE CRESCENT
A/P	201899	12/06/23	50,989.63	TUSCANY VILLAGE
TOTALS:			958,576.40	

0 • C

Payables 472,247.52 +
NH Transfers 486,328.88 +
958,576.40 *

APPROVED ON

DEC 06 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/4/2023

Nursing Home	Account	Previous				Today's	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		
Ashford Gardens		116,087.07	115,804.70	125,141.27		125,423.64	122,305.97
					Bank Balance	125,423.64	
					Variance	-	
					Leave in Balance	100.00	
<i>Routing Information for Ashford Gardens:</i>							
					Molina YR7 September QIPP	914.85	
					Amerigroup YR7 September QIPP	1,761.33	
					October Interest	182.37	
					November Interest	159.12	
					Adjust Balance/Transfer Amt	122,805.97	
Broadmoor		153,274.71	153,018.07	124,549.04		124,805.68	123,415.41
					Bank Balance	124,805.68	
					Variance	-	
					Leave in Balance	100.00	
					Molina YR7 September QIPP	339.15	
					Amerigroup YR7 September QIPP	652.95	
					October Interest	156.64	
					November Interest	141.53	
					Adjust Balance/Transfer Amt	123,415.41	
Crescent		246,903.54	246,512.76	110,525.66		110,916.44	97,096.29
					Bank Balance	110,916.44	
					Variance	-	
					Leave in Balance	100.00	
					Molina YR7 September QIPP	253.65	
					Amerigroup YR7 September QIPP	488.34	
					Claims payment owed to Tuscany	12,422.00	
					October Interest	290.78	
					November Interest	265.38	
					Adjust Balance/Transfer Amt	97,096.29	
Fort Bend		185,402.75	185,218.27	49,995.61		50,180.09	49,060.57
					Bank Balance	50,180.09	
					Variance	-	
					Leave in Balance	100.00	
					Molina YR7 September QIPP	285.00	
					Amerigroup YR7 September QIPP	548.70	
					October Interest	84.48	
					November Interest	101.34	
					Adjust Balance/Transfer Amt	49,060.57	
Sojers at W Houston		232,416.92	232,088.80	106,811.69		107,139.81	105,835.92
					Bank Balance	107,139.81	
					Variance	-	
					Leave in Balance	100.00	
					Molina YR7 September QIPP	273.60	
					Amerigroup YR7 September QIPP	516.75	
					October Interest	228.12	
					November Interest	175.42	
					Adjust Balance/Transfer Amt	105,835.92	

122,305.97 +
 123,415.41 + /Broadmoor
 97,096.29 +
 49,060.57 +
 105,835.92 +
 497,714.16 *
 omc.
 to open account

TOTAL TRANSFERS 497,714.16
 Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 12/4/2023

APPROVED ON
 DEC 04 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
12/1/2023 1222	32,764.41							
11/30/2023 Added to Account		159.12						159.12
11/30/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	83,040.29							
11/30/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		47.95						47.95
11/30/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		4,399.88						4,399.88
11/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000262674		24,655.61						24,655.61
11/28/2023 MANAGEANDNET1718 MNS PMNT 0000000000093 41		576.00						576.00
11/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000217693		664.63						664.63
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		20,239.49						20,239.49
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		41,948.57						41,948.57
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,638.30						6,638.30
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		13,174.59						13,174.59
11/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000263367		347.02						347.02
11/27/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,413.74						3,413.74
11/27/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		8,876.37						8,876.37
	115,804.70	125,141.27						125,141.27

Brazosford	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
12/1/2023 257	12,116.44							
12/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000246556		2,950.10						2,950.10
12/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000247256		1,708.70						1,708.70
12/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000246556		105.71						105.71
12/1/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384		4,235.62						4,235.62
11/30/2023 Added to Account		141.53						141.53
11/30/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	140,901.63							
11/30/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,512.39						7,512.39
11/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000262674		4,674.44						4,674.44
11/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000262674		24,427.43						24,427.43
11/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000217693		558.58						558.58
11/28/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384		8,000.00						8,000.00
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		11,856.03						11,856.03
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		24,872.29						24,872.29
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,659.84						5,659.84
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		103.84						103.84
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,754.20						3,754.20
11/28/2023 NOVITAS SOLUTION HCCLAIMPMT 676357 420000150		7,436.64						7,436.64
11/28/2023 HUMANA INS CO HCCLAIMPMT 35542079 8300005865		751.81						751.81
11/28/2023 HUMANA CHA DISB HCCLAIMPMT 35756940 42000013		2,370.00						2,370.00
11/27/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384		2,700.00						2,700.00
11/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000263367		25.05						25.05
11/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000263367		118.57						118.57
11/27/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,482.52						2,482.52
11/27/2023 NOVITAS SOLUTION HCCLAIMPMT 676357 420000120		8,103.75						8,103.75
	153,018.07	124,549.04						124,549.04

Crescent	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
12/1/2023 313	9,031.75							
12/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000246556		60.77						60.77
12/1/2023 DEVOTED HEALTH P HCCLAIMPMT 2100002532986		8,100.00						8,100.00
11/30/2023 Added to Account		265.38						265.38
11/30/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	237,481.01							
11/30/2023 Deposit		4,560.00						4,560.00
11/30/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384		4,000.00						4,000.00
11/30/2023 DEVOTED HEALTH P HCCLAIMPMT 2100002074472		10,701.01						10,701.01
11/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000262674		7,603.15						7,603.15
11/29/2023 NOVITAS SOLUTION HCCLAIMPMT 676323 420000182		5,617.63						5,617.63
11/29/2023 DEVOTED HEALTH P HCCLAIMPMT 21000026646747		2,700.00						2,700.00
11/29/2023 DEVOTED HEALTH P HCCLAIMPMT 21000026646747		12,422.00						12,422.00
11/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000217693		28.39						28.39
11/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000216196		3,616.57						3,616.57
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		13,938.15						13,938.15
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,125.04						12,125.04
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,982.90						2,982.90
11/28/2023 NOVITAS SOLUTION HCCLAIMPMT 676323 420000150		834.26						834.26
11/28/2023 HUMANA CHA DISB HCCLAIMPMT 35753448 42000013		4,185.00						4,185.00
11/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000263367		71.81						71.81
11/27/2023 NOVITAS SOLUTION HCCLAIMPMT 676323 420000120		1,413.60						1,413.60
11/27/2023 DEVOTED HEALTH P HCCLAIMPMT 21000024406602		7,650.00						7,650.00
11/27/2023 DEVOTED HEALTH P HCCLAIMPMT 21000024406604		7,650.00						7,650.00
	246,512.76	110,525.66						110,525.66

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
12/1/2023 229	10,226.72							
12/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000246556		4,526.11						4,526.11
11/30/2023 Added to Account		101.34						101.34
11/30/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	88,088.86							
11/30/2023 MANAGEANDNET1718 MNS PMNT 00000000004294 41		70.20						70.20
11/30/2023 NOVITAS SOLUTION HCCLAIMPMT 675663 420000128		599.71						599.71
11/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000262674		1,381.20						1,381.20
11/28/2023 226	86,902.69							
11/28/2023 MANAGEANDNET1718 MNS PMNT 00000000004294 41		5,535.50						5,535.50
11/28/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384		3,870.00						3,870.00
11/28/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		27,021.56						27,021.56
11/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000263367		50.10						50.10
11/27/2023 NOVITAS SOLUTION HCCLAIMPMT 675663 420000120		6,839.89						6,839.89
	185,218.27	49,995.61						49,995.61

Solara at West Houston	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
12/1/2023 1283	9,809.87							
12/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000247256		2,528.90						2,528.90
12/1/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,451.84						1,451.84
12/1/2023 HUMANA INS CO HCCLAIMPMT 35967394 8300005283		790.00						790.00
12/1/2023 HUMANA CHA DISB HCCLAIMPMT 36076261 42000014		4,345.00						4,345.00
11/30/2023 Added to Account		175.42						175.42
11/30/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	222,278.93							
11/30/2023 MANAGEANDNET1718 MNS PMNT 00000000002482 41		7,448.00						7,448.00

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DDA (15) | **Prior Day Balance: \$6,509,046.49** | **Collected Balance: \$6,565,398.81** | **Available Balance: \$4,623,815.16** | **Current Balance: \$6,565,398.81**

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,451,830.76	\$1,477,668.82	\$3,451,830.76	\$3,353,542.78
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$540.48	\$540.48	\$540.48	\$540.48
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARIN	\$435.11	\$435.11	\$435.11	\$435.11
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ✓	\$125,423.64 ✓	\$125,751.94 ✓	\$125,423.64 ✓	\$158,188.05
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ✓	\$124,805.68 ✓	\$126,626.89 ✓	\$124,805.68 ✓	\$127,921.99
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ✓	\$110,916.44 ✓	\$123,766.84 ✓	\$110,916.44 ✓	\$111,787.42
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ✓	\$107,139.81 ✓	\$111,862.05 ✓	\$107,139.81 ✓	\$107,833.94
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ✓	\$50,180.09 ✓	\$50,180.09 ✓	\$50,180.09 ✓	\$55,680.70
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$31,736.21	\$39,161.51	\$31,736.21	\$26,776.21
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$9,497.69	\$10,500.01	\$9,497.69	\$5,483.99
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$15,033.72	\$16,466.72	\$15,033.72	\$11,142.13
MMC -NH BETHANY SENIOR LIVING *5506	\$209,119.17	\$209,119.17	\$209,119.17	\$207,531.49
MMC -NH TUSCANY VILLAGE *3407	\$228,661.23	\$231,656.75	\$228,661.23	\$241,903.42
MMC -BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78

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		157,623.18	157,339.68	31,452.71		31,736.21	31,319.11
						Bank Balance Variance	
						31,736.21	
						Leave in Balance	100.00
						October Interest	183.50
						November Interest	133.60
						Adjust Balance/Transfer Amt	31,319.11

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

12/4/2023

APPROVED ON
 DEC 04 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek ✓

12/1/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001389
 11/30/2023 Added to Account
 11/30/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 11/30/2023 Deposit
 11/29/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 11/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000263066
 11/29/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000182
 11/27/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 11/27/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000120

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP T1	
-	4,960.00				4,960.00	1,984.00	2,976.00
-	133.60						133.60
157,339.68	-						-
-	6,130.57						6,130.57
-	12,055.90						12,055.90
-	441.04						441.04
-	2,725.45						2,725.45
-	1,274.00						1,274.00
-	3,732.15						3,732.15
157,339.68	31,452.71	-	-	-	4,960.00	1,984.00	29,468.71

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DDA (15)	Prior Day Balance	Collected Balance	Available Balance	Current Balance
	\$6,509,046.49	\$6,565,398.81	\$4,623,815.16	\$6,565,398.81

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,451,830.76	\$1,477,568.82	\$3,451,830.76	\$3,353,542.78
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$540.48	\$540.48	\$540.48	\$540.48
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARIN	\$435.11	\$435.11	\$435.11	\$435.11
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$125,423.64	\$125,751.94	\$125,423.64	\$158,188.05
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$124,805.68	\$126,626.89	\$124,805.68	\$127,921.99
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$110,916.44	\$123,766.84	\$110,916.44	\$111,787.42
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$107,139.81	\$111,862.05	\$107,139.81	\$107,833.94
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$50,180.09	\$50,180.09	\$50,180.09	\$55,680.70
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$31,736.21	\$39,161.51	\$31,736.21	\$26,776.21
MMC-NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$9,497.69	\$10,500.01	\$9,497.69	\$5,483.99
MMC-NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$15,033.72	\$16,466.72	\$15,033.72	\$11,142.13
MMC-NH BETHANY SENIOR LIVING *5506	\$209,119.17	\$209,119.17	\$209,119.17	\$207,531.49
MMC-NH TUSCANY VILLAGE *3407	\$228,661.23	\$231,656.75	\$228,661.23	\$241,903.42
MMC-BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC-MONEY MARKET FUND *2998	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 12/4/2023

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza - Private Pay		850.80		8,646.89			9,497.69	9,397.59
						Bank Balance	9,497.69	
						Variance		
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 9,397.59

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza - Medicare/Medicaid		71,365.10	71,265.10	14,933.72			15,033.72	14,933.72
						Bank Balance	15,033.72	
						Variance		
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 14,933.72

TOTAL TRANSFERS 24,331.41

Routine Information for Gulf Pointe Plaza:

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

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 12/4/2023

APPROVED ON
DEC 04 2023
BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

Gulf Points Plaza-Private Pay ✓

12/1/2023 HUMANA CHA DISB HCCLAIMPMT 36073543 42000014
 11/30/2023 Added to Account
 11/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000262796
 11/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000262796

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp		QIPP/Comp4		QIPP TI	
		QIPP/Comp1	2	QIPP/Comp3	&Lapse		
-	4,013.70	-	-	-	-	4,013.70	
-	5.49	-	-	-	-	5.49	
-	79.10	-	-	-	-	79.10	
-	4,548.60	-	-	-	-	4,548.60	
-	8,646.89	-	-	-	-	8,646.89	

Gulf Points Plaza-Medicare/Medicaid ✓

12/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000246556
 11/30/2023 Added to Account
 11/30/2023 WIRE OUT HMG Rockport SNF, LP - Commerical
 11/30/2023 Deposit
 11/30/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 11/29/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 11/28/2023 WPS-TMEP CONTRAC HCCLAIMPMT 2501116021 21000
 11/27/2023 NORIDIAN J3A HCCLAIMPMT 675892 4200001821536

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp		QIPP/Comp4		QIPP TI	
		QIPP/Comp1	2	QIPP/Comp3	&Lapse		
-	3,891.59	-	-	-	-	3,891.59	
-	65.22	-	-	-	-	65.22	
71,265.10	-	-	-	-	-	-	
-	576.91	-	-	-	-	576.91	
-	2,718.99	-	-	-	-	2,718.99	
-	25.04	-	-	-	-	25.04	
-	112.42	-	-	-	-	112.42	
-	7,543.55	-	-	-	-	7,543.55	
71,265.10	14,933.72	-	-	-	-	14,933.72	
71,265.10	23,580.61	-	-	-	-	23,580.61	

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DDA (15) | Prior Day Balance: \$6,509,046.49 | Collected Balance: \$6,565,398.81 | Available Balance: \$4,623,815.16 | Current Balance: \$6,565,398.81

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,451,830.76	\$1,477,558.82	\$3,451,830.76	\$3,353,542.78
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$540.48	\$540.48	\$540.48	\$540.48
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARIN	\$435.11	\$435.11	\$435.11	\$435.11
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$125,423.64	\$125,751.94	\$125,423.64	\$158,188.05
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$124,805.68	\$126,526.69	\$124,805.68	\$127,921.99
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$110,916.44	\$123,766.84	\$110,916.44	\$111,787.42
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$107,139.81	\$111,862.05	\$107,139.81	\$107,633.94
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$50,180.09	\$50,180.09	\$50,180.09	\$55,880.70
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$31,736.21	\$39,161.51	\$31,736.21	\$26,776.21
MMC-NH GULF POINTE PLAZA - PRIVATE PAY *5433 ✓	\$9,497.69 ✓	\$10,500.01 ✓	\$9,497.69	\$5,483.99
MMC-NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ✓	\$15,033.72 ✓	\$16,466.72 ✓	\$15,033.72	\$11,142.13
MMC-NH BETHANY SENIOR LIVING *5506	\$209,119.17	\$209,119.17	\$209,119.17	\$207,531.49
MMC-NH TUSCANY VILLAGE *3407	\$228,661.23	\$231,656.75	\$228,661.23	\$241,903.42
MMC - BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 12/4/2023

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		127,341.82	126,958.80	228,278.21			228,661.23	225,921.18
						Bank Balance Variance	228,661.23	
						Leave in Balance	100.00	
						Molina YR7 September QPPP	902.50	
						Amerigroup YR7 September QPPP	1,737.55	

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

Adjust Balance/Transfer Amt 225,921.18
 Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 12/4/2023

APPROVED ON

DEC 04 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

MMC PORTION

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	
12/1/2023	19369.63 ✓	0	-	-	-	-	-
12/1/2023 HNB - ECHO HCCLAIMPMT 746003411 440000246556	0	3873.36	-	-	-	-	3,873.36
12/1/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000172	0	2254.08	-	-	-	-	2,254.08
11/30/2023 Added to Account	0	157.14 ✓	-	-	-	-	157.14
11/30/2023 WIRE OUT LINBAR ENTERPRISES, LLC	107589.17 ✓	0	-	-	-	-	-
11/29/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000182	-	3,211.25	-	-	-	-	3,211.25
11/28/2023 HNB - ECHO HCCLAIMPMT 746003411 440000216018	0	3295.41	-	-	-	-	3,295.41
11/28/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000150	0	203168.09	-	-	-	-	203,168.09
11/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000263367	0	7369.38	-	-	-	-	7,369.38
11/27/2023 HNB - ECHO HCCLAIMPMT 746003411 440000262796	0	4949.5	-	-	-	-	4,949.50
	126,958.80 ✓	228,278.21 ✓	-	-	-	-	228,278.21 ✓

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DDA (15)	Prior Day Balance	Collected Balance	Available Balance	Current Balance
	\$6,509,046.49	\$6,565,398.81	\$4,623,815.16	\$6,565,398.81

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,451,830.76	\$1,477,668.62	\$3,451,830.76	\$3,353,542.78
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$540.48	\$540.48	\$540.48	\$540.48
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARIN	\$435.11	\$435.11	\$435.11	\$435.11
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$125,423.64	\$125,751.94	\$125,423.64	\$158,188.05
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$124,805.68	\$126,626.89	\$124,805.68	\$127,921.99
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$110,916.44	\$123,766.84	\$110,916.44	\$111,787.42
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$107,139.81	\$111,862.05	\$107,139.81	\$107,633.94
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$50,180.09	\$50,180.09	\$50,180.09	\$55,880.70
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$31,736.21	\$39,161.51	\$31,736.21	\$26,776.21
MMC-NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$9,497.69	\$10,500.01	\$9,497.69	\$5,483.99
MMC-NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$15,033.72	\$16,466.72	\$15,033.72	\$11,142.13
MMC-NH BETHANY SENIOR LIVING *5506	\$209,119.17	\$209,119.17	\$209,119.17	\$207,531.49
MMC-NH TUSCANY VILLAGE *3407	\$228,661.23	\$231,656.75	\$228,661.23	\$241,903.42
MMC-BETHANY SR LIVING - DACA *3660	\$100.00	\$100.00	\$100.00	\$100.00
MMC-MONEY MARKET FUND *2998	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 12/4/2023

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		49,745.95	49,413.70	208,786.92			209,119.17	208,641.48
						Bank Balance	209,119.17	
						Variance	-	
						Leave in Balance	100.00	
						October Interest	232.25	
						November Interest	145.44	
						Adjust Balance/Transfer Amt	208,641.48	
						Approved: Andrew De Los Santos		
						ANDREW DE LOS SANTOS		12/4/2023

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
 DEC 04 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

MMC PORTION

12/1/2023 HOSPICE OF SOUTH Payments NF 113122650032154
 11/30/2023 Added to Account
 11/30/2023 WIRE OUT PORT LAVACA NH, LLC
 11/30/2023 Deposit
 11/30/2023 Deposit
 11/30/2023 Deposit
 11/30/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000128
 11/28/2023 NOVITAS SOLUTION HCCLAIMPMT 676481 420000150
 11/28/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 11/27/2023 Deposit
 11/27/2023 Deposit
 11/27/2023 Deposit

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
0	1587.68						1,587.68
0	145.44						145.44
49413.7	0						-
0	9051.74						9,051.74
0	34359.76						34,359.76
0	305.77						305.77
0	422.81						422.81
0	137109.21						137,109.21
0	3204.9						3,204.90
0	3117.37						3,117.37
0	7500						7,500.00
0	11982.24						11,982.24
49,413.70	208,786.92	-	-	-	-	-	208,786.92

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DDA (15)	Prior Day Balance	Collected Balance	Available Balance	Current Balance
	\$6,509,046.49	\$6,565,398.81	\$4,623,815.16	\$6,565,398.81

	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING *4357	\$3,451,830.76	\$1,477,568.82	\$3,451,830.76	\$3,353,542.78
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365	\$540.48	\$540.48	\$540.48	\$540.48
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARIN	\$435.11	\$435.11	\$435.11	\$435.11
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$125,423.64	\$125,751.94	\$125,423.64	\$158,188.05
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$124,805.68	\$126,626.89	\$124,805.68	\$127,921.99
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$110,916.44	\$123,766.84	\$110,916.44	\$111,787.42
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$107,139.81	\$111,862.05	\$107,139.81	\$107,833.94
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$50,180.09	\$50,180.09	\$50,180.09	\$55,880.70
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$31,736.21	\$39,161.51	\$31,736.21	\$26,776.21
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$9,497.69	\$10,500.01	\$9,497.69	\$5,483.99
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$15,033.72	\$16,466.72	\$15,033.72	\$11,142.13
MMC -NH BETHANY SENIOR LIVING *5506 ✓	\$209,119.17 ✓	\$209,119.17 ✓	\$209,119.17	\$207,521.49
MMC -NH TUSCANY VILLAGE *3407	\$228,661.23	\$231,056.75	\$228,661.23	\$241,903.42
MMC -BETHANY SR LIVING - DACA *3660 ✓	\$100.00	\$100.00	\$100.00	\$100.00
MMC -MONEY MARKET FUND *2998	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78

Ashford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

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Memorial Medical Center

Date Requested: 12/4/2023

FOR ACCT USE ONLY

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

APPROVED ON

DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 001223

AMOUNT: \$ 2,676.18 G/L NUMBER: 10255040

EXPLANATION: Component 2 portion of Amerigroup and Molina Septemeber payments owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Santos

12/4/23

	Sept Comp 2	Comp 2 portion due to MMC
Ashford ✓		
Molina	\$ 3,049.50	\$ 914.85
Amerigroup	\$ 5,871.09	\$ 1,761.33
Total due to MMC		\$ 2,676.18 ✓

Broadmoor		
Molina	\$ 1,130.50	\$ 339.15
Amerigroup	\$ 2,176.51	\$ 652.95
Total due to MMC		\$ 992.10

Crescent		
Molina	\$ 845.50	\$ 253.65
Amerigroup	\$ 1,627.81	\$ 488.34
Total due to MMC		\$ 741.99

Fort Bend		
Molina	\$ 950.00	\$ 285.00
Amerigroup	\$ 1,829.00	\$ 548.70
Total due to MMC		\$ 833.70

Solera		
Molina	\$ 912.00	\$ 273.60
Amerigroup	\$ 1,755.84	\$ 526.75
Total due to MMC		\$ 800.35

Tuscany		
Molina	\$ 1,805.00	\$ 902.50
Amerigroup	\$ 3,475.10	\$ 1,737.55
Total due to MMC		\$ 2,640.05

Broadmoor ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

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Memorial Medical Center

Date Requested: 12/4/2023

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

APPROVED ON
DEC 04 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
C.K.# 000259

AMOUNT: \$ 992.10 G/L NUMBER: 10255040

EXPLANATION: Component 2 portion of Amerigroup and Molina Septemeber payments owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Santos

12/4/23

Sept Comp 2 **Comp 2 portion
due to MMC**

Ashford

Molina	\$ 3,049.50	\$ 914.85
Amerigroup	\$ 5,871.09	\$ 1,761.33
Total due to MMC		\$ 2,676.18

Broadmoor ✓

Molina	\$ 1,130.50	\$ 339.15
Amerigroup	\$ 2,176.51	\$ 652.95
Total due to MMC		\$ 992.10 ✓

Crescent

Molina	\$ 845.50	\$ 253.65
Amerigroup	\$ 1,627.81	\$ 488.34
Total due to MMC		\$ 741.99

Fort Bend

Molina	\$ 950.00	\$ 285.00
Amerigroup	\$ 1,829.00	\$ 548.70
Total due to MMC		\$ 833.70

Solera

Molina	\$ 912.00	\$ 273.60
Amerigroup	\$ 1,755.84	\$ 526.75
Total due to MMC		\$ 800.35

Tuscany

Molina	\$ 1,805.00	\$ 902.50
Amerigroup	\$ 3,475.10	\$ 1,737.55
Total due to MMC		\$ 2,640.05

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

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Memorial Medical Center

Date Requested: 12/4/2023

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 000314

AMOUNT: \$ 741.99 ✓ G/L NUMBER: 10255040

EXPLANATION: Component 2 portion of Amerigroup and Molina Septemeber payments owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Delos Santos

12/4/23

Sept Comp 2 Comp 2 portion
 due to MMC

Ashford

Molina	\$ 3,049.50	\$ 914.85
Amerigroup	\$ 5,871.09	\$ 1,761.33
Total due to MMC		\$ 2,676.18

Broadmoor

Molina	\$ 1,130.50	\$ 339.15
Amerigroup	\$ 2,176.51	\$ 652.95
Total due to MMC		\$ 992.10

Crescent ✓

Molina	\$ 845.50	\$ 253.65
Amerigroup	\$ 1,627.81	\$ 488.34
Total due to MMC		\$ 741.99 ✓

Fort Bend

Molina	\$ 950.00	\$ 285.00
Amerigroup	\$ 1,829.00	\$ 548.70
Total due to MMC		\$ 833.70

Solera

Molina	\$ 912.00	\$ 273.60
Amerigroup	\$ 1,755.84	\$ 526.75
Total due to MMC		\$ 800.35

Tuscany

Molina	\$ 1,805.00	\$ 902.50
Amerigroup	\$ 3,475.10	\$ 1,737.55
Total due to MMC		\$ 2,640.05

Fort Bend ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 12/4/2023

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FOR ACCT USE ONLY

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

APPROVED ON

DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 000-230

AMOUNT: \$ 833.70 G/L NUMBER: 10255040

EXPLANATION: Component 2 portion of Amerigroup and Molina Septemeber payments owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Doherty

12/4/23

Sept Comp 2 **Comp 2 portion
due to MMC**

Ashford

Molina	\$ 3,049.50	\$ 914.85
Amerigroup	\$ 5,871.09	\$ 1,761.33
Total due to MMC		\$ 2,676.18

Broadmoor

Molina	\$ 1,130.50	\$ 339.15
Amerigroup	\$ 2,176.51	\$ 652.95
Total due to MMC		\$ 992.10

Crescent

Molina	\$ 845.50	\$ 253.65
Amerigroup	\$ 1,627.81	\$ 488.34
Total due to MMC		\$ 741.99

Fort Bend ✓

Molina	\$ 950.00	\$ 285.00
Amerigroup	\$ 1,829.00	\$ 548.70
Total due to MMC		\$ 833.70 ✓

Solera

Molina	\$ 912.00	\$ 273.60
Amerigroup	\$ 1,755.84	\$ 526.75
Total due to MMC		\$ 800.35

Tuscany

Molina	\$ 1,805.00	\$ 902.50
Amerigroup	\$ 3,475.10	\$ 1,737.55
Total due to MMC		\$ 2,640.05

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center
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Date Requested: 12/4/2023

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
DEC 04 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 001264

AMOUNT: \$ 800.35 ✓ G/L NUMBER: 10255040

EXPLANATION: Component 2 portion of Amerigroup and Molina Septemeber payments owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea D. Lopez Santos

12/4/23

Sept Comp 2 Comp 2 portion
 due to MMC

Ashford

Molina	\$ 3,049.50	\$ 914.85
Amerigroup	\$ 5,871.09	\$ 1,761.33
Total due to MMC		\$ 2,676.18

Broadmoor

Molina	\$ 1,130.50	\$ 339.15
Amerigroup	\$ 2,176.51	\$ 652.95
Total due to MMC		\$ 992.10

Crescent

Molina	\$ 845.50	\$ 253.65
Amerigroup	\$ 1,627.81	\$ 488.34
Total due to MMC		\$ 741.99

Fort Bend

Molina	\$ 950.00	\$ 285.00
Amerigroup	\$ 1,829.00	\$ 548.70
Total due to MMC		\$ 833.70

Solera ✓

Molina	\$ 912.00	\$ 273.60
Amerigroup	\$ 1,755.84	\$ 526.75
Total due to MMC		\$ 800.35 ✓

Tuscany

Molina	\$ 1,805.00	\$ 902.50
Amerigroup	\$ 3,475.10	\$ 1,737.55
Total due to MMC		\$ 2,640.05

Tuscany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

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Memorial Medical Center

Date Requested: 12/4/2023

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

APPROVED ON
DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 1141

AMOUNT: \$ 2,640.05 G/L NUMBER: 10255040

EXPLANATION: Component 2 portion of Amerigroup and Molina Septemeber payments owed to MMC

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLoach

12/4/23

	Sept Comp 2	Comp 2 portion due to MMC
Ashford		
Molina	\$ 3,049.50	\$ 914.85
Amerigroup	\$ 5,871.09	\$ 1,761.33
Total due to MMC		\$ 2,676.18

Broadmoor		
Molina	\$ 1,130.50	\$ 339.15
Amerigroup	\$ 2,176.51	\$ 652.95
Total due to MMC		\$ 992.10

Crescent		
Molina	\$ 845.50	\$ 253.65
Amerigroup	\$ 1,627.81	\$ 488.34
Total due to MMC		\$ 741.99

Fort Bend		
Molina	\$ 950.00	\$ 285.00
Amerigroup	\$ 1,829.00	\$ 548.70
Total due to MMC		\$ 833.70

Solera		
Molina	\$ 912.00	\$ 273.60
Amerigroup	\$ 1,755.84	\$ 526.75
Total due to MMC		\$ 800.35

Tuscany ✓		
Molina	\$ 1,805.00	\$ 902.50
Amerigroup	\$ 3,475.10	\$ 1,737.55
Total due to MMC		\$ 2,640.05 ✓

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

001223

Date 12-6-23 88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 2,676. ¹⁸/₁₀₀

Two thousand, six hundred seventy-six dollars & ¹⁸/₁₀₀

DOLLARS



PROSPERITY
BANK

County auditor

FOR Molina's Amerigroup Sept Comp 2

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

11

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

000258

Date 12-6-23 88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 992. ¹⁰/₁₀₀

Nine hundred ninety-two dollars & ¹⁰/₁₀₀

DOLLARS



PROSPERITY
BANK

County auditor

FOR Amerigroup's Molina Sept Comp 2

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

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

000314

Date 12-6-23 88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 741. ⁹⁹/₁₀₀

Seven hundred forty-one dollars & ⁹⁹/₁₀₀

DOLLARS



PROSPERITY
BANK

County auditor

FOR Amerigroup's Molina Sept Comp 2

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

MEMORIAL MEDICAL CENTER

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

000230

88-2265/1131

Date 12-6-23

PAY

TO THE
ORDER OF

MMC Operating

\$ 833. ⁷⁰/₁₀₀

Eight hundred thirty-three dollars & ⁷⁰/₁₀₀

DOLLARS



County auditor

FOR Amer. & Molina Sept Comp 2



MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001284

88-2265/1131

Date 12-6-23

PAY

TO THE
ORDER OF

MMC Operating

\$ 800. ³⁵/₁₀₀

Eight hundred dollars & ³⁵/₁₀₀

DOLLARS



County auditor

FOR Amerigroup & Molina Sept Comp 2



MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 361-663-4618
816 N VIRGINIA ST
PORT LAVACA, TX 77979

1141

88-2265/1131-87

DATE 12-6-23

PAY
TO THE
ORDER OF

MMC Operating

\$ 2640. ⁰⁵/₁₀₀

Two thousand, six hundred forty dollars & ⁰⁵/₁₀₀

DOLLARS



County auditor

FOR Amerigroup & Molina Sept Comp 2

County treasurer



QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

12/6/2023

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina YR7 Sept con	Amerigroup YR7 Sept comp 2			TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	914.85	1,761.33			2,676.18	12/6/2023
Broadmoor ✓	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	339.15	652.95			992.10	12/6/2023
Crescent ✓	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	253.65	488.34			741.99	12/6/2023
Fort Bend ✓	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	285.00	548.70			833.70	12/6/2023
Solera ✓	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	273.60	526.75			800.35	12/6/2023
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	12/6/2023
Bethany			MMC -Prosperity Operating #10000001	10255040					-	12/6/2023
Tuscany ✓			MMC -Prosperity Operating #10000001	10255040	902.50	1,737.55			2,640.05	12/6/2023
				Total:	2,968.75 ✓	5,715.62 ✓			8,684.37	12/6/2023

Note:

Approved: 
 ANDREW DE LOS SANTOS 12/4/2023

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Tuscany
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Date Requested: 12/4/2023

FOR ACCT USE ONLY

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

APPROVED ON
DEC 04 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#000315

AMOUNT: \$ 12,422.00 ✓ G/L NUMBER: 21400007

EXPLANATION: Claim payment owed to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Santos

12/4/23

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000315

Date 12-7-23

88-2265/1131

PAY
TO THE
ORDER OF

Tuscany Village

\$ 12,422 ⁰⁰/₁₀₀

Twelve thousand, four hundred twenty-two dollars;

⁰⁰/₁₀₀ DOLLARS



PROSPERITY
BANK

county auditor

FOR

Claims payment



MP
COUNTY WATERMARK
Security features are
included. Details on back

8

RUN DATE:12/07/23
TIME:11:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/06/23 THRU 12/07/23

PAGE 1
GLCKREG

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

NHF * 000230 12/06/23 833.70 MMC OPERATING
NHB * 000258 12/06/23 992.10 MMC OPERATING
NHC 000314 12/06/23 741.99 MMC OPERATING
NHC * 000315 12/07/23 12,422.00 TUSCANY
TUS * 001141 12/06/23 2,640.05 MMC OPERATING
NHA * 001223 12/06/23 2,676.18 MMC OPERATING
NHS * 001284 12/06/23 800.35 MMC OPERATING

