

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 10, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	521,272.60	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$	151,783.93	✓
TOTAL NURSING HOME UPL EXPENSES	\$	842,024.62	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$	-	
GRAND TOTAL DISBURSEMENTS APPROVED January 10, 2024	\$	1,515,081.15	✓

**APPROVED**

**JAN 10 2024**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---January 10, 2024**

**PAYABLES AND PAYROLL**

1/4/2024 Weekly Payables	312,893.45
1/8/2024 McKesson-340B Prescription Expense	3,779.10
1/8/2024 McKesson-340B Prescription Expense	897.80
1/8/2024 Amerisource Bergen-340B Prescription Expense	543.51
1/8/2024 Amerisource Bergen-340B Prescription Expense	554.23
1/8/2024 Amerisource Bergen-340B Prescription Expense	4,900.00
1/8/2024 Health Equity-Wage works employee FSA	8,504.09

**Prosperity Electronic Bank Payments**

1/3-1/5/24 Credit Card & Lease Fees	786.18
1/15/2024 TCDRS December Retirement	187,165.48
12/29/23-1/5/24 Pay Plus-Patient Claims Processing Fee	643.07
1/5/2024 ExpertPay- child support	570.69
1/2/2024 Authnet Gateway Billing-3rd Party Payor Fee	35.00

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** \$ **521,272.60**

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

1/4/2024 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	600.00
1/4/2024 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	8,120.00
1/4/2024 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	70,589.78
1/4/2024 MMC Operating to Gulf Pointe Plaza - correction of NH insurance payment deposited into MMC Operating in error	3,000.21
1/4/2024 MMC Operating to Bethany-correction of NH insurance and QIPP payment deposited into MMC Operating in error	69,473.94

**TOTAL TRANSFERS BETWEEN FUNDS** \$ **151,783.93**

**NURSING HOME UPL EXPENSES**

1/8/2024 Nursing Home UPL-Cantex Transfer	301,800.95
1/8/2024 Nursing Home UPL-Nexion Transfer	144,738.27
1/8/2024 Nursing Home UPL-HMG Transfer	6,223.99
1/8/2024 Nursing Home UPL-Tuscany Transfer	225,473.71
1/8/2024 Nursing Home UPL-HSL Transfer	160,034.95

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

1/8/2024 Ashford-Interest Earned	523.32
1/8/2024 Broadmoor-Interest Earned	462.85
1/8/2024 Crescent-Interest Earned	799.62
1/8/2024 Fort Bend-Interest Earned	263.72
1/8/2024 Solera-Interest Earned	623.56
1/8/2024 Golden Creek-Interest earned	458.19
1/8/2024 Bethany-Interest Earned	621.49

**TOTAL NURSING HOME UPL EXPENSES** \$ **842,024.62**

**TOTAL INTER-GOVERNMENT TRANSFERS**

\$ -

**GRAND TOTAL DISBURSEMENTS APPROVED January 10, 2024** \$ **1,515,081.15**

RECEIVED BY THE  
01/04/2024  
12:48  
JAN 04 2024  
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/26/2024

0  
ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

10950 ACUTE CARE INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1625 ✓		01/02/202	01/02/202	01/20/202			1,400.00	0.00	0.00	1,400.00 ✓

RFID FEE

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor# Vendor Name

Class Pay Code

13180 ADVANCED STERILIZATION PRODUCT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020470149 ✓		12/29/202	03/06/202	04/06/202			874.06	0.00	0.00	874.06 ✓

SUPPLIES

8020488178 ✓		12/29/202	05/30/202	06/30/202			1,875.00	0.00	0.00	1,875.00 ✓
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SUPPLIES

8020500607 ✓		12/29/202	07/05/202	08/05/202			333.97	0.00	0.00	333.97 ✓
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SUPPLIES

8020509080 ✓		12/29/202	07/07/202	08/07/202			427.61	0.00	0.00	427.61 ✓
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SUPPLIES

8020509460 ✓		12/29/202	07/27/202	08/27/202			878.92	0.00	0.00	878.92 ✓
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SUPPLIES

8020509795 ✓		12/29/202	07/28/202	08/28/202			333.97	0.00	0.00	333.97 ✓
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SUPPLIES

8020510982 ✓		01/02/202	07/31/202	08/30/202			878.92	0.00	0.00	878.92 ✓
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SUPPLIES

8020517546 ✓		01/02/202	08/15/202	09/15/202			93.64	0.00	0.00	93.64 ✓
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SUPPLIES

8020525581 ✓		01/02/202	08/30/202	09/30/202			2,519.50	0.00	0.00	2,519.50 ✓
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SUPPLIES

8020577157 ✓		01/02/202	11/29/202	12/29/202			2,519.50	0.00	0.00	2,519.50 ✓
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CONTRACT 8/30/23-8/29/24

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13180	ADVANCED STERILIZATION PRODUCT	10,735.09	0.00	0.00	10,735.09

Vendor# Vendor Name

Class Pay Code

A1680 AIRGAS USA, LLC - CENTRAL DIV ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9145487146 ✓		12/29/202	12/31/202	01/25/202			2,481.16	0.00	0.00	2,481.16 ✓

OXYGEN BULK

5504872668 ✓		12/29/202	12/31/202	01/25/202			257.11	0.00	0.00	257.11 ✓
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OXYGEN

5504874073 ✓		12/29/202	12/31/202	01/25/202			1,128.20	0.00	0.00	1,128.20 ✓
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV	3,866.47	0.00	0.00	3,866.47

Vendor# Vendor Name

Class Pay Code

A1705 ALIMED INC. ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV04129013 ✓		12/01/202	11/03/202	11/18/202			162.13	0.00	0.00	162.13 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1705	ALIMED INC.	162.13	0.00	0.00	162.13

Vendor# Vendor Name

Class Pay Code

14028 AMAZON CAPITAL SERVICES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1L7Y-NFP6-QVML ✓		12/06/202	12/10/202	01/09/202			128.96	0.00	0.00	128.96 ✓
SUPPLIES										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
14028		AMAZON CAPITAL SERVICES					128.96	0.00	0.00	128.96
Vendor#	Vendor Name			Class	Pay Code					
A1360	AMERISOURCEBERGEN DRUG CORP ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3152020171 ✓		11/14/202	10/26/202	01/24/202			1,445.00	0.00	0.00	1,445.00 ✓
INVENTORY										
3159147337 ✓		12/29/202	12/28/202	01/03/202			4,900.00	0.00	0.00	4,900.00 ✓
INVENTORY										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
A1360		AMERISOURCEBERGEN DRUG CORP					6,345.00	0.00	0.00	6,345.00
Vendor#	Vendor Name			Class	Pay Code					
A2218	AQUA BEVERAGE COMPANY ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123843 ✓		12/29/202	11/30/202	12/25/202			50.00	0.00	0.00	50.00 ✓
WATER										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
A2218		AQUA BEVERAGE COMPANY					50.00	0.00	0.00	50.00
Vendor#	Vendor Name			Class	Pay Code					
A2600	AUTO PARTS & MACHINE CO. ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123023		12/30/202	12/30/202	01/14/202			180.73	0.00	0.00	180.73 ✓
SUPPLIES <i>9.66 service charge</i>										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
A2600		AUTO PARTS & MACHINE CO.					180.73	0.00	0.00	180.73
Vendor#	Vendor Name			Class	Pay Code					
11756	AYA HEALTHCARE INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3787746 ✓		12/29/202	12/14/202	01/14/202			2,956.50	0.00	0.00	2,956.50 ✓
KARIANN DUNN 12/05-12/07/23										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
11756		AYA HEALTHCARE INC					2,956.50	0.00	0.00	2,956.50
Vendor#	Vendor Name			Class	Pay Code					
14088	AZALEA HEALTH ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
99005 ✓		01/02/202	01/01/202	01/02/202			594.00	0.00	0.00	594.00 ✓
MONTHLY PROC										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
14088		AZALEA HEALTH					594.00	0.00	0.00	594.00
Vendor#	Vendor Name			Class	Pay Code					
B1220	BECKMAN COULTER INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5482199 ✓		12/29/202	12/13/202	01/07/202			5,016.58	0.00	0.00	5,016.58 ✓
MAINT CONTRACT										
111042654 ✓		12/29/202	12/15/202	01/09/202			1,288.45	0.00	0.00	1,288.45 ✓
CONTRACT										
5482688 ✓		12/29/202	12/25/202	01/19/202			1,337.05	0.00	0.00	1,337.05 ✓
LEASE										
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
B1220		BECKMAN COULTER INC					7,642.08	0.00	0.00	7,642.08
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

122823		12/29/202	12/28/202	01/11/202			208.89	0.00	0.00	208.89	✓
	FUEL										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	C1048	CALHOUN COUNTY					208.89	0.00	0.00	208.89	
Vendor#	Vendor Name		Class	Pay Code							
C1325	CARDINAL HEALTH 414, INC. ✓		W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
8003111522 ✓		12/29/202	02/28/202	03/25/202			1,031.53	0.00	0.00	1,031.53	✓
	SUPPLIES										
8003122096 ✓		12/29/202	03/11/202	04/05/202			393.45	0.00	0.00	393.45	✓
	SUPPLIES										
8003148428 ✓		12/29/202	04/08/202	05/03/202			266.42	0.00	0.00	266.42	✓
	SUPPLIES										
8003154367 ✓		12/29/202	04/15/202	05/10/202			205.65	0.00	0.00	205.65	✓
	SUPPLIES										
8003189291 ✓		12/29/202	05/20/202	06/14/202			3,009.68	0.00	0.00	3,009.68	✓
	SUPPLIES										
8003210440 ✓		12/29/202	06/17/202	07/12/202			407.55	0.00	0.00	407.55	✓
	SUPPLIES										
8003239669 ✓		12/29/202	07/15/202	08/09/202			447.15	0.00	0.00	447.15	✓
	SUPPLIES										
8003245912 ✓		12/29/202	07/22/202	08/16/202			169.66	0.00	0.00	169.66	✓
	SUPPLIES										
8003251101 ✓		12/29/202	07/31/202	08/25/202			259.62	0.00	0.00	259.62	✓
	SUPPLIES										
8003272480 ✓		12/29/202	08/19/202	09/13/202			456.54	0.00	0.00	456.54	✓
	SUPPLIES										
8003292211 ✓		12/29/202	09/09/202	10/04/202			306.60	0.00	0.00	306.60	✓
	SUPPLIES										
8003304122 ✓		12/29/202	09/23/202	10/18/202			165.47	0.00	0.00	165.47	✓
	SUPPLIES										
8003309482 ✓		12/29/202	09/30/202	10/25/202			289.72	0.00	0.00	289.72	✓
	SUPPLIES										
8003324684 ✓		12/29/202	10/08/202	11/02/202			514.73	0.00	0.00	514.73	✓
	SUPPLIES										
8003337009 ✓		12/29/202	10/31/202	11/25/202			181.07	0.00	0.00	181.07	✓
	SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	C1325	CARDINAL HEALTH 414, INC.					8,104.84	0.00	0.00	8,104.84	
Vendor#	Vendor Name		Class	Pay Code							
14260	CAREFUSION SOLUTIONS, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1002191022-9 ✓		12/29/202	12/07/202	01/07/202			1,788.00	0.00	0.00	1,788.00	✓
	MAINT										
1002191023-7 ✓		12/29/202	12/07/202	01/01/202			2.00	0.00	0.00	2.00	✓
	MAINT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	14260	CAREFUSION SOLUTIONS, LLC					1,790.00	0.00	0.00	1,790.00	
Vendor#	Vendor Name		Class	Pay Code							
13000	CLEARFLY ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV571850 ✓		01/03/202	01/01/202	01/15/202			1,207.79	0.00	0.00	1,207.79	✓
	PHONE										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	13000	CLEARFLY					1,207.79	0.00	0.00	1,207.79	
Vendor#	Vendor Name		Class	Pay Code							



	14156	FUJI FILM					7,908.33	0.00	0.00	7,908.33
Vendor#	Vendor Name		Class	Pay Code						
10283	GE HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002572412 ✓		01/02/202	01/01/202	01/26/202			998.34	0.00	0.00	998.34 ✓
	IMAGING CONTRACT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE					998.34	0.00	0.00	998.34
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
2484098 ✓		12/29/202	12/26/202	01/25/202			802.49	0.00	0.00	802.49 ✓
	SUPPILES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					802.49	0.00	0.00	802.49
Vendor#	Vendor Name		Class	Pay Code						
12380	HEALTH SOLUTIONS DIETETICS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122923		12/29/202	12/29/202	01/20/202			4,250.00	0.00	0.00	4,250.00 ✓
	DIETICIAN SERV (12/1-12/21/23)									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS					4,250.00	0.00	0.00	4,250.00
Vendor#	Vendor Name		Class	Pay Code						
H1227	HEALTHSURE INSURANCE SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4523 ✓		01/02/202	01/02/202	01/01/202			26,845.00	0.00	0.00	26,845.00 ✓
	DOLI RENEWAL 2024									
4522 ✓		01/02/202	01/02/202	01/02/202			27,807.38	0.00	0.00	27,807.38 ✓
	BILLING ERRORS/OMISSIONS 20:									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H1227	HEALTHSURE INSURANCE SERVICES					54,652.38	0.00	0.00	54,652.38
Vendor#	Vendor Name		Class	Pay Code						
H0031	HEB CREDIT RECEIVABLES DEPT308 ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4189		12/29/202	12/29/202	01/25/202			635.76	0.00	0.00	635.76 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308					635.76	0.00	0.00	635.76
Vendor#	Vendor Name		Class	Pay Code						
11285	ITA RESOURCES INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC12024		01/04/202	01/03/202	01/23/202			28,723.31	0.00	0.00	28,723.31 ✓
	RESPIRATORY									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC					28,723.31	0.00	0.00	28,723.31
Vendor#	Vendor Name		Class	Pay Code						
11108	ITERSOURCE CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711722 ✓		01/03/202	01/01/202	01/02/202			250.00	0.00	0.00	250.00 ✓
	MONTHLY SERV									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION					250.00	0.00	0.00	250.00
Vendor#	Vendor Name		Class	Pay Code						
10972	M G TRUST ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122823		12/29/202	12/28/202	01/10/202			1,015.86	0.00	0.00	1,015.86 ✓

PAYROLL DEDUCT

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,015.86	0.00	0.00	1,015.86
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
2299589561 ✓	SUPPLIES	12/26/202	12/21/202	01/15/202			29.94	0.00	0.00	29.94 ✓
2301023711 ✓	SUPPLIES	12/31/202	12/31/202	01/25/202			16.13	0.00	0.00	16.13 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				46.07	0.00	0.00	46.07
Vendor#	Vendor Name			Class	Pay Code					
10963	MEMORIAL MEDICAL CLINIC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122823		12/29/202	12/28/202	01/10/202			130.00	0.00	0.00	130.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				130.00	0.00	0.00	130.00
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
SC4058 ✓	SERVICE CHARGE	12/29/202	12/26/200	01/05/200			93.24	0.00	0.00	93.24 ✓
SC4060 ✓	SERVICE CHARGE	12/29/202	12/26/200	01/05/200			18.91	0.00	0.00	18.91 ✓
SC4059 ✓	SERVICE CHARGE	12/29/202	12/26/200	01/05/200			181.65	0.00	0.00	181.65 ✓
1452219 ✓	INVENTORY	12/29/202	12/27/202	01/06/202			846.88	0.00	0.00	846.88 ✓
1449264 ✓	INVENTORY	12/29/202	12/27/202	01/06/202			3.95	0.00	0.00	3.95 ✓
1452218 ✓	INVENTORY	12/29/202	12/27/202	01/06/202			540.40	0.00	0.00	540.40 ✓
1449266 ✓	INVENTORY	12/29/202	12/27/202	01/06/202			54.82	0.00	0.00	54.82 ✓
1449265 ✓	INVENTORY	12/29/202	12/27/202	01/06/202			28.14	0.00	0.00	28.14 ✓
1452217 ✓	INVENTORY	12/29/202	12/27/202	01/06/202			1,040.31	0.00	0.00	1,040.31 ✓
1451608 ✓	INVENTORY	12/29/202	12/27/202	01/06/202			6,323.81	0.00	0.00	6,323.81 ✓
1449263 ✓	INVENTORY	12/29/202	12/27/202	01/06/202			3,135.17	0.00	0.00	3,135.17 ✓
1456008 ✓	INVENTORY	12/29/202	12/28/202	01/07/202			234.86	0.00	0.00	234.86 ✓
1454123 ✓	INVENTORY	12/29/202	12/28/202	01/07/202			717.78	0.00	0.00	717.78 ✓
1457102 ✓	INVENTORY	12/29/202	12/28/202	01/07/202			1.84	0.00	0.00	1.84 ✓
1454782 ✓	INVENTORY	12/29/202	12/28/202	01/07/202			617.84	0.00	0.00	617.84 ✓
1454121 ✓	INVENTORY	12/29/202	12/28/202	01/07/202			3,611.54	0.00	0.00	3,611.54 ✓
1457103 ✓	INVENTORY	12/29/202	12/28/202	01/07/202			193.80	0.00	0.00	193.80 ✓



1427031 ✓		01/01/202 12/20/202 12/30/202	153.79	0.00	0.00	153.79 ✓
	INVENTORY					
1463935 ✓		01/01/202 01/01/202 01/11/202	1,326.20	0.00	0.00	1,326.20 ✓
	INVENTORY					
1463934 ✓		01/01/202 01/02/202 01/12/202	611.63	0.00	0.00	611.63 ✓
	INVENTORY					
1469231 ✓		01/04/202 01/02/202 01/12/202	489.42	0.00	0.00	489.42 ✓
	INVENTORY					
1469230 ✓		01/04/202 01/02/202 01/12/202	103.03	0.00	0.00	103.03 ✓
	INVENTORY					

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC	20,329.01	0.00	0.00	20,329.01

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
8201 ✓		12/29/202	11/27/202	12/07/202			182.53	0.00	0.00	182.53 ✓
	TRANSCRIPTION									
	Late Fee 14.81									
8215 ✓		12/29/202	12/18/202	12/28/202			201.47	0.00	0.00	201.47 ✓
	TRANSCRIPTION									
	Late Fee 17.79									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13548	NACOGDOCHES TRANSCRIPTION	384.00	0.00	0.00	384.00

Vendor# Vendor Name Class Pay Code

10736	PARAGARD DIRECT ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DMI10492539 ✓		11/14/202	10/26/202	01/24/202			577.32	0.00	0.00	577.32 ✓
	INVENTORY									
Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net					
10736	PARAGARD DIRECT	577.32	0.00	0.00	577.32					

Vendor# Vendor Name Class Pay Code

10152	PARTSSOURCE, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05050939 ✓		12/29/202	12/08/202	01/20/202			10.18	0.00	0.00	10.18 ✓
	SUPPLIES									
05050937 ✓		12/29/202	12/08/202	01/20/202			220.08	0.00	0.00	220.08 ✓
	SUPPLIES									
	Shipping 46.25									
05056116 ✓		12/29/202	12/13/202	01/20/202			161.89	0.00	0.00	161.89 ✓
	SUPPLIES									
	shipping 9.79									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10152	PARTSSOURCE, LLC	392.15	0.00	0.00	392.15

Vendor# Vendor Name Class Pay Code

12708	POC ELECTRIC, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3980 ✓		12/29/202	12/27/202	01/20/202			1,500.00	0.00	0.00	1,500.00 ✓
	LABOR/TILES COM ROOM/CLASS									
3981 ✓		12/29/202	12/27/202	01/20/202			2,400.00	0.00	0.00	2,400.00 ✓
	DEMO/LIGHT FIXTURES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12708	POC ELECTRIC, LLC	3,900.00	0.00	0.00	3,900.00

Vendor# Vendor Name Class Pay Code

P2200	POWER HARDWARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123123		12/29/202	12/31/202	01/10/202			19.98	0.00	0.00	19.98 ✓
	SUPPLIES									
	A102808									
Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net					
P2200	POWER HARDWARE	19.98	0.00	0.00	19.98					

Vendor# Vendor Name Class Pay Code

14920	REPUBLIC SERVICES, INC. ✓											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	001312591		12/29/202	12/26/202	01/15/202			1,671.76	0.00	0.00	1,671.76 ✓	
	0847-001312591	WASTE	01/01-01/21/24									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	14920	REPUBLIC SERVICES, INC.						1,671.76	0.00	0.00	1,671.76	
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	
	122023		12/29/202	12/20/202	01/08/202			<del>210.62</del>	0.00	0.00	<del>210.62</del> 371.0 ✓	
		SUPPLIES/MEMBERSHIP										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	S0900	SAM'S CLUB DIRECT						<del>210.62</del>	0.00	0.00	<del>210.62</del> 371.0 ✓	
Vendor#	Vendor Name							Class	Pay Code			
10936	SIEMENS FINANCIAL SERVICES ✓											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	56382400018966 ✓		12/29/202	12/29/202	01/18/202			1,333.33	0.00	0.00	1,333.33 ✓	
		LEASE										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	10936	SIEMENS FINANCIAL SERVICES						1,333.33	0.00	0.00	1,333.33	
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	
	116477474 ✓		12/29/202	12/24/202	01/18/202			3,402.25	0.00	0.00	3,402.25 ✓	
		AGILE MAX										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	S2001	SIEMENS MEDICAL SOLUTIONS INC						3,402.25	0.00	0.00	3,402.25	
Vendor#	Vendor Name							Class	Pay Code			
S2220	SKIP'S RESTAURANT EQUIPMENT ✓							W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	452782 ✓		12/29/202	12/18/202	01/03/202			102.20	0.00	0.00	102.20 ✓	
		TURNER/KNIVES										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	S2220	SKIP'S RESTAURANT EQUIPMENT						102.20	0.00	0.00	102.20	
Vendor#	Vendor Name							Class	Pay Code			
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	I07036769 ✓		12/29/202	12/15/202	01/09/202			6,072.00	0.00	0.00	6,072.00 ✓	
		BLOOD										
	CM11110 ✓		12/29/202	12/15/202	01/09/202			-4,224.00	0.00	0.00	-4,224.00 ✓	
		CREDIT										
	I07036901 ✓		12/29/202	12/29/202	01/23/202			1,320.00	0.00	0.00	1,320.00 ✓	
		BLOOD										
	CM11179 ✓		12/29/202	12/29/202	01/23/202			-1,848.00	0.00	0.00	-1,848.00 ✓	
		CREDIT										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	11296	SOUTH TEXAS BLOOD & TISSUE CEN						1,320.00	0.00	0.00	1,320.00	
Vendor#	Vendor Name							Class	Pay Code			
10845	STAPLES											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	3556032527		12/31/202	12/31/202	12/31/202			<del>19.89</del>	0.00	0.00	<del>19.89</del>	
		CREDIT										
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net	
	10845	STAPLES						<del>19.89</del>	0.00	0.00	<del>19.89</del>	
Vendor#	Vendor Name							Class	Pay Code			
10735	STRYKER SUSTAINABILITY ✓											

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4863564		12/29/202	12/15/202	01/20/202			2,490.00	0.00	0.00	2,490.00
SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY				2,490.00	0.00	0.00	2,490.00
Vendor#	Vendor Name				Class	Pay Code				
12476	SUN LIFE FINANCIAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122623		12/29/202	12/26/200	01/01/202			10,662.79	0.00	0.00	10,662.79
LIFE INSURANCE										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12476	SUN LIFE FINANCIAL				10,662.79	0.00	0.00	10,662.79
Vendor#	Vendor Name				Class	Pay Code				
14280	TEXAS DEPART OF LICENSING&REGU									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10169072		12/29/202	12/20/202	01/19/202			140.00	0.00	0.00	140.00
TX266614/TX281082										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14280	TEXAS DEPART OF LICENSING&REGU				140.00	0.00	0.00	140.00
Vendor#	Vendor Name				Class	Pay Code				
11303	TEXAS DEPT OF ST HEALTH SERVS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010224		01/04/202	01/01/202	01/20/202			500.00	0.00	0.00	500.00
TRAUMA FACILITY DESIGNATION										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11303	TEXAS DEPT OF ST HEALTH SERVS				500.00	0.00	0.00	500.00
Vendor#	Vendor Name				Class	Pay Code				
10758	TEXAS SELECT STAFFING, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0023336		12/29/202	12/28/202	12/29/202			8,305.00	0.00	0.00	8,305.00
B BATES M MARTIN 12/23/23 RW										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10758	TEXAS SELECT STAFFING, LLC				8,305.00	0.00	0.00	8,305.00
Vendor#	Vendor Name				Class	Pay Code				
T3130	TRI-ANIM HEALTH SERVICES INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
600092927		12/29/202	12/13/202	01/20/202			415.73	0.00	0.00	415.73
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		T3130	TRI-ANIM HEALTH SERVICES INC				415.73	0.00	0.00	415.73
Vendor#	Vendor Name				Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921021379		12/29/202	12/25/202	01/19/202			91.80	0.00	0.00	91.80
LAUNDRY										
2921021378		12/29/202	12/25/202	01/19/202			2,796.93	0.00	0.00	2,796.93
LAUNDRY										
2921021683		12/29/202	12/28/202	01/22/202			29.95	0.00	0.00	29.95
LAUNDRY										
2921021681		12/29/202	12/28/202	01/22/202			205.81	0.00	0.00	205.81
LAUNDRY										
2921021684		12/29/202	12/28/202	01/22/202			299.34	0.00	0.00	299.34
LAUNDRY										
2921021680		12/29/202	12/28/202	01/22/202			118.30	0.00	0.00	118.30
LAUNDRY										
2921021685		12/29/202	12/28/202	01/22/202			254.19	0.00	0.00	254.19

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
	LAUNDRY						
2921021682	✓	12/29/202 12/28/202 01/22/202		2,974.86	0.00	0.00	2,974.86 ✓
	LAUNDRY						
2921021686	✓	12/29/202 12/28/202 01/22/202		254.61	0.00	0.00	254.61 ✓
	LAUNDRY						
2921021687	✓	12/29/202 12/28/202 01/22/202		117.86	0.00	0.00	117.86 ✓
	LAUNDRY						
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	U1064 UNIFIRST HOLDINGS INC			7,143.65	0.00	0.00	7,143.65
Vendor#	Vendor Name	Class	Pay Code				
12208	WAGeworks ✓						
	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay			Gross	Discount	No-Pay	Net
	INV6002824 ✓ 12/29/202 12/26/202 01/25/202			475.25	0.00	0.00	475.25 ✓
	MONTHLY COMPLIANCE/FSA						
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	12208 WAGeworks			475.25	0.00	0.00	475.25
Vendor#	Vendor Name	Class	Pay Code				
11110	WERFEN USA LLC ✓						
	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay			Gross	Discount	No-Pay	Net
	91114334433 ✓ 12/27/202 12/29/202 01/23/202			475.00	0.00	0.00	475.00 ✓
	SUPPLIES						
	9111427729 ✓ 12/29/202 12/14/202 01/08/202			1,571.67	0.00	0.00	1,571.67 ✓
	CONTRACT						
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	11110 WERFEN USA LLC			2,046.67	0.00	0.00	2,046.67
Vendor#	Vendor Name	Class	Pay Code				
10556	WOUND CARE SPECIALISTS ✓						
	Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay			Gross	Discount	No-Pay	Net
	WCS00006428 ✓ 12/29/202 12/01/202 12/30/202			13,950.00	0.00	0.00	13,950.00 ✓
	WOUND CARE SERV						
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	10556 WOUND CARE SPECIALISTS			13,950.00	0.00	0.00	13,950.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	312,713.16	0.00	0.00	312,713.16
	312,713.16 +			
	210.62 -			
	371.02 +			
	19.89 +			
	<u>312,893.45 *</u>			

pg 8 correction  
 (1) invoice left off  
 for \$160.40  
 need debit for credit

$\begin{cases} < 210.62 > \\ + 371.02 \\ + 19.89 \end{cases}$   
312,893.45

APPROVED ON

JAN 04 2024

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

CE# 202282-20238

# MCKESSON

# STATEMENT

As of: 12/29/2023

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

DC: 8115  
 Customer INV SupplD:  
 Territory:

Customer: 632536  
 Date: 12/30/2023

As of: 12/29/2023 Page: 002  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 632536 PLEASE CHECK ANY  
 Date: 12/30/2023 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,856.23 USD

Future Due: 0.00

If Paid By 01/02/2024,  
 Pay This Amount: 3,779.10 USD

Due If Paid On Time:  
 USD 3,779.10 ✓

Past Due: 0.00

Disc lost if paid late: 77.13

Last Payment 2,451.97  
 08/07/2017

If Paid After 01/02/2024,  
 Pay this Amount: 3,856.23 USD

Due If Paid Late:  
 USD 3,856.23

*Andrew DeLosSantos*  
 1/8/24

3,705.49 +  
 11.26 +  
 62.35 +  
 3,779.10 \*

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 12/29/2023

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

As of: 12/29/2023 Page: 001  
Mail to: Comp: 8000

Customer: 256342  
Date: 12/30/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 12/30/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS												
12/26/2023	01/02/2024	7466413127		100359037	115Invoice	1.00	50.24		49.24		7466413127	✓
12/26/2023	01/02/2024	7466676330		100234701	195Invoice	0.03	1.27		1.24		7466676330	✓
12/26/2023	01/02/2024	7466676331		100158627	195Invoice	0.01	0.32		0.31		7466676331	✓
12/27/2023	01/02/2024	7466810761		100559841	115Invoice	1.34	66.99		65.65		7466810761	✓
12/28/2023	01/02/2024	7467067429		100632727	115Invoice	2.42	120.84		118.42		7467067429	✓
12/28/2023	01/02/2024	7467238930		100639653	195Invoice	11.16	557.79		546.63		7467238930	✓
12/29/2023	01/02/2024	7467346519		100775759	115Invoice		0.20		0.20		7467346519	✓
12/29/2023	01/02/2024	7467346520		100775759	115Invoice	23.11	1,155.57		1,132.46		7467346520	✓
12/29/2023	01/02/2024	7467346521		100849180	115Invoice		0.10		0.10		7467346521	✓
12/29/2023	01/02/2024	7467346523		100870480	115Invoice	36.56	1,827.80		1,791.24		7467346523	✓

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: 3,781.12 USD

Future Due: 0.00

If Paid By 01/02/2024,  
Pay This Amount: 3,705.49 USD

Due if Paid On Time:  
USD 3,705.49 ✓

Past Due: 0.00

Disc lost if paid late:  
75.63

Last Payment 12/25/2023 1,082.72

If Paid After 01/02/2024,  
Pay this Amount: 3,781.12 USD

Due if Paid Late:  
USD 3,781.12

*Andrew De La Santa*  
1/8/24

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

As of: 12/29/2023

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: 12/30/2023

As of: 12/29/2023 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835430 PLEASE CHECK ANY  
Date: 12/30/2023 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	
12/27/2023	01/02/2024	7466820807	632536 2929095	115Invoice	0.23	11.49		11.26		7466820807	<input checked="" type="checkbox"/>

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: 11.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,082.72  
12/25/2023

If Paid By 01/02/2024,  
Pay This Amount: 11.26 USD

If Paid After 01/02/2024,  
Pay this Amount: 11.49 USD

Due If Paid On Time:  
USD 11.26 ✓

Disc lost if paid late: 0.23

Due If Paid Late:  
USD 11.49

*Andrew DeLosSantos*  
118/24

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 12/29/2023

Page: 001

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

Company: 8000

DC: 8115  
Customer INV SupplD:  
Territory: 7001

As of: 12/29/2023 Page: 001  
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Customer: 835438  
Date: 12/30/2023

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438 PLEASE CHECK ANY  
Date: 12/30/2023 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	
12/27/2023	01/02/2024	7466998311	632536 2930011	115Invoice	1.27	63.62		62.35		7466998311	<input checked="" type="checkbox"/>

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: 63.62 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,082.72  
12/25/2023

If Paid By 01/02/2024,  
Pay This Amount: 62.35 USD

If Paid After 01/02/2024,  
Pay this Amount: 63.62 USD

Due If Paid On Time:  
USD 62.35 ✓  
Disc lost if paid late: 1.27  
Due If Paid Late:  
USD 63.62

*Andrew DePols Lantek*  
1/8/24

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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



# MCKESSON

# STATEMENT

As of: 01/05/2024

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

DC: 8115  
 Customer INV SupplD:  
 Territory:

Customer: 632536  
 Date: 01/06/2024

As of: 01/05/2024 Page: 002  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 632536 PLEASE CHECK ANY  
 Date: 01/06/2024 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 916.12 USD

Future Due: 0.00

If Paid By 01/09/2024,  
 Pay This Amount:

897.80 USD

Due If Paid On Time:  
 USD 897.80 ✓

Past Due: 0.00

Disc lost if paid late: 18.32

Last Payment 2,451.97  
 08/07/2017

If Paid After 01/09/2024,  
 Pay this Amount:

916.12 USD

Due If Paid Late:  
 USD 916.12

0.00

*Andrew De la Santa*  
 1/8/24

856.08 +  
 3.13 +  
 35.24 +  
 3.35 +  
 897.80 \*

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 01/05/2024

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: 01/06/2024

As of: 01/05/2024 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 01/06/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
01/02/2024	01/09/2024	7467716331	101011769	115Invoice		0.16		0.16		7467716331	✓
01/02/2024	01/09/2024	7467951646	100982304	195Invoice	1.67	83.30		81.63		7467951646	✓
01/02/2024	01/09/2024	7467951647	100903935	195Invoice	5.24	261.82		256.58		7467951647	✓
01/03/2024	01/09/2024	7468119193	101277275	115Invoice	0.01	0.65		0.64		7468119193	✓
01/03/2024	01/09/2024	7468273852	101283736	195Invoice	1.30	64.91		63.61		7468273852	✓
01/04/2024	01/09/2024	7468408252	101412037	115Invoice	0.01	0.33		0.32		7468408252	✓
01/04/2024	01/09/2024	7468557518	101418851	195Invoice	6.62	331.11		324.49		7468557518	✓
01/04/2024	01/09/2024	7468579406	101425308	115Invoice	2.60	130.22		127.62		7468579406	✓
01/05/2024	01/09/2024	7468683322	101542292	115Invoice		0.10		0.10		7468683322	✓
01/05/2024	01/09/2024	7468834412	101549036	195Invoice	0.02	0.95		0.93		7468834412	✓

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: 873.55 USD

Future Due: 0.00

If Paid By 01/09/2024,

Past Due: 0.00

Pay This Amount: 856.08 USD

Last Payment 3,779.10

If Paid After 01/09/2024,

01/01/2024

Pay this Amount: 873.55 USD

Due If Paid On Time:

USD 856.08 ✓

Disc lost if paid late:

17.47

Due If Paid Late:

USD 873.55

*Andrew DeJesus*  
1/8/24

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

As of: 01/05/2024

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: 01/06/2024

As of: 01/05/2024 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835430 PLEASE CHECK ANY  
Date: 01/06/2024 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											
01/03/2024	01/09/2024	7468122380	2943898	115Invoice	0.06	3.19		3.13		7468122380	✓

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: 3.19 USD

Future Due: 0.00

If Paid By 01/09/2024,  
Pay This Amount:

3.13 USD

Due If Paid On Time:  
USD

3.13 ✓

Past Due: 0.00

Disc lost if paid late:

0.06

Last Payment 3,779.10  
01/01/2024

If Paid After 01/09/2024,  
Pay this Amount:

3.19 USD

Due If Paid Late:  
USD

3.19

*Andrew De los Santos*  
1/8/24

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 01/05/2024

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: 01/06/2024

As of: 01/05/2024 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434 PLEASE CHECK ANY  
Date: 01/06/2024 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	
01/03/2024	01/09/2024	7468170954	632536 2943801	115Invoice	0.72	35.96		35.24		7468170954	<input checked="" type="checkbox"/>

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: 35.96 USD

Future Due: 0.00

If Paid By 01/09/2024,  
Pay This Amount:

35.24 USD

Due If Paid On Time:

USD 35.24 ✓

Past Due: 0.00

Disc lost if paid late:

0.72

Last Payment 1,082.72  
12/25/2023

If Paid After 01/09/2024,  
Pay this Amount:

35.96 USD

Due If Paid Late:

USD 35.96

*Andrew De la Sota*  
11/8/24

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

<>  
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# MCKESSON

# STATEMENT

As of: 01/05/2024

Page: 001

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

Company: 8000

DC: 8115  
Customer INV SupplD:  
Territory: 7001

As of: 01/05/2024 Page: 001  
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Customer: 835438  
Date: 01/06/2024

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438 PLEASE CHECK ANY  
Date: 01/06/2024 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	
01/03/2024	01/09/2024	7468307439	632536 2944698	115Invoice	0.07	3.42		3.35		7468307439	✓

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

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

Subtotals: 3.42 USD

Future Due: 0.00

If Paid By 01/09/2024,  
Pay This Amount: 3.35 USD

Due If Paid On Time:  
USD 3.35 ✓

Past Due: 0.00

Disc lost if paid late: 0.07

Last Payment 3,779.10  
01/01/2024

If Paid After 01/09/2024,  
Pay this Amount: 3.42 USD

Due If Paid Late:  
USD 3.42

*Andrew De Los Santos*  
118124

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

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

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

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

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

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	433.51
Past Due:	0.00
Total Due:	433.51
Account Balance:	433.51 ✓

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-26-2023	01-05-2024	3158886563	7005141828	Invoice	62.91		0.00	62.91 ✓
12-26-2023	01-05-2024	3158886564	7005152530	Invoice	53.65		0.00	53.65 ✓
12-26-2023	01-05-2024	3158886565	7005165862	Invoice	172.13		0.00	172.13 ✓
12-26-2023	01-05-2024	3158886566	7005177495	Invoice	17.80		0.00	17.80 ✓
12-27-2023	01-05-2024	3159085934	7005185484	Invoice	37.48		0.00	37.48 ✓
12-29-2023	01-05-2024	3159323723	7005205756	Invoice	89.54		0.00	89.54 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
433.51	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
12-29-2023	(1,220.00)

Reminders	
Due Date	Amount
01-05-2024	433.51
<b>Total Due:</b>	<b>433.51</b> ✓

*Andrew DeLos Santos*  
1/8/24

APPROVED ON  
JAN 08 2024  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



Program Charge  
**INVOICE**

Invoice Number: **355983959**  
Invoice Date: 12/28/2023

Served By

AMERISOURCEBERGEN DRUG CORP  
501 PATRIOT PARKWAY  
ROANOKE TX 76262-6336

Ship To

SENDERRA RX PHY 340B  
MEMORIAL MEDICAL CENTER  
3712 E PLANO PKWY STE 200  
PLANO TX 75074-1831

STATE LIC: 26699  
DEA: FS1799610

Shipped From

AMERISOURCEBERGEN DRUG CORP  
501 PATRIOT PARKWAY  
ROANOKE TX 76262-6336

Sold To

MEMORIAL MEDICAL CENTER  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

STATE LIC: 0077623  
DEA: RA0316958

Remit To

AMERISOURCEBERGEN  
PO Box 905223  
CHARLOTTE NC 28290-5223

CUSTOMER NUMBER

**100288078 / 037983771**

DOCUMENT TOTAL

55.00

DUE DATE

01/05/2024

PAYMENT TERMS

Sat - Fri Due in 7 days

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

**APPROVED ON**

**JAN 08 2024**

**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](mailto:service@amerisourcebergen.com)

**Total Amount:**

**55.00**

<b>Served By</b>	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	<b>Ship To</b>	US BIOSERVICES CARROLLTON 340B 5025 PLANO PARKWAY SUITE 100 CARROLLTON TX 75010	<b>CUSTOMER NUMBER</b>	
				<b>100270691 / 018628707</b>	
<b>Shipped From</b>	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	<b>Sold To</b>	MEMORIAL MEDICAL CENTER 815 N VIRGINIA ST PORT LAVACA TX 77979	<b>DOCUMENT TOTAL</b>	<b>DUE DATE</b>
	STATE LIC: 0077623 DEA: RA0316958				55.00
				<b>PAYMENT TERMS</b>	
				Sat - Fri Due in 7 days	
				<b>Remit To</b>	
				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**

**JAN 08 2024**

**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](mailto:service@amerisourcebergen.com)

**Total Amount: 55.00**





STATEMENT

Statement Number: 66639781
Date: 01-05-2024

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

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

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

Customer Number: 100135284 / 037028186
Terms: Sat - Fri Due in 7 days
Summary: Not Yet Due: 0.00, Current: 554.23, Past Due: 0.00, Total Due: 554.23, Account Balance: 554.23

Account Activity

Table with columns: Document Date, Due Date, Reference Number, Purchase Order Number, Document Type, Original Amount, Last Receipt, Amount Received, Balance. Includes 10 rows of invoice data.

Summary table with columns: Current, 1-15 Days, 16-30 Days, 31-60 Days, 61-90 Days, 91-120 Days, Over 120 Days. Values: Current 554.23, others 0.00.

Thank You for Your Payment table with columns: Date, Amount. Row: 01-05-2024, (543.51)

Reminders table with columns: Due Date, Amount. Row: 01-12-2024, 554.23. Total Due: 554.23

APPROVED ON
JAN 08 2024
BY COUNTY AUDITOR
HUNT COUNTY, TEXAS

Andrew De Los Santos
1/8/24

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

**Customer:**  
MEMORIAL MEDICAL CENTER - TX ✓  
815 NORTH VIRGINIA  
PORT LAVACA TX 77979-3025

**Remit To:**  
AMERISOURCEBERGEN  
PO Box 978526  
DALLAS TX 75397-8526

Customer Number	
100055589 / 037086553	
Terms	
Semi-Monthly Due in 10 days	
Summary	
Not Yet Due:	0.00
Current:	4,900.00
Past Due:	0.00
Total Due:	4,900.00
Account Balance:	4,900.00

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-28-2023	01-10-2024	3159147337	20231227	Invoice	4,900.00		0.00	4,900.00

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
4,900.00	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
01-10-2024	4,900.00
<b>Total Due:</b>	<b>4,900.00</b>

*Andrew DeBartolotta*  
118124

APPROVED ON  
JAN 08 2024  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Memorial Medical Center  
Transfer Request

Amount: 8,504.09 ✓ ✓

From Account: Operating- \*4357

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

Account Number: 158300195894

Routing Number: 122235821

Explanation:

Invoice numbers: 5912640, 5947106, 5966852, 5986478

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Requested by: Caitlin Clevenger

Date: 1/8/2024

Authorized by: Andrew Sokolovskiy

Date: 1/8/24

# HealthEquity<sup>®</sup> 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

<b>Account #</b>	<b>Invoice Date</b>
2052366	12/04/2023
<b>PO #</b>	<b>DUE DATE</b>
	03/04/2024 ✓
<b>Invoice #</b>	<b>AMOUNT DUE</b>
INV5912640	<b>\$1,324.59</b>

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2023	HCFS2023	1,324.59

**Total Amount Due**

**\$1,324.59** ✓

## 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](http://employer.wageworks.com)

Account #	Invoice Date
2052366	12/11/2023
PO #	DUE DATE
	03/11/2024 ✓
Invoice #	AMOUNT DUE
INV5947106	\$1,240.54

Description	Plan Code	Amount
PMP Payments - HCFSA 2023	HCFA2023	18.37
Visa Card Payments - HCFSA 2023	HCFA2023	1,222.17

**Total Amount Due**

**\$1,240.54** ✓

# HealthEquity<sup>®</sup> 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](http://employer.wageworks.com)

Account #	Invoice Date
2052366	12/18/2023
PO #	DUE DATE
	03/18/2024 ✓
Invoice #	AMOUNT DUE
INV5966852	\$570.95

Description	Plan Code	Amount
Repayments - HCFSA 2023	HCFSA2023	(768.39)
PMP Payments - HCFSA 2023	HCFSA2023	250.76
Visa Card Payments - HCFSA 2023	HCFSA2023	1,088.58

**Total Amount Due**

**\$570.95** ✓

# 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](http://employer.wageworks.com)

Account #	Invoice Date
2052366	12/26/2023
PO #	DUE DATE
	03/25/2024 ✓
Invoice #	AMOUNT DUE
INV5986478	\$5,368.01

Description	Plan Code	Amount
Repayments - HCFSA 2023	HCFS2023	(392.84)
PMB Payments - HCFSA 2023	HCFS2023	1,397.84
PMP Payments - HCFSA 2023	HCFS2023	424.87
Visa Card Payments - HCFSA 2023	HCFS2023	3,938.14

**Total Amount Due**

**\$5,368.01** ✓

# Wire Transfer

COUNTY OF CALHOUN TEXAS



**PROSPERITY  
BANK**

## Wire Details

**Transaction Number** 1  
**Recurring Frequency** One-Time Payment  
**Template Name** WAGeworks  
**Amount** USD 8,504.09  
**Debit Account** DDA (MEMORIAL MEDICAL CENTER - OPERATING)  
**Notify Initiator Options** Pending Actions: Notify via EMAIL  
Pending Release: Notify via EMAIL  
System Events: Notify via EMAIL  
Complete - Unsuccessful: Notify via EMAIL  
Complete - Successful: Notify via EMAIL  
Early Action Taken: Notify via EMAIL  
Early Action Removed: Notify via EMAIL  
Expired: Notify via EMAIL  
**Payment Date** 01/11/2024

## 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 I**  
**Address 1** WAGeworks, INC  
**Address 2**  
**Address 3**  
**Beneficiary Country**  
**Contact Name**  
**Phone Number**

## Beneficiary Bank Information

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

## Additional Reference Information

### Purpose Of Payment

**Additional Information For Beneficiary** Inv # 5912640, 5947106, 5966852 December's invoices inv # 5986478

## Status History

Timestamp	Status	Initiator	Description
Jan 11, 2024 9:02:43 AM CST	Created	/ Mmckissack (MELISSA MCKISSACK)	Wire Created.



**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Dec 29 2023 - Jan 7 2024**

Date	Bank Description	MMC Notes	Amount	PSI	
1/5/2024	PAY PLUS ACHTrans 000000011258320 1010006934	- 3rd Party Payor Fee	\$ 186.19	9	186.19 +
1/5/2024	EXPERTPAY EXPERTPAY 746003411 91000013518936	- Child Support Payment	\$ 570.69	8	570.69 +
1/5/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	\$ 543.51**	5	543.51 +
1/5/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	\$ 373,754.92*	5	373,754.92 +
1/5/2024	FDMS FDMS PYMT 052-2000500-000 4100012165327	- Credit Card Processing Fee	\$ 75.67	9	75.67 +
1/5/2024	FDMS FDMS PYMT 052-1601830-000 4100012168012	- Credit Card Processing Fee	\$ 32.45	9	32.45 +
1/4/2024	PAY PLUS ACHTrans 000000011131284 1010006924	- 3rd Party Payor Fee	\$ 81.74	9	81.74 +
1/3/2024	PAY PLUS ACHTrans 000000010956799 1010006905	- 3rd Party Payor Fee	\$ 88.98	9	88.98 +
1/3/2024	MERCHANT BANKCD FEE 971160913887 91000016408	- Credit Card Processing Fee	\$ 171.98	9	171.98 +
1/3/2024	MERCHANT BANKCD FEE 971160910883 91000016408	- Credit Card Processing Fee	\$ 9.95	9	9.95 +
1/3/2024	MERCHANT BANKCD INTERCHNG 971160913887 910000	- Credit Card Processing Fee	\$ 172.60	9	172.60 +
1/3/2024	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	\$ 19.95	9	19.95 +
1/3/2024	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	\$ 303.58	9	303.58 +
1/2/2024	PAY PLUS ACHTrans 000000010863499 1010006989	- 3rd Party Payor Fee	\$ 102.99	9	102.99 +
1/2/2024	MCKESSON DRUG AUTO ACH ACH05808378 9100000156	- 340B Drug Program Expense	\$ 3,779.10**	9	3,779.10 +
1/2/2024	AUTHNET GATEWAY BILLING 132934313 1040000150	- 3rd Party Payor Fee	\$ 35.00	9	35.00 +
12/29/2023	PAY PLUS ACHTrans 000000010678991 1010006977	- 3rd Party Payor Fee	\$ 183.17	9	183.17 +
12/29/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	\$ 1,220.00*	5	1,220.00 +
			<b>381,332.47</b>		

*Pay Plus*  
186.19 +  
81.74 +  
88.98 +  
102.99 +  
183.17 +  
**643.07 \***

*Expert Pay*  
570.69 +  
**570.69 \***

*CC Fees*  
75.67 +  
32.45 +  
81.74 +  
88.98 +  
171.98 +  
9.95 +  
172.60 +  
19.95 +  
303.58 +

*Authnet*  
786.18 \*  
35.00 +  
**35.00 \***

643.07 +  
570.69 +  
786.18 +  
35.00 +  
2,034.94 \*

*Andrew De Los Santos*

ANDREW DE LOS SANTOS  
Memorial Medical Center

January 8, 2024

*\* Approved 01-03-24 cc  
\*\* To be approved this court 01/10/24*

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

Date	Description	MMC Notes	Amount		
1/15/2024	- TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	\$ 187,165.48		187,165.48 +
			<b>187,165.48</b>		

*Andrew De Los Santos*

ANDREW DE LOS SANTOS  
Memorial Medical Center

January 8, 2024

**APPROVED ON**

**JAN 08 2024**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

381,332.47 +  
543.51 -  
373,754.92 -  
3,779.10 -  
1,220.00 -  
2,034.94 \*  
2,034.94 +  
2,034.94 -  
0.00 \*

**Date/Time** 01-04-2024 / 03:56 PM  
**Submitted By**

**Pay Date** 12-31-2023

Employee Deposits	\$75,557.08
Employer Contributions	\$111,608.40
Group Term Life Premiums	\$0.00
<b>Total</b>	<b>\$187,165.48</b> ✓

**Comments**

**Payroll File** December 2023 Retirement Upload.xlsx ✓

CLOSE

PRINT

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01/04/2024  
11:21  
JAN 04 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0  
ap\_open\_invoice.template

CALHOUN COUNTY TEXAS

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122923		12/29/202	12/29/202	01/29/202			600.00	0.00	0.00	600.00 ✓

TRANSFER ✓ H insurance pymt deposited into mme operating

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

Report Summary

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

APPROVED ON

JAN 04 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 202339

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11:25 JAN 04 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Vendor# Vendor Name  
11824 THE CRESCENT ✓  
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122923A	TRANSFER	12/29/202	12/29/202	01/29/202			400.00	0.00	0.00	400.00 ✓
122923B	TRANSFER	12/29/202	12/29/202	01/29/202			5,320.00	0.00	0.00	5,320.00 ✓
122923	TRANSFER	12/29/202	12/29/202	01/29/202			2,400.00	0.00	0.00	2,400.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11824 THE CRESCENT							8,120.00	0.00	0.00	8,120.00

*Net insurance pymt deposited into MMC open ac*

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,120.00	0.00	0.00	8,120.00

APPROVED ON  
JAN 04 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL# 202343

MEMORIAL MEDICAL CENTER

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JAN 04 2024  
CALHOUN COUNTY, TEXAS

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									
122923E	TRANSFER	12/29/202	12/29/202	01/29/202			5,440.33	0.00	0.00	5,440.33 ✓
	NH insurance pymt deposited into mme operating									
122923	TRANSFER	12/29/202	12/29/202	01/29/202			403.28	0.00	0.00	403.28 ✓
122923G	TRANSFER	12/29/202	12/29/202	01/29/202			417.33	0.00	0.00	417.33 ✓
122923D	TRANSFER	12/29/202	12/29/202	01/29/202			206.25	0.00	0.00	206.25 ✓
122923F	TRANSFER	12/29/202	12/29/202	01/29/202			350.49	0.00	0.00	350.49 ✓
122923B	TRANSFER	12/29/202	12/29/202	01/29/202			2,784.04	0.00	0.00	2,784.04 ✓
122923A	TRANSFER	12/29/202	12/29/202	01/29/202			55,375.18	0.00	0.00	55,375.18 ✓
122923C	TRANSFER	12/29/202	12/29/202	01/29/202			5,612.88	0.00	0.00	5,612.88 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11836 GOLDENCREEK HEALTHCARE							70,589.78	0.00	0.00	70,589.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	70,589.78	0.00	0.00	70,589.78

APPROVED ON

JAN 04 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 202341

MEMORIAL MEDICAL CENTER

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JAN 04 2024  
CALHOUN COUNTY, TEXAS

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
122923B		12/29/202	12/29/202	01/29/202			533.46	0.00	0.00	533.46 ✓
	TRANSFER									
122923A		12/29/202	12/29/202	01/29/202			1,066.75	0.00	0.00	1,066.75 ✓
	TRANSFER									
122923		12/29/202	12/29/202	01/29/202			1,400.00	0.00	0.00	1,400.00 ✓
	TRANSFER									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12696 GULF POINTE PLAZA							3,000.21	0.00	0.00	3,000.21

NH insurance pymt deposited into mme operat

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,000.21	0.00	0.00	3,000.21

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JAN 04 2024  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CLK# 202342

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11:22  
JAN 04 2024

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122623		12/29/202	12/26/202	01/27/202			408.40	0.00	0.00	408.40 ✓
	TRANSFER									
122923E		12/29/202	12/29/202	01/29/202			2,395.45	0.00	0.00	2,395.45 ✓
	TRANSFER "									
122923		12/29/202	12/29/202	01/29/202			13,886.10	0.00	0.00	13,886.10 ✓
	TRANSFER "									
122923A		12/29/202	12/29/202	01/29/202			3,196.80	0.00	0.00	3,196.80 ✓
	TRANSFER "									
122923D		12/29/202	12/29/202	01/29/202			4,600.00	0.00	0.00	4,600.00 ✓
	TRANSFER "									
122923C		12/29/202	12/29/202	01/29/202			176.27	0.00	0.00	176.27 ✓
	TRANSFER "									
122923B		12/29/202	12/29/202	01/29/202			44,810.92	0.00	0.00	44,810.92 ✓
	TRANSFER "									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12792 BETHANY SENIOR LIVING							69,473.94	0.00	0.00	69,473.94

MH insurance pymt deposited into mme operating

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	69,473.94	0.00	0.00	69,473.94

APPROVED ON

JAN 04 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 212339

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RUN DATE:01/09/24  
 TIME:11:12

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 01/10/24 THRU 01/10/24

PAGE 1  
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	202282	01/10/24	1,400.00	ACUTE CARE INC
A/P	202283	01/10/24	.00	VOIDED
A/P	202284	01/10/24	10,735.09	ADVANCED STERILIZATION PRODUCT
A/P	202285	01/10/24	3,866.47	AIRGAS USA, LLC - CENTRAL DIV
A/P	202286	01/10/24	162.13	ALIMED INC.
A/P	202287	01/10/24	128.96	AMAZON CAPITAL SERVICES
A/P	202288	01/10/24	6,345.00	AMERISOURCEBERGEN DRUG CORP
A/P	202289	01/10/24	50.00	AQUA BEVERAGE COMPANY
A/P	202290	01/10/24	180.73	AUTO PARTS & MACHINE CO.
A/P	202291	01/10/24	2,956.50	AYA HEALTHCARE INC
A/P	202292	01/10/24	594.00	AZALEA HEALTH
A/P	202293	01/10/24	7,642.08	BECKMAN COULTER INC
A/P	202294	01/10/24	208.89	CALHOUN COUNTY
A/P	202295	01/10/24	8,104.84	CARDINAL HEALTH 414, INC.
A/P	202296	01/10/24	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	202297	01/10/24	1,207.79	CLEARFLY
A/P	202298	01/10/24	39,226.98	COASTAL OFFICE SOLUTIONS
A/P	202299	01/10/24	543.66	COMBINED INSURANCE
A/P	202300	01/10/24	622.11	DEWITT POTH & SON
A/P	202301	01/10/24	105.00	DOWELL PEST CONTROL
A/P	202302	01/10/24	44,147.50	EMERGENCY STAFFING SOLUTIONS
A/P	202303	01/10/24	3,491.25	FAVORITE HEALTHCARE STAFFING
A/P	202304	01/10/24	39.82	FRONTIER
A/P	202305	01/10/24	7,908.33	FUJI FILM
A/P	202306	01/10/24	998.34	GE HEALTHCARE
A/P	202307	01/10/24	802.49	GULF COAST PAPER COMPANY
A/P	202308	01/10/24	4,250.00	HEALTH SOLUTIONS DIETETICS
A/P	202309	01/10/24	54,652.38	HEALTHSURE INSURANCE SERVICES
A/P	202310	01/10/24	635.76	HEB CREDIT RECEIVABLES DEPT308
A/P	202311	01/10/24	28,723.31	ITA RESOURCES INC
A/P	202312	01/10/24	250.00	ITERSOURCE CORPORATION
A/P	202313	01/10/24	1,015.86	M G TRUST
A/P	202314	01/10/24	46.07	MEDLINE INDUSTRIES INC
A/P	202315	01/10/24	130.00	MEMORIAL MEDICAL CLINIC
A/P	202316	01/10/24	.00	VOIDED
A/P	202317	01/10/24	20,329.01	MORRIS & DICKSON CO, LLC
A/P	202318	01/10/24	384.00	NACOGDOCHES TRANSCRIPTION
A/P	202319	01/10/24	577.32	PARAGARD DIRECT
A/P	202320	01/10/24	392.15	PARTSSOURCE, LLC
A/P	202321	01/10/24	3,900.00	POC ELECTRIC, LLC
A/P	202322	01/10/24	19.98	POWER HARDWARE
A/P	202323	01/10/24	1,671.76	REPUBLIC SERVICES, INC.
A/P	202324	01/10/24	371.02	SAM'S CLUB DIRECT
A/P	202325	01/10/24	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	202326	01/10/24	3,402.25	SIEMENS MEDICAL SOLUTIONS INC
A/P	202327	01/10/24	102.20	SKIP'S RESTAURANT EQUIPMENT
A/P	202328	01/10/24	1,320.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	202329	01/10/24	2,490.00	STRYKER SUSTAINABILITY
A/P	202330	01/10/24	10,662.79	SUN LIFE FINANCIAL
A/P	202331	01/10/24	140.00	TEXAS DEPART OF LICENSING&REGU



RUN DATE:01/09/24  
TIME:11:12

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
01/10/24 THRU 01/10/24

PAGE 2  
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	202332	01/10/24	500.00	TEXAS DEPT OF ST HEALTH SERVS
A/P	202333	01/10/24	8,305.00	TEXAS SELECT STAFFING, LLC
A/P	202334	01/10/24	415.73	TRI-ANIM HEALTH SERVICES INC
A/P	202335	01/10/24	7,143.65	UNIFIRST HOLDINGS INC
A/P	202336	01/10/24	475.25	WAGeworks
A/P	202337	01/10/24	2,046.67	WERFEN USA LLC
A/P	202338	01/10/24	13,950.00	WOUND CARE SPECIALISTS
A/P	202339	01/10/24	69,473.94	BETHANY SENIOR LIVING
A/P	202340	01/10/24	600.00	BROADMOOR AT CREEKSIDE PARK
A/P	202341	01/10/24	70,589.78	GOLDENCREEK HEALTHCARE
A/P	202342	01/10/24	3,000.21	GULF POINTE PLAZA
A/P	202343	01/10/24	8,120.00	THE CRESCENT
TOTALS:			464,677.38	

Payables 312,893.45 +  
Net Transfers 151,783.93 +  
464,677.38 \*

APPROVED ON

JAN 10 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 1/8/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer Out	ACH Transfer In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Ashford Gardens</b>		165,444.36	165,002.87	157,643.43		158,084.92	72,008.62
						Bank Balance	158,084.92
						Variance	-
						Leave in Balance	100.00
<i>Running Information for Ashford Gardens:</i>						QIPP YR 6 First IGT Refund	85,452.98
						October Interest	182.37
						November Interest	159.12
						December Interest	181.83
						Adjust Balance/Transfer Amt	72,008.62
<b>Broadmoor</b>		120,377.48	119,873.52	59,067.52		59,571.40	27,290.03
						Bank Balance	59,571.40
						Variance	-
						Leave in Balance	100.00
						QIPP YR 6 First IGT Refund	31,612.81
						Claim pymt owed to MMC	105.71
						October Interest	156.64
						November Interest	141.53
						December Interest	164.68
						Adjust Balance/Transfer Amt	27,290.03
<b>Crescent</b>		182,653.37	181,997.21	142,623.04		143,279.20	118,799.08
						Bank Balance	143,279.20
						Variance	-
						Leave in Balance	100.00
						QIPP YR 6 First IGT Refund	23,580.50
						October Interest	290.78
						November Interest	265.38
						December Interest	243.46
						Adjust Balance/Transfer Amt	118,799.08
<b>Fort Bend</b>		69,697.21	69,411.39	32,008.45		32,294.27	5,254.26
						Bank Balance	32,294.27
						Variance	-
						Leave in Balance	100.00
						QIPP YR 6 First IGT Refund	26,676.29
						October Interest	84.48
						November Interest	101.34
						December Interest	77.90
						Adjust Balance/Transfer Amt	5,254.26
<b>Solera at W Houston</b>		285,412.34	284,908.80	104,251.79		104,755.33	78,448.96
						Bank Balance	104,755.33
						Variance	-
						Leave in Balance	100.00
						QIPP YR 6 First IGT Refund	25,582.81
						October Interest	228.12
						November Interest	175.42
						December Interest	220.02
						Adjust Balance/Transfer Amt	78,448.96
<b>TOTAL TRANSFERS</b>							<b>301,800.95</b>
Approved: <i>Andrew De Los Santos</i>							1/8/2024
ANDREW DE LOS SANTOS							

72,008.62 +  
 27,290.03 + *Broadmoor*  
 118,799.08 +  
 5,254.26 +  
 78,448.96 +  
 301,800.95 \* *no open account*

APPROVED ON  
 JAN 08 2024  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
<b>Ashford Gardens</b>							
1/5/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	167.48						167.48
1/4/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	141,562.86						
1/4/2024 HNB - ECHO HCCLAIMPMT 746003411 440000264076		1,123.32					1,123.32
1/4/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,679.60					1,679.60
1/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000205548		2,167.58					2,167.58
1/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206621		3,549.89					3,549.89
1/3/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,899.75					7,899.75
1/2/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		25,293.00					25,293.00
1/2/2024 HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2		85,452.98					85,452.98
12/31/2023 Added to Account		181.83					181.83
12/29/2023 Check 1226	23,440.01						
12/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296352		28,306.63					28,306.63
12/29/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		515.90					515.90
12/29/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,305.47					1,305.47
<b>165,002.87</b>	<b>157,643.43</b>						<b>157,643.43</b>

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
<b>Broadmoor</b>							
1/4/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	111,203.67						
1/4/2024 HUMANA CHA DISB HCCLAIMPMT 38600611 42000019		5,530.00					5,530.00
1/4/2024 HNB - ECHO HCCLAIMPMT 746003411 440000264076		6,398.54					6,398.54
1/4/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		630.00					630.00
1/3/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		332.41					332.41
1/3/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000114		914.26					914.26
1/2/2024 MANAGEANDNET1718 MNS PMNT 00000000004293 41		202.50					202.50
1/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000236799		8,797.38					8,797.38
1/2/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000124		284.94					284.94
1/2/2024 HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2		31,612.81					31,612.81
1/2/2024 AARP Supplementa HCCLAIMPMT 746003411 124384		4,200.00					4,200.00
12/31/2023 Added to Account		164.68					164.68
12/29/2023 Check 261	8,669.85						
<b>119,873.52</b>	<b>59,067.52</b>						<b>59,067.52</b>

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
<b>Chasont</b>							
1/5/2024 Check 320	35,100.00						
1/5/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021435512		9,094.00					9,094.00
1/4/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	140,432.96						
1/4/2024 HNB - ECHO HCCLAIMPMT 746003411 440000263071		6,354.21					6,354.21
1/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206621		12,820.82					12,820.82
1/3/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026855229		14,316.00					14,316.00
1/2/2024 Deposit		380.00					380.00
1/2/2024 MANAGEANDNET1718 MNS PMNT 00000000003268 41		61.65					61.65
1/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000236799		1,176.12					1,176.12
1/2/2024 HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2		23,580.50					23,580.50
1/2/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025801705		5,400.00					5,400.00
1/2/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025801703		29,092.00					29,092.00
1/2/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025801701		16,650.00					16,650.00
1/2/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025801699		17,110.00					17,110.00
12/31/2023 Added to Account		243.46					243.46
12/29/2023 Check 318	6,464.25						
12/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296138		2,744.28					2,744.28
12/29/2023 DEVOTED HEALTH P HCCLAIMPMT 21000022403415		3,600.00					3,600.00
<b>181,997.21</b>	<b>142,623.04</b>						<b>142,623.04</b>

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
<b>Fort Bend</b>							
1/4/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	62,096.15						
1/4/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		154.26					154.26
1/4/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		900.00					900.00
1/4/2024 AARP Supplementa HCCLAIMPMT 746003411 124384		4,200.00					4,200.00
1/2/2024 HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2		26,676.29					26,676.29
12/31/2023 Added to Account		77.90					77.90
12/29/2023 Check 234	7,315.24						
<b>69,411.39</b>	<b>32,008.45</b>						<b>32,008.45</b>

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
<b>Inlora at West Houston</b>							
1/5/2024 ABCT INC ACH Paymen 746003411-5 323371070003	35,425.26						35,425.26
1/4/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	277,891.32						
1/4/2024 HUMANA CHA DISB HCCLAIMPMT 38626299 42000019		3,752.00					3,752.00
1/4/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		480.00					480.00
1/4/2024 AARP Supplementa HCCLAIMPMT 746003411 124384		2,000.00					2,000.00
1/3/2024 MANAGEANDNET1718 MNS PMNT 00000000002462 41		1,620.00					1,620.00
1/3/2024 UnitedHealthcare HCCLAIMPMT 746003411 910000		4,508.54					4,508.54
1/3/2024 NOVITAS SOLUTION HCCLAIMPMT 676330 420000114		9,056.50					9,056.50
1/2/2024 HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2		25,582.81					25,582.81
12/31/2023 Added to Account		220.02					220.02
12/29/2023 Check 1287	7,017.48						
12/29/2023 HUMANA INS CO HCCLAIMPMT 38196505 8300005282		3,720.00					3,720.00
12/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296134		10,585.08					10,585.08
12/29/2023 HNB - ECHO HCCLAIMPMT 746003411 440000296352		7,301.58					7,301.58
<b>284,908.80</b>	<b>104,251.79</b>						<b>104,251.79</b>
<b>TOTALS</b>	<b>821,193.79</b>	<b>495,594.23</b>					<b>495,594.23</b>

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,051,618.43	\$2,037,788.53	\$2,051,618.43	\$2,345,109.21
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$541.17	\$541.17	\$541.17	\$541.17
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$435.66	\$435.66	\$435.66	\$435.66
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$158,084.92 ✓✓	\$170,261.57	\$158,084.92	\$157,917.44
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$59,571.40 ✓✓	\$69,253.17	\$59,571.40	\$59,571.40
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$143,279.20 ✓✓	\$207,031.37	\$143,279.20	\$169,285.20
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$104,755.33 ✓✓	\$107,073.73	\$104,755.33	\$69,330.07
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$32,294.27 ✓✓	\$38,309.27	\$32,294.27	\$32,294.27
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$208,771.57	\$214,036.57	\$208,771.57	\$191,721.64
*4551 CAL CO INDIGENT HEALTHCARE	\$9,718.80	\$9,718.80	\$9,718.80	\$9,798.80
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$3,345.44	\$3,345.44	\$3,345.44	\$3,345.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,323.99	\$69,048.59	\$6,323.99	\$6,323.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$180,994.97	\$180,994.97	\$180,994.97	\$107,129.02
*3407 MMC -NH TUSCANY VILLAGE	\$225,573.71	\$267,122.63	\$225,573.71	\$190,473.71
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$604,779.54	\$604,779.54	\$604,779.54	\$604,779.54
<b>Total Balance</b>	<b>\$3,790,188.40</b>	<b>\$3,979,841.01</b>	<b>\$3,790,188.40</b>	<b>\$3,948,156.56</b>

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

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		16,092.43	15,675.33	208,354.47		208,771.57	144,738.27
						Bank Balance	208,771.57
						Variance	-
						Leave in Balance	100.00
						QJPP YR 6 First IGT Refund	49,518.18
						QJPP Superior	13,956.93
						October Interest	183.50
						November Interest	133.60
						December Interest	141.09
						Adjust Balance/Transfer Amt	144,738.27

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 1/8/2024

APPROVED ON  
 JAN 08 2024  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Golden Creek

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	NH PORTION
1/5/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001199	-	3,093.00	-	-	-	-	-	3,093.00
1/5/2024 Centene Managem ACH 008765433514 1110000241	-	13,956.93	-	-	-	-	-	13,956.93
1/4/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	15,675.33	-	-	-	-	-	-	-
1/4/2024 Deposit	-	50,091.07	-	-	-	-	-	50,091.07
1/4/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	2,706.54	-	-	-	-	-	2,706.54
1/4/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001864	-	850.00	-	-	-	-	-	850.00
1/3/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001203	-	3,200.00	-	-	-	-	-	3,200.00
1/3/2024 NOVITAS SOLUTION HCCLAIMPMT 676097 420000114	-	53.62	-	-	-	-	-	53.62
1/2/2024 Deposit	-	81,294.39	-	-	-	-	-	81,294.39
1/2/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,527.00	-	-	-	-	-	1,527.00
1/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000236799	-	59.83	-	-	-	-	-	59.83
1/2/2024 HEALTH HUMAN SVC INV-PAYMTS 17460034113011 2	-	49,518.18	-	-	-	-	-	49,518.18
12/31/2023 Added to Account	-	141.09	-	-	-	-	-	141.09
12/29/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,342.82	-	-	-	-	-	1,342.82
12/29/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001434	-	520.00	-	-	-	-	-	520.00
	15,675.33	208,354.47	-	-	-	-	-	208,354.47

## Balances Overview

## Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,051,618.43	\$2,037,788.53	\$2,051,618.43	\$2,345,109.21
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$541.17	\$541.17	\$541.17	\$541.17
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$435.66	\$435.66	\$435.66	\$435.66
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$158,084.92	\$170,261.57	\$158,084.92	\$157,917.44
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$59,571.40	\$69,253.17	\$59,571.40	\$59,571.40
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$143,279.20	\$207,031.37	\$143,279.20	\$169,285.20
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$104,755.33	\$107,073.73	\$104,755.33	\$69,330.07
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$32,294.27	\$38,309.27	\$32,294.27	\$32,294.27
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$208,771.57 ✓	\$214,036.57	\$208,771.57	\$191,721.64
*4551 CAL CO INDIGENT HEALTHCARE	\$9,718.80	\$9,718.80	\$9,718.80	\$9,798.80
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$3,345.44	\$3,345.44	\$3,345.44	\$3,345.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,323.99	\$69,048.59	\$6,323.99	\$6,323.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$180,994.97	\$180,994.97	\$180,994.97	\$107,129.02
*3407 MMC -NH TUSCANY VILLAGE	\$225,573.71	\$267,122.63	\$225,573.71	\$190,473.71
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$604,779.54	\$604,779.54	\$604,779.54	\$604,779.54
<b>Total Balance</b>	<b>\$3,790,188.40</b>	<b>\$3,979,841.01</b>	<b>\$3,790,188.40</b>	<b>\$3,948,156.56</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 1/8/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		3,200.76		144.68			3,345.44	to transfer
						Bank Balance Variance	3,345.44	
						Leave in Balance	100.00	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		3,611.88		2,712.11			6,323.99	6,223.99
						Bank Balance Variance	6,323.99	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 3,245.44

Adjust Balance/Transfer Amt 6,223.99

Routing Information for Gulf Pointe Plaza:

**TOTAL TRANSFERS** 9,469.43

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 1/8/2024

**APPROVED ON**  
**JAN 08 2024**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**



**Gulf Pointe Plaza-Private Pay** ✓

1/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206621  
 1/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000236799  
 12/31/2023 Added to Account

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp		QIPP/Comp4		QIPP TI	
		QIPP/Comp1	2	QIPP/Comp3	&Lapse		
-	78.85	-	-	-	-	-	78.85
-	56.35	-	-	-	-	-	56.35
-	9.48	-	-	-	-	-	9.48
-	144.68	-	-	-	-	-	144.68

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

1/2/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 1/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000236799  
 12/31/2023 Added to Account

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp		QIPP/Comp4		QIPP TI	
		QIPP/Comp1	2	QIPP/Comp3	&Lapse		
-	2,346.00	-	-	-	-	-	2,346.00
-	314.95	-	-	-	-	-	314.95
-	51.16	-	-	-	-	-	51.16
-	2,712.11	-	-	-	-	-	2,712.11
-	2,856.79	-	-	-	-	-	2,856.79

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,051,618.43	\$2,037,788.53	\$2,051,618.43	\$2,345,109.21
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$541.17	\$541.17	\$541.17	\$541.17
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$435.66	\$435.66	\$435.66	\$435.66
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$158,084.92	\$170,261.57	\$158,084.92	\$157,917.44
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$59,571.40	\$69,253.17	\$59,571.40	\$59,571.40
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$143,279.20	\$207,031.37	\$143,279.20	\$169,285.20
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$104,755.33	\$107,073.73	\$104,755.33	\$69,330.07
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$32,294.27	\$38,309.27	\$32,294.27	\$32,294.27
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$208,771.57	\$214,036.57	\$208,771.57	\$191,721.64
*4551 CAL CO INDIGENT HEALTHCARE	\$9,718.80	\$9,718.80	\$9,718.80	\$9,798.80
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$3,345.44 ✓	\$3,345.44	\$3,345.44	\$3,345.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$6,323.99 ✓	\$69,048.59	\$6,323.99	\$6,323.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$180,994.97	\$180,994.97	\$180,994.97	\$107,129.02
*3407 MMC -NH TUSCANY VILLAGE	\$225,573.71	\$267,122.63	\$225,573.71	\$190,473.71
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$604,779.54	\$604,779.54	\$604,779.54	\$604,779.54
<b>Total Balance</b>	<b>\$3,790,188.40</b>	<b>\$3,979,841.01</b>	<b>\$3,790,188.40</b>	<b>\$3,948,156.56</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscan Transfer  
 Prosperity Accounts  
 1/8/2024

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		75,431.85	75,331.85	225,473.71			225,573.71	225,473.71
						Bank Balance Variance	225,573.71	
						Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt 225,473.71  
 Approved: Andrew De Los Santos  
 ANDREW DE LOS SANTOS 1/8/2024

APPROVED ON  
 JAN 08 2024  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

**Tuscany Village** ✓

**MMC PORTION**

	<u>Transfer-Out</u>	<u>Transfer-In</u>	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
1/5/2024 Deposit	-	35,100.00	-	-	-	-	-	35,100.00
1/4/2024 WIRE OUT LINBAR ENTERPRISES, LLC	60,774.89 ✓	-	-	-	-	-	-	-
1/4/2024 Deposit	-	23,651.48	-	-	-	-	-	23,651.48
1/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206621	-	3,291.37	-	-	-	-	-	3,291.37
1/3/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000114	-	76,100.11	-	-	-	-	-	76,100.11
12/31/2023 Added to Account	-	139.91	-	-	-	-	-	139.91
12/29/2023 Check 1144	14,556.96 ✓	-	-	-	-	-	-	-
12/29/2023 NOVITAS SOLUTION HCCLAIMPMT 676201 420000173	-	87,190.84 ✓	-	-	-	-	-	87,190.84
	<u>75,331.85</u> ✓	<u>225,473.71</u> ✓	-	-	-	-	-	<u>225,473.71</u> ✓

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,051,618.43	\$2,037,788.53	\$2,051,618.43	\$2,345,109.21
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$541.17	\$541.17	\$541.17	\$541.17
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$435.66	\$435.66	\$435.66	\$435.66
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$158,084.92	\$170,261.57	\$158,084.92	\$157,917.44
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$59,571.40	\$69,253.17	\$59,571.40	\$59,571.40
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$143,279.20	\$207,031.37	\$143,279.20	\$169,285.20
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$104,755.33	\$107,073.73	\$104,755.33	\$69,330.07
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$32,294.27	\$38,309.27	\$32,294.27	\$32,294.27
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$208,771.57	\$214,036.57	\$208,771.57	\$191,721.64
*4551 CAL CO INDIGENT HEALTHCARE	\$9,718.80	\$9,718.80	\$9,718.80	\$9,798.80
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$3,345.44	\$3,345.44	\$3,345.44	\$3,345.44
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,323.99	\$69,048.59	\$6,323.99	\$6,323.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$180,994.97	\$180,994.97	\$180,994.97	\$107,129.02
*3407 MMC -NH TUSCANY VILLAGE ✓	\$225,573.71 ✓	\$267,122.63 ✓	\$225,573.71	\$190,473.71
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$604,779.54	\$604,779.54	\$604,779.54	\$604,779.54
<b>Total Balance</b>	<b>\$3,790,188.40</b>	<b>\$3,979,841.01</b>	<b>\$3,790,188.40</b>	<b>\$3,948,156.56</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 1/8/2024

Account	Previous Beginning Balance	Transfer-Out	Transfer-in	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Bethany Senior Living</u>	145,056.30	144,578.61	180,517.28			180,994.97	160,034.95
					Bank Balance Variance	180,994.97	
					Leave in Balance	100.00	
					QIPP Superior	20,238.53	
					October Interest	232.25	
					November Interest	145.44	
					December Interest	243.80	
					Adjust Balance/Transfer Amt	160,034.95	

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 1/8/2024

**APPROVED ON**  
**JAN 08 2024**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

Bethany Senior Living ✓

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
1/5/2024 Deposit	-	34,307.27	-	-	-	-	-	34,307.27
1/5/2024 NDC SWEEP FAC K236 31316965285291 SWEEP FR	-	2,842.00	-	-	-	-	-	2,842.00
1/5/2024 Deposit	-	15,564.67	-	-	-	-	-	15,564.67
1/5/2024 HOSPICE OF SOUTH Payments NF 113122650029291	-	913.48	-	-	-	-	-	913.48
1/5/2024 Centene Managem ACH 008765433514 1110000241	-	20,238.53	-	-	-	-	-	20,238.53 ✓
1/4/2024 WIRE OUT PORT LAVACA NH, LLC	144,578.61 ✓	-	-	-	-	-	-	-
1/3/2024 NDC SWEEP FAC K236 31316966578956 SWEEP FR	-	4,086.00	-	-	-	-	-	4,086.00
1/3/2024 Deposit	-	2,243.84	-	-	-	-	-	2,243.84
1/3/2024 Deposit	-	22,481.33	-	-	-	-	-	22,481.33
1/2/2024 Deposit	-	51,297.46	-	-	-	-	-	51,297.46
12/31/2023 Added to Account	-	243.80	-	-	-	-	-	243.80
12/29/2023 Deposit	-	12,057.96	-	-	-	-	-	12,057.96
12/29/2023 Deposit	-	11,565.59	-	-	-	-	-	11,565.59
12/29/2023 HOSPICE OF SOUTH Payments NF 113122650068350	-	2,675.35	-	-	-	-	-	2,675.35
	144,578.61 ✓	180,517.28 ✓	-	-	-	-	-	180,517.28 ✓

## Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,051,618.43	\$2,037,788.53	\$2,051,618.43	\$2,345,109.21
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$541.17	\$541.17	\$541.17	\$541.17
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$435.66	\$435.66	\$435.66	\$435.66
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$158,084.92	\$170,261.57	\$158,084.92	\$157,917.44
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$59,571.40	\$69,253.17	\$59,571.40	\$59,571.40
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$143,279.20	\$207,031.37	\$143,279.20	\$169,285.20
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$104,755.33	\$107,073.73	\$104,755.33	\$69,330.07
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$32,294.27	\$38,309.27	\$32,294.27	\$32,294.27
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*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$6,323.99	\$69,048.59	\$6,323.99	\$6,323.99
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<b>Total Balance</b>	<b>\$3,790,188.40</b>	<b>\$3,979,841.01</b>	<b>\$3,790,188.40</b>	<b>\$3,948,156.56</b>



Ashford /

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC Date Requested: 1/8/2024

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

FOR ACCT USE ONLY

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

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
GALHOUN COUNTY, TEXAS  
CL# 001227

AMOUNT: \$ 523.32 G/L NUMBER: 21400012

EXPLANATION: Q4 Interest

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeLoe Santos

118/24

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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

Date Requested: 1/8/2024

FOR ACCT USE ONLY

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

APPROVED ON  
JAN 08 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 000263

AMOUNT: \$ 462.85 ✓ G/L NUMBER: 21400009

EXPLANATION: Q4 Interest

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeLaRosa

1/8/24

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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

Date Requested: 1/8/2024

APPROVED ON  
JAN 08 2024  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 00321

FOR ACCT USE ONLY

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

AMOUNT: \$ 799.62 ✓ G/L NUMBER: 21400010

EXPLANATION: Q4 Interest

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeLaSantis

118/24

Fort Bend ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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

Date Requested: 1/8/2024

FOR ACCT USE ONLY

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

APPROVED ON  
JAN 08 2024  
BY COUNTY AUDITOR  
TALHOON COUNTY, TEXAS  
CK#000235

AMOUNT: \$ 263.72 ✓ G/L NUMBER: 2140008

EXPLANATION: Q4 Interest

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andreana De la Santa

118124

Solera ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
A  
Y  
E  
E

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

Date Requested: 1/8/2024

FOR ACCT USE ONLY

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

APPROVED ON  
JAN 08 2024  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 001298

AMOUNT: \$ 623.56 ✓ G/L NUMBER: 21400011

EXPLANATION: Q4 Interest

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DePalantia

110124

Golden Creek ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
A  
Y  
E  
E

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

Date Requested: 1/8/2024

FOR ACCT USE ONLY

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

APPROVED ON  
JAN 08 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 100202

AMOUNT: \$ 458.19 G/L NUMBER: 21400013

EXPLANATION: Q4 Interest

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeLeon Lantieri

118/24

Bethany ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC Date Requested: 1/8/2024

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON

JAN 08 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL # 1033

### FOR ACCT USE ONLY

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

AMOUNT: \$ 621.49 ✓ G/L NUMBER: 21400015

EXPLANATION: Q4 Interest

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeFonzo

1/8/24

MEMORIAL MEDICAL CENTER

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001227

Date 1-10-24 88-2265/1131

PAY  
TO THE  
ORDER OF

MMC Operating

\$ 523.  $\frac{32}{100}$

Five hundred twenty three dollars &  $\frac{32}{100}$

DOLLARS



PROSPERITY  
BANK

County auditor

FOR

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000263

Date 1-10-24 88-2265/1131

PAY  
TO THE  
ORDER OF

MMC Operating

\$ 462.  $\frac{85}{100}$

Four hundred sixty-two dollars &  $\frac{85}{100}$

DOLLARS



PROSPERITY  
BANK

County auditor

FOR

Q4 Interest

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

MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000321

Date 1-10-24 88-2265/1131

PAY  
TO THE  
ORDER OF

MMC Operating

\$ 799.  $\frac{62}{100}$

Seven hundred ninety-nine dollars &  $\frac{62}{100}$

DOLLARS



PROSPERITY  
BANK

County auditor

FOR

Q4 Interest

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



MEMORIAL MEDICAL CENTER

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

000235

Date 1-10-24

88-2265/1131

PAY  
TO THE  
ORDER OF

MMC Operating

\$ 263. <sup>72</sup>/<sub>100</sub>

Two hundred sixty-three dollars & <sup>72</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

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

FOR

Q4 Interest



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

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001288

Date 1-10-24

88-2265/1131

PAY  
TO THE  
ORDER OF

MMC Operating

\$ 623. <sup>56</sup>/<sub>100</sub>

Six hundred twenty-three dollars & <sup>56</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

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

FOR

Q4 Interest



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

MEMORIAL MEDICAL CENTER

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

000202

Date 1-10-24

88-2265/1131

PAY  
TO THE  
ORDER OF

MMC Operating

\$ 458. <sup>19</sup>/<sub>100</sub>

Four hundred fifty-eight dollars & <sup>19</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

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

FOR

Q4 Interest



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

MEMORIAL MEDICAL CENTER 102019  
NH BETHANY SENIOR LIVING

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

1033

88-2265/1131-87

DATE 1-10-24



PAY  
TO THE  
ORDER OF

MMC Operating

\$ 02649

Six hundred twenty-one dollars  $\frac{49}{100}$

DOLLARS



**PROSPERITY BANK**

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

FOR Gu Interest

County auditor

County Treasurer

0

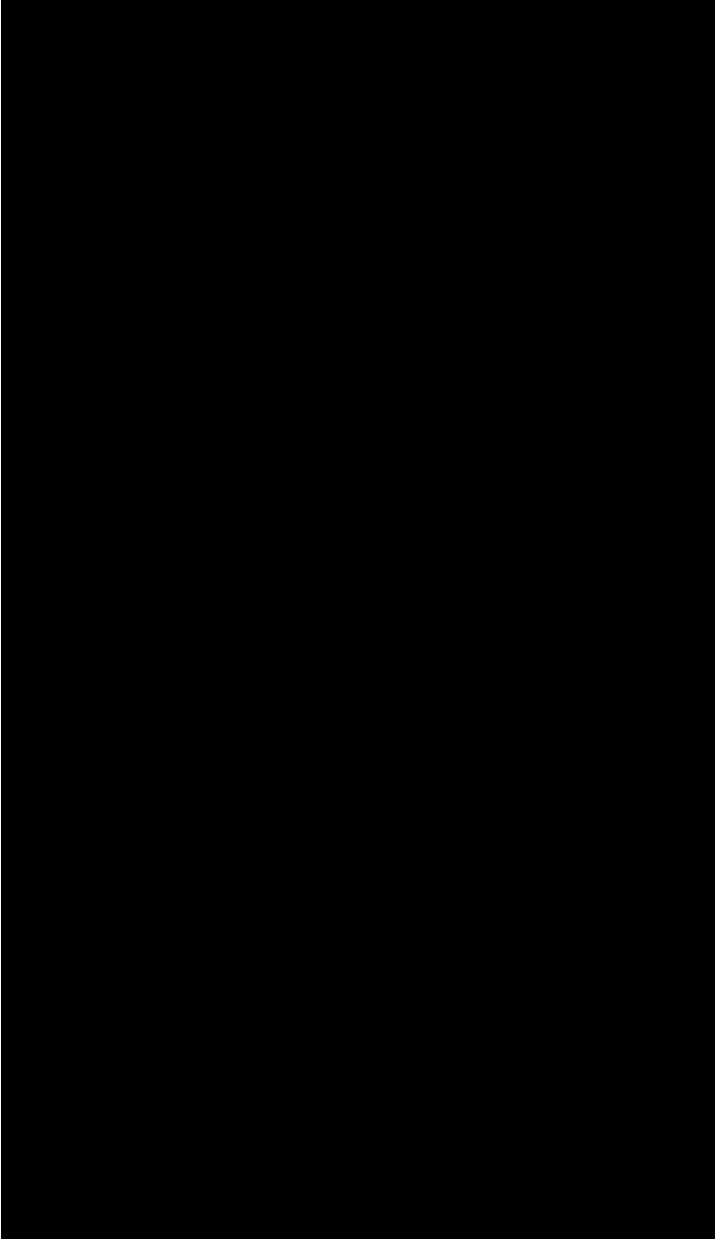
RUN DATE:01/10/24  
TIME:11:19

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
01/10/24 THRU 01/10/24

PAGE 1  
GLCKREG

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

NHG \* 000202 01/10/24 458.19 MMC OPERATING  
NHF \* 000235 01/10/24 263.72 MMC OPERATING  
NHB \* 000263 01/10/24 462.85 MMC OPERATING  
NHC \* 000321 01/10/24 799.62 MMC OPERATING  
NHB \* 001033 01/10/24 621.49 MMC OPERATING  
NHA \* 001227 01/10/24 523.32 MMC OPERATING  
NHS \* 001288 01/10/24 623.56 MMC OPERATING



QTD Interest - Q4 2023 TO MMC 1-08-2024

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford ✓	10000018 - Prosperity		MMC -Prosperity Operating #10000001	21400012	October - December 2023 Interest Earned	523.32	✓ 1/8/2024
Broadmoor ✓	10000019 - Prosperity		MMC -Prosperity Operating #10000001	21400009	October - December 2023 Interest Earned	462.85	✓ 1/8/2024
Crescent ✓	10000020 - Prosperity		MMC -Prosperity Operating #10000001	21400010	October - December 2023 Interest Earned	799.62	✓ 1/8/2024
Fort Bend ✓	10000021 - Prosperity		MMC -Prosperity Operating #10000001	21400008	October - December 2023 Interest Earned	263.72	✓ 1/8/2024
Solera ✓	10000022 - Prosperity		MMC -Prosperity Operating #10000001	21400011	October - December 2023 Interest Earned	623.56	✓ 1/8/2024
Golden Creek ✓	10000023 - Prosperity		MMC -Prosperity Operating #10000001	21400013	October - December 2023 Interest Earned	458.19	✓ 1/8/2024
Bethany ✓	10000026 - Prosperity		MMC -Prosperity Operating #10000001	21400015	October - December 2023 Interest Earned	621.49	✓ 1/8/2024
						3,752.75	

Note:

Approved: Andrew De Los Santos  
 Andrew De Los Santos

1/8/2024