

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 24, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

| | | |
|--|-----------------|---|
| TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS | \$ 287,217.46 | ✓ |
| TOTAL TRANSFERS BETWEEN FUNDS | \$ 194,187.88 | ✓ |
| TOTAL NURSING HOME UPL EXPENSES | \$ 507,979.98 | ✓ |
| TOTAL INTER-GOVERNMENT TRANSFERS | \$ 311,722.16 | ✓ |
| GRAND TOTAL DISBURSEMENTS APPROVED January 24, 2024 | \$ 1,301,107.48 | ✓ |

APPROVED

JAN 24 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 24, 2024

PAYABLES AND PAYROLL

| | |
|---|------------|
| 1/18/2024 Weekly Payables | 275,546.14 |
| 1/18/2024 Citibank Credit Card-see attached | 2,795.47 |
| 1/22/2024 Heather Mutchler-re-issue of returned ACH payroll | 2,341.04 |
| 1/22/2024 McKesson-340B Prescription Expense | 4,442.25 |
| 1/22/2024 Amerisource Bergen-340B Prescription Expense | 1,104.17 |

Prosperity Electronic Bank Payments

| | |
|---|--------|
| 1/16/2024 Credit Card & Lease Fees | 285.82 |
| 1/16-1/19/24 Pay Plus-Patient Claims Processing Fee | 131.88 |
| 1/19/2024 ExpertPay- child support | 570.69 |

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 287,217.46**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

| | |
|--|------------|
| 1/18/2024 MMC Operating to Solera-NH portion of insurance payment deposited into MMC Operating | 8,347.80 |
| 1/18/2024 MMC Operating to Fort bend-correction of NH insurance payment deposited into MMC Operating | 2,600.00 |
| 1/18/2024 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error | 7,580.00 |
| 1/18/2024 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error | 106,891.61 |
| 1/18/2024 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error | 68,768.47 |

TOTAL TRANSFERS BETWEEN FUNDS **\$ 194,187.88**

NURSING HOME UPL EXPENSES

| | |
|---|------------|
| 1/22/2024 Nursing Home UPL-Cantex Transfer | 281,112.13 |
| 1/22/2024 Nursing Home UPL-Nexion Transfer | 41,955.78 |
| 1/22/2024 Nursing Home UPL-HMG Transfer | 67,806.50 |
| 1/22/2024 Nursing Home UPL-Tuscany Transfer | 18,356.58 |
| 1/22/2024 Nursing Home UPL-HSL Transfer | 56,682.56 |

QIPP CHECKS TO MMC

| | |
|------------------------|-----------|
| 1/22/2024 Golden Creek | 22,241.58 |
| 1/22/2024 Bethany | 19,824.85 |

TOTAL NURSING HOME UPL EXPENSES **\$ 507,979.98**

INTER-GOVERNMENT TRANSFERS

| | |
|---|------------|
| 1/22/2024 IGT UC to be paid February 02, 2024 | 311,722.16 |
|---|------------|

TOTAL INTER-GOVERNMENT TRANSFERS **\$ 311,722.16**

GRAND TOTAL DISBURSEMENTS APPROVED January 24, 2024 **\$ 1,301,107.48**

RECEIVED BY THE
PROPERTY AUDITOR ON
01/18/2024
12:42
JAN 18 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/09/2024

0
ap_open_invoice.template

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
5504872667 01/17/202 12/31/202 01/25/202 561.27 0.00 0.00 561.27

OXYGEN

Vendor Totals: Number Name Gross Discount No-Pay Net
A1680 AIRGAS USA, LLC - CENTRAL DIV 561.27 0.00 0.00 561.27

Vendor# Vendor Name Class Pay Code

15188 ALERA GROUP INC. Clarity Enrollment Solutions

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
1343 01/18/202 01/09/202 02/08/202 360.00 0.00 0.00 360.00

DATA MOVEMENT

Vendor Totals: Number Name Gross Discount No-Pay Net
15188 ALERA GROUP INC. Clarity Enrollment Solutions 360.00 0.00 0.00 360.00

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
143W-LMHT-9614 01/10/202 01/04/202 02/03/202 33.97 0.00 0.00 33.97

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
14028 AMAZON CAPITAL SERVICES 33.97 0.00 0.00 33.97

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
20240109 01/17/202 01/10/202 01/16/202 293.74 0.00 0.00 293.74

INVENTORY

Vendor Totals: Number Name Gross Discount No-Pay Net
A1360 AMERISOURCEBERGEN DRUG CORP 293.74 0.00 0.00 293.74

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
130185 01/17/202 12/31/202 01/25/202 60.50 0.00 0.00 60.50

WATER

Vendor Totals: Number Name Gross Discount No-Pay Net
A2218 AQUA BEVERAGE COMPANY 60.50 0.00 0.00 60.50

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
3846867 01/09/202 01/04/202 02/03/202 3,017.25 0.00 0.00 3,017.25

KARIANN DUNN 12/22/12/24/23

Vendor Totals: Number Name Gross Discount No-Pay Net
11756 AYA HEALTHCARE INC 3,017.25 0.00 0.00 3,017.25

Vendor# Vendor Name Class Pay Code

B1150 BAXTER HEALTHCARE W

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
81479646 01/18/202 12/22/202 01/16/202 43.06 0.00 0.00 43.06

SUPPLIES

81523729 01/18/202 12/28/202 01/22/202 43.84 0.00 0.00 43.84

SUPPLIES

81602049 01/18/202 01/02/202 01/27/202 3,071.40 0.00 0.00 3,071.40

SUPPLIES

81604011 01/18/202 01/02/202 01/27/202 631.20 0.00 0.00 631.20

LAB SERV

| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
|----------------|--|-----------|------------------------------|-----------|----------|-----|-----------|----------|--------|-------------|
| | | 10212 | CLINICAL PATHOLOGY LABS | | | | 15,908.25 | 0.00 | 0.00 | 15,908.25 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 13572 | COMMUNITY INFUSION SOLUTIONS ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 202312-15 ✓ | | 01/18/202 | 12/06/202 | 12/16/202 | | | 1,788.40 | 0.00 | 0.00 | 1,788.40 ✓ |
| | INFUSION SERV | | | | | | | | | |
| 202401-19 ✓ | | 01/18/202 | 01/05/202 | 01/15/202 | | | 219.18 | 0.00 | 0.00 | 219.18 ✓ |
| | INFUSION SERV | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 13572 | COMMUNITY INFUSION SOLUTIONS | | | | 2,007.58 | 0.00 | 0.00 | 2,007.58 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 14400 | CULINARY CONCESSIONS LLC ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| INV00001068 ✓ | | 12/31/202 | 12/31/202 | 02/04/202 | | | 28,366.24 | 0.00 | 0.00 | 28,366.24 ✓ |
| | CONTRACT FEES | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 14400 | CULINARY CONCESSIONS LLC | | | | 28,366.24 | 0.00 | 0.00 | 28,366.24 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 10368 | DEWITT POTHS & SON ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 741579-0 ✓ | | 01/17/202 | 01/04/202 | 01/29/202 | | | 465.43 | 0.00 | 0.00 | 465.43 ✓ |
| | LAUNDRY | | | | | | | | | |
| 742293-0 ✓ | | 01/17/202 | 01/09/202 | 02/03/202 | | | 177.30 | 0.00 | 0.00 | 177.30 ✓ |
| | SUPPLIES | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10368 | DEWITT POTHS & SON | | | | 642.73 | 0.00 | 0.00 | 642.73 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 14832 | DR. JOHN CLINTON ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 121323 ✓ | | 01/18/202 | 12/13/202 | 01/13/202 | | | 2,000.00 | 0.00 | 0.00 | 2,000.00 ✓ |
| | PEDIATRIC CALL (11/10-11/12/23) (11/27/23) | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 14832 | DR JOHN CLINTON | | | | 2,000.00 | 0.00 | 0.00 | 2,000.00 ✓ |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| W1372 | DR. JOHN WRIGHT | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 121323 | | 01/18/202 | 12/13/202 | 01/13/202 | | | 3,000.00 | 0.00 | 0.00 | 3,000.00 ✓ |
| | PEDTRIC CALL (11/17-11/19/23) (11/24-11/26/23) | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | W1372 | DR. JOHN WRIGHT | | | | 3,000.00 | 0.00 | 0.00 | 3,000.00 ✓ |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 14924 | DR. TIMU KWI | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 121323 | | 01/18/202 | 12/13/202 | 01/13/202 | | | 2,500.00 | 0.00 | 0.00 | 2,500.00 ✓ |
| | PEDIATRIC CALL | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 14924 | DR. TIMU KWI | | | | 2,500.00 | 0.00 | 0.00 | 2,500.00 ✓ |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| C2510 | EVIDENT ✓ | | M | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 1018736 ✓ | | 01/02/202 | 12/29/202 | 12/30/202 | | | 380.00 | 0.00 | 0.00 | 380.00 ✓ |
| | LABEL/RIBBON | | | | | | | | | |
| A2401051378 ✓ | | 01/17/202 | 01/05/202 | 01/30/202 | | | 18,757.00 | 0.00 | 0.00 | 18,757.00 ✓ |
| | SOFTWARE MAINT | | | | | | | | | |

| | | | | | | | | | | |
|----------------------------|--------------------------------------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|------------|
| T2401091378 | | 01/17/202 | 01/09/202 | 01/10/202 | | | 10,529.10 | 0.00 | 0.00 | 10,529.10 |
| | CODING/BUS SERV | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| | C2510 EVIDENT | | | | | | 29,666.10 | 0.00 | 0.00 | 29,666.10 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 10689 | FASTHEALTH CORPORATION ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 01A24MMC ✓ | WEBSITE | 01/17/202 | 01/01/202 | 01/16/202 | | | 545.00 | 0.00 | 0.00 | 545.00 ✓ |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| | 10689 FASTHEALTH CORPORATION | | | | | | 545.00 | 0.00 | 0.00 | 545.00 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| F1100 | FEDERAL EXPRESS CORP. ✓ | | W | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 8-362-58280 ✓ | FREIGHT | 01/18/202 | 10/28/202 | 11/22/202 | | | 18.58 | 0.00 | 0.00 | 18.58 ✓ |
| 8-368-62003 ✓ | FREIGHT | 01/18/202 | 01/04/202 | 01/29/202 | | | 19.46 | 0.00 | 0.00 | 19.46 ✓ |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| | F1100 FEDERAL EXPRESS CORP. | | | | | | 38.04 | 0.00 | 0.00 | 38.04 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| F1400 | FISHER HEALTHCARE ✓ | | M | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 8605432 ✓ | SUPPLIES | 01/02/202 | 12/19/202 | 01/13/202 | | | 3,424.45 | 0.00 | 0.00 | 3,424.45 ✓ |
| 8792527 ✓ | SUPPLIES | 01/10/202 | 01/02/202 | 01/27/202 | | | 3,569.83 | 0.00 | 0.00 | 3,569.83 ✓ |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| | F1400 FISHER HEALTHCARE | | | | | | 6,994.28 | 0.00 | 0.00 | 6,994.28 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 11183 | FRONTIER ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 010224 | PHONE <i>Late fee 74.91</i> | 01/17/202 | 01/02/202 | 01/26/202 | | | 1,293.39 | 0.00 | 0.00 | 1,293.39 ✓ |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| | 11183 FRONTIER | | | | | | 1,293.39 | 0.00 | 0.00 | 1,293.39 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 12404 | GE PRECISION HEALTHCARE, LLC ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 6002572391 ✓ | MEDRAD | 01/17/202 | 01/01/202 | 01/31/202 | | | 204.83 | 0.00 | 0.00 | 204.83 ✓ |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| | 12404 GE PRECISION HEALTHCARE, LLC | | | | | | 204.83 | 0.00 | 0.00 | 204.83 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 10804 | HEALTHCARE CODING & CONSULTING ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 146211 ✓ | CHARTS | 01/17/202 | 12/31/202 | 01/30/202 | | | 267.00 | 0.00 | 0.00 | 267.00 ✓ |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| | 10804 HEALTHCARE CODING & CONSULTING | | | | | | 267.00 | 0.00 | 0.00 | 267.00 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 14872 | HOLLAND & KNIGHT LLP ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 33283660 ✓ | PROF FEES | 01/18/202 | 01/05/202 | 02/05/202 | | | 234.00 | 0.00 | 0.00 | 234.00 ✓ |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| | | | | | | | | | | |

| | | | | | | | | | | |
|----------------|----------------------------------|--------------------------------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| | 14872 | HOLLAND & KNIGHT LLP | | | | | 234.00 | 0.00 | 0.00 | 234.00 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 14976 | INOVALON PROVIDER INC. ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 24M-0000033 ✓ | | 01/18/202 | 01/05/202 | 02/04/202 | | | 701.84 | 0.00 | 0.00 | 701.84 ✓ |
| | SCHEDULING | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 14976 | INOVALON PROVIDER INC. | | | | | 701.84 | 0.00 | 0.00 | 701.84 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 14540 | JINDAL X LLC ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 2023-24-038 ✓ | | 12/29/202 | 12/31/202 | 02/04/202 | | | 9,000.00 | 0.00 | 0.00 | 9,000.00 ✓ |
| | REVENUE CYCLE | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 14540 | JINDAL X LLC | | | | | 9,000.00 | 0.00 | 0.00 | 9,000.00 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| L0700 | LABCORP OF AMERICA HOLDINGS ✓ | | M | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 78739280 ✓ | | 01/17/202 | 12/30/202 | 01/24/202 | | | 26.29 | 0.00 | 0.00 | 26.29 ✓ |
| | LAB SERV | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | L0700 | LABCORP OF AMERICA HOLDINGS | | | | | 26.29 | 0.00 | 0.00 | 26.29 |
| 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 |
| 011124 | | 01/17/202 | 01/11/202 | 01/21/202 | | | 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 | | | | | | |
| 15200 | MANAGED CARE PARTNERS INC. ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 6296 ✓ | | 01/18/202 | 01/02/202 | 02/02/202 | | | 500.00 | 0.00 | 0.00 | 500.00 ✓ |
| | PROF FEE | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 15200 | MANAGED CARE PARTNERS INC. | | | | | 500.00 | 0.00 | 0.00 | 500.00 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 15004 | MARTIN BIONICS CLINICAL CARE ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 10108 ✓ | | 01/18/202 | 09/25/202 | 10/25/202 | | | 1,046.18 | 0.00 | 0.00 | 1,046.18 ✓ |
| | PROSTHETIC SUPPLIES | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 15004 | MARTIN BIONICS CLINICAL CARE | | | | | 1,046.18 | 0.00 | 0.00 | 1,046.18 |
| Vendor# | Vendor Name | | Class | Pay Code | | | | | | |
| 10613 | MEDIMPACT HEALTHCARE SYS, INC. ✓ | | A/P | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 010824 | | 01/18/202 | 01/08/202 | 02/01/202 | | | 22.66 | 0.00 | 0.00 | 22.66 ✓ |
| | INDIGENT | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10613 | MEDIMPACT HEALTHCARE SYS, INC. | | | | | 22.66 | 0.00 | 0.00 | 22.66 |
| 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 |
| 2301189796 ✓ | | 01/10/202 | 01/03/202 | 01/28/202 | | | 36.10 | 0.00 | 0.00 | 36.10 ✓ |
| | SUPPLIES | | | | | | | | | |
| 2301907829 ✓ | | 01/10/202 | 01/06/202 | 01/31/202 | | | 72.01 | 0.00 | 0.00 | 72.01 ✓ |

| Invoice# | Vendor Name | Class | Pay Code | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|------------|-------------|-------|----------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 2302251114 | SUPPLIES | | | 01/10/202 | 01/09/202 | 02/03/202 | | | 44.54 | 0.00 | 0.00 | 44.54 |
| 2302251113 | SUPPLIES | | | 01/10/202 | 01/09/202 | 02/03/202 | | | 660.44 | 0.00 | 0.00 | 660.44 |
| 2302251112 | SUPPLIES | | | 01/10/202 | 01/09/202 | 02/03/202 | | | 54.58 | 0.00 | 0.00 | 54.58 |
| 2302199394 | SUPPLIES | | | 01/17/202 | 01/09/202 | 02/03/202 | | | 130.27 | 0.00 | 0.00 | 130.27 |
| 2302199396 | SUPPLIES | | | 01/17/202 | 01/09/202 | 02/03/202 | | | 31.66 | 0.00 | 0.00 | 31.66 |
| 2302397726 | SUPPLIES | | | 01/17/202 | 01/10/202 | 02/04/202 | | | 1,831.01 | 0.00 | 0.00 | 1,831.01 |
| 2302397718 | SUPPLIES | | | 01/17/202 | 01/10/202 | 02/04/202 | | | 93.96 | 0.00 | 0.00 | 93.96 |
| 2302397724 | SUPPLIES | | | 01/17/202 | 01/10/202 | 02/04/202 | | | 3,912.20 | 0.00 | 0.00 | 3,912.20 |
| 2302397720 | SUPPLIES | | | 01/17/202 | 01/10/202 | 02/04/202 | | | 2,088.08 | 0.00 | 0.00 | 2,088.08 |
| 2302343133 | SUPPLIES | | | 01/17/202 | 01/10/202 | 02/04/202 | | | 499.13 | 0.00 | 0.00 | 499.13 |
| 2302397723 | SUPPLIES | | | 01/17/202 | 01/10/202 | 02/04/202 | | | 1,981.32 | 0.00 | 0.00 | 1,981.32 |
| 2302343134 | SUPPLIES | | | 01/17/202 | 01/10/202 | 02/04/202 | | | 119.27 | 0.00 | 0.00 | 119.27 |
| 2302397722 | SUPPLIES | | | 01/17/202 | 01/10/202 | 02/04/202 | | | 101.16 | 0.00 | 0.00 | 101.16 |
| 2302397727 | SUPPLIES | | | 01/17/202 | 01/10/202 | 02/04/202 | | | 103.69 | 0.00 | 0.00 | 103.69 |
| 2302806522 | SUPPLIES | | | 01/17/202 | 01/12/202 | 02/06/202 | | | 107.06 | 0.00 | 0.00 | 107.06 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|----------------|--------|------------------------|-----------|----------|--------|-----------|
| | M2470 | MEDLINE INDUSTRIES INC | 11,866.48 | 0.00 | 0.00 | 11,866.48 |

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 | | |
| 011124 | | 01/17/202 | 01/11/202 | 01/21/202 | | | 435.00 | 0.00 | 0.00 | 435.00 | | |
| | PAYROLL DEDUCT | | | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|----------------|--------|-------------------------|--------|----------|--------|--------|
| | 10963 | MEMORIAL MEDICAL CLINIC | 435.00 | 0.00 | 0.00 | 435.00 |

Vendor# Vendor Name Class Pay Code

| | | | | | | | | | | | | |
|----------|-------------------------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|--|--|
| M2621 | MMC AUXILIARY GIFT SHOP | | W | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net | | |
| 011124 | | 01/17/202 | 01/11/202 | 01/21/202 | | | 277.86 | 0.00 | 0.00 | 277.86 | | |
| | PAYROLL DEDUCT | | | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|----------------|--------|-------------------------|--------|----------|--------|--------|
| | M2621 | MMC AUXILIARY GIFT SHOP | 277.86 | 0.00 | 0.00 | 277.86 |

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 | | |
| 1499397 | | 01/17/202 | 01/09/202 | 01/19/202 | | | 644.59 | 0.00 | 0.00 | 644.59 | | |
| | INVENTORY | | | | | | | | | | | |
| 1497553 | | 01/17/202 | 01/09/202 | 01/19/202 | | | 114.28 | 0.00 | 0.00 | 114.28 | | |
| | INVENTORY | | | | | | | | | | | |
| 14993966 | | 01/17/202 | 01/09/202 | 01/19/202 | | | 258.80 | 0.00 | 0.00 | 258.80 | | |
| | INVENTORY | | | | | | | | | | | |

| | | | | | | | | |
|----------|---|-----------|-------------------------------|----------|------|------|----------|---|
| 1498809 | ✓ | INVENTORY | 01/17/202 01/09/202 01/19/202 | 553.74 | 0.00 | 0.00 | 553.74 | ✓ |
| 1498808 | ✓ | INVENTORY | 01/17/202 01/09/202 01/19/202 | 144.53 | 0.00 | 0.00 | 144.53 | ✓ |
| 1501606 | ✓ | INVENTORY | 01/17/202 01/10/202 01/20/202 | 1,003.19 | 0.00 | 0.00 | 1,003.19 | ✓ |
| 1500983 | ✓ | INVENTORY | 01/17/202 01/10/202 01/20/202 | 9,951.65 | 0.00 | 0.00 | 9,951.65 | ✓ |
| 1503931 | ✓ | INVENTORY | 01/17/202 01/10/202 01/20/202 | 42.58 | 0.00 | 0.00 | 42.58 | ✓ |
| 1503929 | ✓ | INVENTORY | 01/17/202 01/10/202 01/20/202 | 11.25 | 0.00 | 0.00 | 11.25 | ✓ |
| 15803928 | ✓ | INVENTORY | 01/17/202 01/10/202 01/20/202 | 101.06 | 0.00 | 0.00 | 101.06 | ✓ |
| 1502544 | ✓ | INVENTORY | 01/17/202 01/10/202 01/20/202 | 11.02 | 0.00 | 0.00 | 11.02 | ✓ |
| 1501607 | ✓ | INVENTORY | 01/17/202 01/10/202 01/20/202 | 255.34 | 0.00 | 0.00 | 255.34 | ✓ |
| 1502545 | ✓ | INVENTORY | 01/17/202 01/10/202 01/20/202 | 199.09 | 0.00 | 0.00 | 199.09 | ✓ |
| 1503930 | ✓ | INVENTORY | 01/17/202 01/10/202 01/20/202 | 1,955.44 | 0.00 | 0.00 | 1,955.44 | ✓ |
| 1501608 | ✓ | INVENTORY | 01/17/202 01/10/202 01/20/202 | 289.66 | 0.00 | 0.00 | 289.66 | ✓ |
| 1508589 | ✓ | INVENTORY | 01/17/202 01/11/202 01/21/202 | 19.04 | 0.00 | 0.00 | 19.04 | ✓ |
| 1507077 | ✓ | INVENTORY | 01/17/202 01/11/202 01/21/202 | 25.57 | 0.00 | 0.00 | 25.57 | ✓ |
| 1507076 | ✓ | INVENTORY | 01/17/202 01/11/202 01/21/202 | 9.59 | 0.00 | 0.00 | 9.59 | ✓ |
| CM85653 | ✓ | CREDIT | 01/17/202 01/11/202 01/21/202 | -98.27 | 0.00 | 0.00 | -98.27 | ✓ |
| 1508590 | ✓ | INVENTORY | 01/17/202 01/11/202 01/21/202 | 441.32 | 0.00 | 0.00 | 441.32 | ✓ |
| CM86145 | ✓ | CREDIT | 01/17/202 01/11/202 01/21/202 | -80.11 | 0.00 | 0.00 | -80.11 | ✓ |
| 1515509 | ✓ | INVENTORY | 01/17/202 01/14/202 01/24/202 | 5,982.97 | 0.00 | 0.00 | 5,982.97 | ✓ |
| 1515505 | ✓ | INVENTORY | 01/17/202 01/14/202 01/24/202 | 1.58 | 0.00 | 0.00 | 1.58 | ✓ |
| 1515506 | ✓ | INVENTORY | 01/17/202 01/14/202 01/24/202 | 25.57 | 0.00 | 0.00 | 25.57 | ✓ |
| 1515503 | ✓ | INVENTORY | 01/17/202 01/14/202 01/24/202 | 34.78 | 0.00 | 0.00 | 34.78 | ✓ |
| 1515510 | ✓ | INVENTORY | 01/17/202 01/14/202 01/24/202 | 3,815.55 | 0.00 | 0.00 | 3,815.55 | ✓ |
| 1515502 | ✓ | INVENTORY | 01/17/202 01/14/202 01/24/202 | 19.25 | 0.00 | 0.00 | 19.25 | ✓ |
| 1515507 | ✓ | INVENTORY | 01/17/202 01/14/202 01/24/202 | 2,041.59 | 0.00 | 0.00 | 2,041.59 | ✓ |
| 1515504 | ✓ | INVENTORY | 01/17/202 01/14/202 01/24/202 | 1,031.24 | 0.00 | 0.00 | 1,031.24 | ✓ |
| 1515501 | ✓ | INVENTORY | 01/17/202 01/14/202 01/24/202 | 9.59 | 0.00 | 0.00 | 9.59 | ✓ |
| 1519024 | ✓ | INVENTORY | 01/17/202 01/15/202 01/25/202 | 386.20 | 0.00 | 0.00 | 386.20 | ✓ |

| | | | | | | |
|-----------|-----------|-------------------------------|---------|------|------|-----------|
| 1519025 ✓ | | 01/17/202 01/15/202 01/25/202 | 34.78 | 0.00 | 0.00 | 34.78 ✓ |
| | INVENTORY | | | | | |
| 1521168 ✓ | | 01/17/202 01/15/202 01/25/202 | 34.74 | 0.00 | 0.00 | 34.74 ✓ |
| | INVENTORY | | | | | |
| 1521167 ✓ | | 01/17/202 01/15/202 01/25/202 | 252.43 | 0.00 | 0.00 | 252.43 ✓ |
| | INVENTORY | | | | | |
| 1519026 ✓ | | 01/17/202 01/16/202 01/26/202 | 25.57 | 0.00 | 0.00 | 25.57 ✓ |
| | INVENTORY | | | | | |
| 1525134 ✓ | | 01/17/202 01/16/202 01/26/202 | 25.57 | 0.00 | 0.00 | 25.57 ✓ |
| | INVENTORY | | | | | |
| CM89840 ✓ | | 01/17/202 01/16/202 01/26/202 | -100.70 | 0.00 | 0.00 | -100.70 ✓ |
| | CREDIT | | | | | |
| 1525133 ✓ | | 01/17/202 01/16/202 01/26/202 | 326.14 | 0.00 | 0.00 | 326.14 ✓ |
| | INVENTORY | | | | | |
| CM86839 ✓ | | 01/17/202 01/16/202 01/26/202 | -0.19 | 0.00 | 0.00 | -0.19 ✓ |
| | CREDIT | | | | | |
| 1525132 ✓ | | 01/17/202 01/16/202 01/26/202 | 35.36 | 0.00 | 0.00 | 35.36 ✓ |
| | INVENTORY | | | | | |

| | | | | | | |
|----------------|--------|--------------------------|-----------|----------|--------|-----------|
| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
| | 10536 | MORRIS & DICKSON CO, LLC | 29,835.38 | 0.00 | 0.00 | 29,835.38 |

Vendor# Vendor Name Class Pay Code

| | | | | | | | | | | |
|----------|------------------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| 11256 | NOVITAS SOLUTIONS - PART A ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 011724 | | 01/18/202 | 01/17/202 | 02/01/202 | | | 3,952.00 | 0.00 | 0.00 | 3,952.00 ✓ |
| | MEDICARE PMT | | | | | | | | | |

| | | | | | | |
|----------------|--------|----------------------------|----------|----------|--------|----------|
| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
| | 11256 | NOVITAS SOLUTIONS - PART A | 3,952.00 | 0.00 | 0.00 | 3,952.00 |

Vendor# Vendor Name Class Pay Code

| | | | | | | | | | | |
|----------|-----------------|-----------|-----------|-----------|----------|-----|--------|----------|--------|----------|
| 11472 | OCCUPRO LLC ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 33900 ✓ | | 01/09/202 | 01/07/202 | 02/06/202 | | | 472.50 | 0.00 | 0.00 | 472.50 ✓ |
| | MONTHLY LICENSE | | | | | | | | | |

| | | | | | | |
|----------------|--------|-------------|--------|----------|--------|--------|
| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
| | 11472 | OCCUPRO LLC | 472.50 | 0.00 | 0.00 | 472.50 |

Vendor# Vendor Name Class Pay Code

| | | | | | | | | | | |
|------------|-----------------------|-----------|-----------|-----------|----------|-----|--------|----------|--------|----------|
| O1500 | OLYMPUS AMERICA INC ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 35605026 ✓ | | 01/17/202 | 01/12/202 | 02/06/202 | | | 611.08 | 0.00 | 0.00 | 611.08 ✓ |
| | SUPPLIES | | | | | | | | | |

| | | | | | | |
|----------------|--------|---------------------|--------|----------|--------|--------|
| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
| | O1500 | OLYMPUS AMERICA INC | 611.08 | 0.00 | 0.00 | 611.08 |

Vendor# Vendor Name Class Pay Code

| | | | | | | | | | | |
|----------|---------------|-----------|-----------|-----------|----------|-----|--------|----------|--------|----------|
| 14764 | PL-CPR, LLC ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 267 ✓ | | 01/18/202 | 11/02/202 | 11/15/202 | | | 525.00 | 0.00 | 0.00 | 525.00 ✓ |
| | ALCS | | | | | | | | | |
| 268 ✓ | | 01/18/202 | 11/03/202 | 11/15/202 | | | 525.00 | 0.00 | 0.00 | 525.00 ✓ |
| | PALS | | | | | | | | | |
| 269 ✓ | | 01/18/202 | 11/08/202 | 12/08/202 | | | 525.00 | 0.00 | 0.00 | 525.00 ✓ |
| | ACLS | | | | | | | | | |
| 272 ✓ | | 01/18/202 | 11/09/202 | 11/15/202 | | | 525.00 | 0.00 | 0.00 | 525.00 ✓ |
| | ACLS | | | | | | | | | |
| 274 ✓ | | 01/18/202 | 11/09/202 | 12/10/202 | | | 525.00 | 0.00 | 0.00 | 525.00 ✓ |
| | PALS | | | | | | | | | |
| 276 ✓ | | 01/18/202 | 11/16/202 | 12/16/202 | | | 525.00 | 0.00 | 0.00 | 525.00 ✓ |
| | ACLS | | | | | | | | | |

| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
|-----------------|------------------------------|-----------|----------------------------|-----------|----------|-----|-----------|----------|--------|-------------|
| | | 14764 | PL-CPR, LLC | | | | 3,150.00 | 0.00 | 0.00 | 3,150.00 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| S1800 | SHERWIN WILLIAMS ✓ | | | W | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 123123 ✓ | | 01/17/202 | 12/31/202 | 01/15/202 | | | 206.24 | 0.00 | 0.00 | 206.24 ✓ |
| | SUPPLIES | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | S1800 | SHERWIN WILLIAMS | | | | 206.24 | 0.00 | 0.00 | 206.24 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| S2345 | SOUTHEAST TEXAS HEALTH SYS ✓ | | | W | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 26880 ✓ | | 01/10/202 | 01/05/202 | 02/04/202 | | | 5,000.00 | 0.00 | 0.00 | 5,000.00 ✓ |
| | QTR DUES JAN-MAR 24 | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | S2345 | SOUTHEAST TEXAS HEALTH SYS | | | | 5,000.00 | 0.00 | 0.00 | 5,000.00 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| S2694 | STANFORD VACUUM SERVICE ✓ | | | M | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 495664 ✓ | | 01/17/202 | 01/12/202 | 01/24/202 | | | 550.00 | 0.00 | 0.00 | 550.00 ✓ |
| | GREASE TRAP | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | S2694 | STANFORD VACUUM SERVICE | | | | 550.00 | 0.00 | 0.00 | 550.00 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| 10735 | STRYKER SUSTAINABILITY ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 4873408 ✓ | | 01/17/202 | 01/03/202 | 02/02/202 | | | 270.00 | 0.00 | 0.00 | 270.00 ✓ |
| | SUPPLIES | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10735 | STRYKER SUSTAINABILITY | | | | 270.00 | 0.00 | 0.00 | 270.00 |
| 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 |
| 0023404 | | 01/18/202 | 01/04/202 | 01/05/202 | | | 9,652.50 | 0.00 | 0.00 | 9,652.50 ✓ |
| | B BATES M MARTIN <i>RN</i> | | | | | | | | | |
| 0023409 | | 01/18/202 | 01/11/202 | 01/12/202 | | | 10,230.00 | 0.00 | 0.00 | 10,230.00 ✓ |
| | B BATES M MARTIN <i>RN</i> | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10758 | TEXAS SELECT STAFFING, LLC | | | | 19,882.50 | 0.00 | 0.00 | 19,882.50 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| 10732 | THERACOM, LLC ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| 224690674-301 ✓ | | 01/17/202 | 11/06/202 | 02/03/202 | | | 2,627.18 | 0.00 | 0.00 | 2,627.18 ✓ |
| | INVENTORY | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 10732 | THERACOM, LLC | | | | 2,627.18 | 0.00 | 0.00 | 2,627.18 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| 11908 | TMS SOUTH ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| INV107543 ✓ | | 01/02/202 | 12/29/202 | 01/28/202 | | | 275.60 | 0.00 | 0.00 | 275.60 ✓ |
| | SUPPLIES | | | | | | | | | |
| Vendor Totals: | | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | | 11908 | TMS SOUTH | | | | 275.60 | 0.00 | 0.00 | 275.60 |
| Vendor# | Vendor Name | | | Class | Pay Code | | | | | |
| 14372 | TRIAGE, LLC ✓ | | | | | | | | | |
| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
| | | | | | | | | | | |

INV1796897366 ✓ 01/09/202 01/05/202 02/04/202 3,443.75 0.00 0.00 3,443.75 ✓

STEVEN SHAW W/E 12/30/23 CT Tech

Vendor Totals: Number Name Gross Discount No-Pay Net
14372 TRIAGE, LLC 3,443.75 0.00 0.00 3,443.75

Vendor# Vendor Name Class Pay Code

11067 TRIZETTO PROVIDER SOLUTIONS ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
35FK012400 ✓ 01/17/202 01/01/202 01/26/202 2,592.28 0.00 0.00 2,592.28 ✓

STATEMENTS

Vendor Totals: Number Name Gross Discount No-Pay Net
11067 TRIZETTO PROVIDER SOLUTIONS 2,592.28 0.00 0.00 2,592.28

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
2921022707 ✓ 01/17/202 01/11/202 02/05/202 2,563.26 0.00 0.00 2,563.26 ✓

LAUNDRY

2921022711 ✓ 01/17/202 01/11/202 02/05/202 274.76 0.00 0.00 274.76 ✓

LAUNDRY

2921022706 ✓ 01/17/202 01/11/202 02/05/202 208.19 0.00 0.00 208.19 ✓

LAUNDRY

2921022710 ✓ 01/17/202 01/11/202 02/05/202 254.19 0.00 0.00 254.19 ✓

LAUNDRY

2921022705 ✓ 01/17/202 01/11/202 02/05/202 115.57 0.00 0.00 115.57 ✓

LAUNDRY

2921022712 ✓ 01/17/202 01/11/202 02/05/202 114.58 0.00 0.00 114.58 ✓

LAUNDRY

2921022709 ✓ 01/17/202 01/11/202 02/05/202 299.34 0.00 0.00 299.34 ✓

LAUNDRY

2921022708 ✓ 01/17/202 01/11/202 02/05/202 29.95 0.00 0.00 29.95 ✓

LAUNDRY

2921022917 ✓ 01/17/202 01/15/202 02/09/202 91.80 0.00 0.00 91.80 ✓

LAUNDRY

2921022916 ✓ 01/17/202 01/15/202 02/09/202 2,546.05 0.00 0.00 2,546.05 ✓

LAUNDRY

Vendor Totals: Number Name Gross Discount No-Pay Net
U1064 UNIFIRST HOLDINGS INC 6,497.69 0.00 0.00 6,497.69

Vendor# Vendor Name Class Pay Code

W1270 WISCONSIN STATE LABORATORY ✓ W
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
30023472 ✓ 01/17/202 11/01/202 12/31/202 810.00 0.00 0.00 810.00 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
W1270 WISCONSIN STATE LABORATORY 810.00 0.00 0.00 810.00

Report Summary

Grand Totals: Gross Discount No-Pay Net
283,046.14 0.00 0.00 283,046.14

pg 3 correction- overlapping of un-call services. PLC needs to re-invoice.

283,046.14
- 7,500.00

275,546.14

283,046.14 +
7,500.00 -
275,546.14 =

APPROVED ON

JAN 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 70621-20575

RECEIVED BY THE
COUNTY AUDITOR ON

01/22/2024
JAN 22 2024
09:35

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0
ap_open_invoice.template

Dates Through:

Class Pay Code

CALHOUN COUNTY, TEXAS
Vendor# Vendor Name

| Vendor# | Vendor Name | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------------------------|--------------------|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| 11182 | HEATHER MUTCHLER ✓ | 012224 | | 01/22/202 | 01/22/202 | 01/22/202 | | | 2,341.04 | 0.00 | 0.00 | 2,341.04 ✓ |
| PAYROLL REISSUE | | | | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | | | Gross | Discount | No-Pay | Net |
| 11182 HEATHER MUTCHLER | | | | | | | | | 2,341.04 | 0.00 | 0.00 | 2,341.04 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|----------|----------|--------|----------|
| | 2,341.04 | 0.00 | 0.00 | 2,341.04 |

APPROVED ON

JAN 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 202544

MCKESSON

STATEMENT

As of: 01/19/2024

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:

As of: 01/19/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 632536
Date: 01/20/2024

Cust: 632536 PLEASE CHECK ANY
Date: 01/20/2024 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: 4,532.91 USD

Future Due: 0.00

If Paid By 01/23/2024,
Pay This Amount:

4,442.25 USD

Due If Paid On Time:
USD 4,442.25 ✓

Past Due: 0.00

Disc lost if paid late:
90.66

Last Payment 2,451.97
08/07/2017

If Paid After 01/23/2024,
Pay this Amount:

4,532.91 USD

Due If Paid Late:
USD 4,532.91

Andrew Lopez Santos
1/22/24

59.32 +
42.63 +
4,340.30 +
4,442.25 *

APPROVED ON

JAN 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 01/19/2024

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: 01/19/2024 Page: 001
Mail to: Comp: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER ✓
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 835434
Date: 01/20/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 01/20/2024 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 | |
|--------------|------------|-------------------|--------------------------|-----------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|--|
| 01/17/2024 | 01/23/2024 | 7471188498 | CVS PHCY 8923/MEM MC PHS | 2975811 | 115Invoice | 1.21 | 60.53 | | 59.32 | ✓ | 7471188498 | |

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: 60.53 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/08/2024 897.80

If Paid By 01/23/2024,
Pay This Amount: 59.32 USD

If Paid After 01/23/2024,
Pay this Amount: 60.53 USD

Due If Paid On Time: 59.32 ✓
USD
Disc lost if paid late: 1.21
Due If Paid Late: 60.53
USD

Andrew Santos
1/22/24

APPROVED ON

JAN 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 01/19/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 01/20/2024

As of: 01/19/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 01/20/2024 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 835438 CVS PHCY 7475/MEM MC PHS | | | | | | | | | | | |
| 01/17/2024 | 01/23/2024 | 7471356445 | 632536 2976601 | 115Invoice | 0.87 | 43.50 | | 42.63 | ✓ | 7471356445 | |

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: 43.50 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/15/2024 1,276.76

If Paid By 01/23/2024,
Pay This Amount: 42.63 USD

If Paid After 01/23/2024,
Pay this Amount: 43.50 USD

Due If Paid On Time:
USD 42.63 ✓
Disc lost if paid late: 0.87
Due If Paid Late:
USD 43.50

Andrew Datas Santos
1/22/24

APPROVED ON

JAN 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 01/19/2024

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: 01/19/2024 Page: 001
Mail to: Comp: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 256342
Date: 01/20/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/20/2024 ITEMS NOT PAID (✓)

| Billing Date | Due Date | Receivable Number | National Account Order Reference | 632536 Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|------------|-------------------|----------------------------------|--------------------|---------------|----------------|-----|--------------|-----|-------------------|--|
| Customer Number 256342 WALMART 1098/MEM MED PHS | | | | | | | | | | | |
| 01/15/2024 | 01/23/2024 | 7470586879 | 102598214 | 115Invoice | 57.73 | 2,886.47 | | 2,828.74 ✓ | | 7470586879 ✓ | |
| 01/15/2024 | 01/23/2024 | 7470586880 | 102634234 | 115Invoice | 0.01 | 0.33 | | 0.32 ✓ | | 7470586880 ✓ | |
| 01/15/2024 | 01/23/2024 | 7470586881 | 102634234 | 115Invoice | 18.43 | 921.36 | | 902.93 ✓ | | 7470586881 ✓ | |
| 01/15/2024 | 01/23/2024 | 7470788721 | 102525312 | 195Invoice | 0.02 | 0.95 | | 0.93 ✓ | | 7470788721 ✓ | |
| 01/15/2024 | 01/23/2024 | 7470788722 | 102604378 | 195Invoice | 3.03 | 151.71 | | 148.68 ✓ | | 7470788722 ✓ | |
| 01/15/2024 | 01/23/2024 | 7470788723 | 102676668 | 195Invoice | 0.03 | 1.27 | | 1.24 ✓ | | 7470788723 ✓ | |
| 01/16/2024 | 01/23/2024 | 7471091564 | 102776960 | 195Invoice | 0.02 | 0.95 | | 0.93 ✓ | | 7471091564 ✓ | |
| 01/18/2024 | 01/23/2024 | 7471441738 | 103055730 | 115Invoice | 0.41 | 20.58 | | 20.17 ✓ | | 7471441738 ✓ | |
| 01/18/2024 | 01/23/2024 | 7471441739 | 103055730 | 115Invoice | | 0.16 | | 0.16 ✓ | | 7471441739 ✓ | |
| 01/18/2024 | 01/23/2024 | 7471598497 | 103068674 | 115Invoice | 0.03 | 1.48 | | 1.45 ✓ | | 7471598497 ✓ | |
| 01/18/2024 | 01/23/2024 | 7471598498 | 103062403 | 195Invoice | 5.86 | 293.06 | | 287.20 ✓ | | 7471598498 ✓ | |
| 01/19/2024 | 01/23/2024 | 7471701884 | 103174291 | 115Invoice | 1.78 | 88.82 | | 87.04 ✓ | | 7471701884 ✓ | |
| 01/19/2024 | 01/23/2024 | 7471864167 | 103181029 | 195Invoice | 1.23 | 61.74 | | 60.51 ✓ | | 7471864167 ✓ | |

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: 4,428.88 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/15/2024 1,276.76

If Paid By 01/23/2024,
Pay This Amount: 4,340.30 USD

If Paid After 01/23/2024,
Pay this Amount: 4,428.88 USD

Due If Paid On Time:
USD 4,340.30 ✓
Disc lost if paid late: 88.58
Due If Paid Late:
USD 4,428.88

Andrew Datas Santos
1/22/24

APPROVED ON

JAN 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 66718150
Date: 01-19-2024

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: | 1,104.17 |
| Past Due: | 0.00 |
| Total Due: | 1,104.17 |
| Account Balance: | 1,104.17 |

Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|---------|
| 01-15-2024 | 01-26-2024 | 3161023873 | 7005357965 | Invoice | 41.20 | | 0.00 | 41.20 |
| 01-15-2024 | 01-26-2024 | 3161023874 | 7005358031 | Invoice | 67.02 | | 0.00 | 67.02 |
| 01-15-2024 | 01-26-2024 | 3161023875 | 7005369596 | Invoice | 31.09 | | 0.00 | 31.09 |
| 01-15-2024 | 01-26-2024 | 3161123119 | 7005381596 | Invoice | 162.58 | | 0.00 | 162.58 |
| 01-15-2024 | 01-26-2024 | 3161124330 | 7005382859 | Invoice | 35.55 | | 0.00 | 35.55 |
| 01-16-2024 | 01-26-2024 | 3161295251 | 7005391152 | Invoice | 24.43 | | 0.00 | 24.43 |
| 01-17-2024 | 01-26-2024 | 3161435947 | 7005401830 | Invoice | 96.87 | | 0.00 | 96.87 |
| 01-17-2024 | 01-26-2024 | 3161435948 | 7005401849 | Invoice | 103.00 | | 0.00 | 103.00 |
| 01-18-2024 | 01-26-2024 | 3161616634 | 7005411266 | Invoice | 162.58 | | 0.00 | 162.58 |
| 01-18-2024 | 01-26-2024 | 3161616635 | 7005411463 | Invoice | 192.83 | | 0.00 | 192.83 |
| 01-19-2024 | 01-26-2024 | 3161753236 | 7005421084 | Invoice | 187.02 | | 0.00 | 187.02 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|----------|-----------|------------|------------|------------|-------------|---------------|
| 1,104.17 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| Thank You for Your Payment | |
|----------------------------|------------|
| Date | Amount |
| 01-19-2024 | (1,005.90) |

| Reminders | |
|-------------------|-----------------|
| Due Date | Amount |
| 01-26-2024 | 1,104.17 |
| Total Due: | 1,104.17 |

APPROVED ON
JAN 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew Santos
1/22/24

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Jan 15, 2024 - Jan 21, 2024**

| <u>Date</u> | <u>Bank Description</u> | <u>MMC Notes</u> | <u>Amount</u> | |
|-------------|--|------------------------------|-------------------|------------|
| 1/19/2024 | WEBFILE TAX PYMT DD 902/74462043 21000024688 | - Sales Tax | 2,025.43 * | 86.45 + |
| 1/19/2024 | PAY PLUS ACHTrans 000000012464041 1010006948 | - 3rd Party Payor Fee | 86.45 | 44.09 + |
| 1/19/2024 | EXPERTPAY EXPERTPAY 746003411 91000012897740 | -Child Support Payment | 570.69 | 0.40 + |
| 1/19/2024 | AMERISOURCE BERG PAYMENTS 0100007768 2100002 | - 340B Drug Program Expense | 1,005.90 * | 131.88 * |
| 1/19/2024 | MEMORIAL MEDICAL PAYROLL 746003411 113122650 | - Payroll | 380,696.41 * | Expert Pay |
| 1/18/2024 | PAY PLUS ACHTrans 000000012382331 1010006937 | - 3rd Party Payor Fee | 44.09 | 570.69 + |
| 1/17/2024 | PAY PLUS ACHTrans 000000012333206 1010006923 | - 3rd Party Payor Fee | 0.40 | 570.69 * |
| 1/16/2024 | PAY PLUS ACHTrans 000000012212846 1010006907 | - 3rd Party Payor Fee | 0.94 | CC Fees |
| 1/16/2024 | MCKESSON DRUG AUTO ACH ACH05828904 910000127 | - 340B Drug Program Expense | 1,276.76 * | 120.09 + |
| 1/16/2024 | TEXAS COUNTY DRS RECEIVABLE 0419 21000020082 | - Retirement Funding | 187,165.48 ** | 80.06 + |
| 1/16/2024 | FDMS FDMS PYMT 052-1737276-000 4100012628662 | - Credit Card Processing Fee | 120.09 | 45.64 + |
| 1/16/2024 | FDMS FDMS PYMT 052-1743548-000 4100012629280 | - Credit Card Processing Fee | 80.06 | 40.03 + |
| 1/16/2024 | FDMS FDMS PYMT 052-2100911-000 4100012630021 | - Credit Card Processing Fee | 45.64 | 285.82 * |
| 1/16/2024 | FDMS FDMS PYMT 052-1743547-000 4100012628835 | - Credit Card Processing Fee | 40.03 | |
| | | | 573,158.37 | |

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center
January 22, 2024

* Approved 01-17-24 CC
** Approved 01-10-24 CC

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

| <u>Date</u> | <u>Description</u> | <u>MMC Notes</u> | <u>Amount</u> | |
|-------------|-------------------------------|------------------|-------------------|--------------|
| 1/22/2024 | IRS USATAXPYMT | Payroll Taxes | 125,655.44 * | 573,158.37 - |
| 2/2/2024 | STATE COMPTRLR TEXNET 8023693 | UC IGT Payment | 311,722.16 | 2,025.43 - |
| | | | 437,377.60 | 1,005.90 - |
| | | | | 380,696.41 - |
| | | | | 1,276.76 - |
| | | | | 187,165.48 - |
| | | | | 988.39 * |

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center
January 22, 2024

APPROVED ON

JAN 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

988.39 +
988.39 -
0.00 *



Transaction Summary

Transaction Complete

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

| | |
|---------------------------------|----------------------|
| Payment Total | \$311,772.16 |
| Bank Routing and Account Number | |
| Settlement Date | 2/2/2024 |
| UC Hospital Amount | \$311,772.16/ |
| Entered By | Andrew De Los Santos |

RECEIVED BY THE
01/18/2024
10:27
JAN 18 2024
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------------------------|----------|--|-----------|-----------|----------|-----|----------|----------|--------|------------|
| 011124B | | 01/17/202 | 01/11/202 | 02/11/202 | | | 5,600.00 | 0.00 | 0.00 | 5,600.00 ✓ |
| | TRANSFER | NH insurance pymt deposited into mmc operating | | | | | | | | |
| 011124A | | 01/17/202 | 01/11/202 | 02/11/202 | | | 747.80 | 0.00 | 0.00 | 747.80 ✓ |
| | TRANSFER | " | | | | | | | | |
| 011124 | | 01/17/202 | 01/11/202 | 02/11/202 | | | 2,000.00 | 0.00 | 0.00 | 2,000.00 ✓ |
| | TRANSFER | " | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| 11828 | | SOLERA WEST HOUSTON | | | | | 8,347.80 | 0.00 | 0.00 | 8,347.80 |

Report Summary

| | | | | |
|---------------|----------|----------|--------|----------|
| Grand Totals: | Gross | Discount | No-Pay | Net |
| | 8,347.80 | 0.00 | 0.00 | 8,347.80 |

APPROVED ON

JAN 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 212579

RECEIVED BY THE
COUNTY AUDITOR ON

01/18/2024

10:25 JAN 18 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name
11820 FORTBEND HEALTHCARE CENTER
CALHOUN COUNTY, TEXAS

Class Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------------------------------|----------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| 011024A | | 01/17/202 | 01/10/202 | 02/10/202 | | | 800.00 | 0.00 | 0.00 | 800.00 ✓ |
| | TRANSFER | | | | | | | | | |
| 011024 | | 01/17/202 | 01/10/202 | 02/10/202 | | | 1,800.00 | 0.00 | 0.00 | 1,800.00 ✓ |
| | TRANSFER | | | | | | | | | |
| Vendor Totals: Number Name | | | | | | | Gross | Discount | No-Pay | Net |
| 11820 FORTBEND HEALTHCARE CENTER | | | | | | | 2,600.00 | 0.00 | 0.00 | 2,600.00 |

NH insurance pymt deposited into MMC operating

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|----------|----------|--------|----------|
| | 2,600.00 | 0.00 | 0.00 | 2,600.00 |

APPROVED ON

JAN 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# W2571

RECEIVED BY THE COUNTY AUDITOR ON
01/18/2024
10:26
JAN 18 2024
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|----------|---|-----------|-----------|----------|-----|----------|----------|--------|------------|
| 011024 | | 01/17/202 | 01/10/202 | 02/10/202 | | | 3,400.00 | 0.00 | 0.00 | 3,400.00 ✓ |
| | TRANSFER | <i>NH insurance pymt deposited into MMC operating</i> | | | | | | | | |
| 011124 | | 01/17/202 | 01/11/202 | 02/11/202 | | | 4,180.00 | 0.00 | 0.00 | 4,180.00 ✓ |
| | TRANSFER | <i>"</i> | | | | | | | | |

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|-----------------------|--------------|----------|----------|--------|----------|
| 11824 | THE CRESCENT | 7,580.00 | 0.00 | 0.00 | 7,580.00 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|----------|----------|--------|----------|
| | 7,580.00 | 0.00 | 0.00 | 7,580.00 |

APPROVED ON

JAN 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 202580

RECEIVED BY THE
COUNTY AUDITOR ON
01/18/2024
10:23
JAN 18 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|----------|---|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| 011024 | | 01/17/202 | 01/01/202 | 02/10/202 | | | 24,952.18 | 0.00 | 0.00 | 24,952.18 ✓ |
| | TRANSFER | <i>NH insurance pymt deposited into mmc operating</i> | | | | | | | | |
| 011124A | | 01/17/202 | 01/11/202 | 02/11/202 | | | 3,380.62 | 0.00 | 0.00 | 3,380.62 ✓ |
| | TRANSFER | " | | | | | | | | |
| 011124B | | 01/17/202 | 01/11/202 | 02/11/202 | | | 69,880.85 | 0.00 | 0.00 | 69,880.85 ✓ |
| | TRANSFER | " | | | | | | | | |
| 011124 | | 01/17/202 | 01/11/202 | 02/11/202 | | | 5,135.00 | 0.00 | 0.00 | 5,135.00 ✓ |
| | TRANSFER | " | | | | | | | | |
| 011224 | | 01/17/202 | 01/12/202 | 02/12/202 | | | 3,542.96 | 0.00 | 0.00 | 3,542.96 ✓ |
| | TRANSFER | " | | | | | | | | |

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|-----------------------|------------------------|------------|----------|--------|------------|
| 11836 | GOLDENCREEK HEALTHCARE | 106,891.61 | 0.00 | 0.00 | 106,891.61 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|------------|----------|--------|------------|
| | 106,891.61 | 0.00 | 0.00 | 106,891.61 |

APPROVED ON

JAN 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLH 102518

RECEIVED BY THE
COUNTY AUDITOR ON
01/18/2024
10:27 JAN 18 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name
12792 BETHANY SENIOR LIVING
CALHOUN COUNTY, TEXAS

Class Pay Code

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|----------|----------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| 010924 | | 01/17/202 | 01/09/202 | 02/10/202 | | | 15,115.16 | 0.00 | 0.00 | 15,115.16 ✓ |
| | TRANSFER | | | | | | | | | |
| 011024 | | 01/17/202 | 01/10/202 | 02/10/202 | | | 53,653.31 | 0.00 | 0.00 | 53,653.31 ✓ |
| | TRANSFER | | | | | | | | | |

NH insurance pymt deposited into mmc operating
"

| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net |
|-----------------------|-----------------------|-----------|----------|--------|-----------|
| 12792 | BETHANY SENIOR LIVING | 68,768.47 | 0.00 | 0.00 | 68,768.47 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|-----------|----------|--------|-----------|
| | 68,768.47 | 0.00 | 0.00 | 68,768.47 |

APPROVED ON

JAN 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 202574

8

RUN DATE:01/23/24
 TIME:15:43

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

PAGE 1
 GLCKREG

BANK--CHECK-----

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|------|--------|----------|-----------|--------------------------------|
| A/P | 202521 | 01/24/24 | 561.27 | AIRGAS USA, LLC - CENTRAL DIV |
| A/P | 202522 | 01/24/24 | 33.97 | AMAZON CAPITAL SERVICES |
| A/P | 202523 | 01/24/24 | 293.74 | AMERISOURCEBERGEN DRUG CORP |
| A/P | 202524 | 01/24/24 | 60.50 | AQUA BEVERAGE COMPANY |
| A/P | 202525 | 01/24/24 | 3,017.25 | AYA HEALTHCARE INC |
| A/P | 202526 | 01/24/24 | 4,536.50 | BAXTER HEALTHCARE |
| A/P | 202527 | 01/24/24 | 36,656.34 | BECKMAN COULTER INC |
| A/P | 202528 | 01/24/24 | 298.50 | BEEKLEY CORPORATION |
| A/P | 202529 | 01/24/24 | 35,054.48 | BIOMERIEUX, INC |
| A/P | 202530 | 01/24/24 | 1,738.78 | CDW GOVERNMENT, INC. |
| A/P | 202531 | 01/24/24 | 1,699.00 | CBRVEY, LLC |
| A/P | 202532 | 01/24/24 | 360.00 | CLARITY ENROLLMENT SOLUTIONS |
| A/P | 202533 | 01/24/24 | 15,908.25 | CLINICAL PATHOLOGY LABS |
| A/P | 202534 | 01/24/24 | 2,007.58 | COMMUNITY INFUSION SOLUTIONS |
| A/P | 202535 | 01/24/24 | 28,366.24 | CULINARY CONCESSIONS LLC |
| A/P | 202536 | 01/24/24 | 642.73 | DEWITT POTH & SON |
| A/P | 202537 | 01/24/24 | 29,666.10 | EVIDENT |
| A/P | 202538 | 01/24/24 | 545.00 | FASTHEALTH CORPORATION |
| A/P | 202539 | 01/24/24 | 38.04 | FEDERAL EXPRESS CORP. |
| A/P | 202540 | 01/24/24 | 6,994.28 | FISHER HEALTHCARE |
| A/P | 202541 | 01/24/24 | 1,293.39 | FRONTIER |
| A/P | 202542 | 01/24/24 | 204.83 | GE PRECISION HEALTHCARE, LLC |
| A/P | 202543 | 01/24/24 | 267.00 | HEALTHCARE CODING & CONSULTING |
| A/P | 202544 | 01/24/24 | 2,341.04 | HEATHER MUTCHLER |
| A/P | 202545 | 01/24/24 | 234.00 | HOLLAND & KNIGHT LLP |
| A/P | 202546 | 01/24/24 | 701.84 | INOVALON PROVIDER INC. |
| A/P | 202547 | 01/24/24 | 9,000.00 | JINDAL X LLC |
| A/P | 202548 | 01/24/24 | 26.29 | LABCORP OF AMERICA HOLDINGS |
| A/P | 202549 | 01/24/24 | 1,015.86 | M G TRUST |
| A/P | 202550 | 01/24/24 | 500.00 | MANAGED CARE PARTNERS INC. |
| A/P | 202551 | 01/24/24 | 1,046.18 | MARTIN BIONICS CLINICAL CARE |
| A/P | 202552 | 01/24/24 | 22.66 | MEDIMPACT HEALTHCARE SYS, INC. |
| A/P | 202553 | 01/24/24 | .00 | VOIDED |
| A/P | 202554 | 01/24/24 | .00 | VOIDED |
| A/P | 202555 | 01/24/24 | 11,866.48 | MEDLINE INDUSTRIES INC |
| A/P | 202556 | 01/24/24 | 435.00 | MEMORIAL MEDICAL CLINIC |
| A/P | 202557 | 01/24/24 | 277.86 | MMC AUXILIARY GIFT SHOP |
| A/P | 202558 | 01/24/24 | .00 | VOIDED |
| A/P | 202559 | 01/24/24 | .00 | VOIDED |
| A/P | 202560 | 01/24/24 | 29,835.38 | MORRIS & DICKSON CO, LLC |
| A/P | 202561 | 01/24/24 | 3,952.00 | NOVITAS SOLUTIONS - PART A |
| A/P | 202562 | 01/24/24 | 472.50 | OCCUPRO LLC |
| A/P | 202563 | 01/24/24 | 611.08 | OLYMPUS AMERICA INC |
| A/P | 202564 | 01/24/24 | 3,150.00 | PL-CPR, LLC |
| A/P | 202565 | 01/24/24 | 206.24 | SHERWIN WILLIAMS |
| A/P | 202566 | 01/24/24 | 5,000.00 | SOUTHEAST TEXAS HEALTH SYS |
| A/P | 202567 | 01/24/24 | 550.00 | STANFORD VACUUM SERVICE |
| A/P | 202568 | 01/24/24 | 270.00 | STRYKER SUSTAINABILITY |
| A/P | 202569 | 01/24/24 | 19,882.50 | TEXAS SELECT STAFFING, LLC |
| A/P | 202570 | 01/24/24 | 2,627.18 | THERACOM, LLC |

RUN DATE:01/23/24
TIME:15:43

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

PAGE 2
GLCKREG

BANK--CHECK-----

| CODE | NUMBER | DATE | AMOUNT | PAYEE | | |
|---------|--------|----------|------------|-----------------------------|-------------|--------------|
| A/P | 202571 | 01/24/24 | 275.60 | TMS SOUTH | | |
| A/P | 202572 | 01/24/24 | 3,443.75 | TRIAGE, LLC | | |
| A/P | 202573 | 01/24/24 | 2,592.28 | TRIZETTO PROVIDER SOLUTIONS | | |
| A/P | 202574 | 01/24/24 | 6,497.69 | UNIFIRST HOLDINGS INC | | |
| A/P | 202575 | 01/24/24 | 810.00 | WISCONSIN STATE LABORATORY | Payables | 275,546.14 + |
| A/P | 202576 | 01/24/24 | 68,768.47 | BETHANY SENIOR LIVING | critical | 2,341.04 + |
| A/P | 202577 | 01/24/24 | 2,600.00 | FORTBEND HEALTHCARE CENTER | | |
| A/P | 202578 | 01/24/24 | 106,891.61 | GOLDENCREEK HEALTHCARE | Nil Timbers | 194,187.88 + |
| A/P | 202579 | 01/24/24 | 8,347.80 | SOLERA WEST HOUSTON | | 472,075.06 * |
| A/P | 202580 | 01/24/24 | 7,580.00 | THE CRESCENT | | |
| TOTALS: | | | 472,075.06 | | | |

APPROVED ON

JAN 24 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 1/22/2024

| 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 |
|-----------------|----------------|----------------------------|--------------|-----------------|------------------|---------------------------|--|
| Ashford Gardens | | 307,261.32 | 209,176.12 | 45,745.99 | | 143,831.19 | 45,745.99 |
| | | | | | | Bank Balance | 143,831.19 |
| | | | | | | Variance | |
| | | | | | | Leave in Balance | 100.00 |

Routing Information for Ashford Gardens

QIPP YR 6 First IGT Refund o/s 85,452.98
 Molina QIPP November o/s 12,552.22

| | | | |
|-----------|------------|------------|-----------|
| Broadmoor | 197,078.29 | 160,733.79 | 41,804.91 |
|-----------|------------|------------|-----------|

| | | |
|-----------------------------|-----------|-----------|
| Adjust Balance/Transfer Amt | 45,745.99 | |
| Bank Balance | 78,149.41 | 41,804.91 |
| Variance | | |
| Leave in Balance | 100.00 | |

QIPP YR 6 First IGT Refund o/s 31,512.81
 Molina QIPP November o/s 4,531.69

| | | | |
|----------|------------|------------|-----------|
| Crescent | 300,043.04 | 272,901.81 | 81,149.14 |
|----------|------------|------------|-----------|

| | | |
|-----------------------------|------------|-----------|
| Adjust Balance/Transfer Amt | 41,804.91 | |
| Bank Balance | 108,290.37 | 81,149.14 |
| Variance | | |
| Leave in Balance | 100.00 | |

QIPP YR 6 First IGT Refund o/s 23,580.50
 Molina QIPP November o/s 3,460.73

| | | | |
|-----------|------------|-----------|-----------|
| Fort Bend | 110,739.39 | 80,056.62 | 72,441.14 |
|-----------|------------|-----------|-----------|

| | | |
|-----------------------------|------------|-----------|
| Adjust Balance/Transfer Amt | 81,149.14 | |
| Bank Balance | 103,123.91 | 72,441.14 |
| Variance | | |
| Leave in Balance | 100.00 | |

QIPP YR 6 First IGT Refund o/s 26,676.29
 Molina QIPP November o/s 3,906.48

| | | | |
|---------------------|------------|------------|-----------|
| Solera at W Houston | 141,637.04 | 112,207.16 | 39,970.95 |
|---------------------|------------|------------|-----------|

| | | |
|-----------------------------|-----------|-----------|
| Adjust Balance/Transfer Amt | 72,441.14 | |
| Bank Balance | 69,400.83 | 39,970.95 |
| Variance | | |
| Leave in Balance | 100.00 | |

QIPP YR 6 First IGT Refund o/s 25,582.81
 Molina QIPP November o/s 3,747.07

45,745.99 +
 41,804.91 + I Bend / Broadmoor
 81,149.14 +
 72,441.14 +
 39,970.95 +
281,112.13 * Ling home
 related to open account

| | | |
|-----------------------------|-----------|------------|
| Adjust Balance/Transfer Amt | 39,970.95 | |
| TOTAL TRANSFERS | | 281,112.13 |

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 1/22/2024

APPROVED ON
 JAN 22 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 |
| Ashford Gardens | | | | | | | |
| 1/19/2024 | MOLINA HEALTHCARE MOLINAACH 01251162 42000012 | 4,417.90 | - | - | - | - | 4,437.90 |
| 1/19/2024 | MANAGEANDNET1718 MNS PMNT 000000000000093 41 | 2,250.00 | - | - | - | - | 2,250.00 |
| 1/19/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000210763 | 303.05 | - | - | - | - | 303.05 |
| 1/19/2024 | NOVITAS SOLUTION HCCLAIMPMT 675423 420000184 | 13,175.17 | - | - | - | - | 13,175.17 |
| 1/18/2024 | WIRE OUT ASHFORD HEALTH CARE CENTER LTD | 209,176.12 | - | - | - | - | - |
| 1/18/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | 2,319.23 | - | - | - | - | 2,319.23 |
| 1/18/2024 | NOVITAS SOLUTION HCCLAIMPMT 675423 420000140 | 18,928.79 | - | - | - | - | 18,928.79 |
| 1/16/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000250083 | 4,331.85 | - | - | - | - | 4,331.85 |
| | 209,176.12 | 45,745.99 | | | | | 45,745.99 |

| | | MMC PORTION | | | | | NH PORTION |
|------------------|---|------------------|------------|-------------|------------|------------------|------------------|
| | Transfer-Out | Transfer-In | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI |
| Broadmoor | | | | | | | |
| 1/19/2024 | MOLINA HEALTHCARE MOLINAACH 01251704 42000032 | 1,814.35 | - | - | - | - | 1,814.35 |
| 1/19/2024 | MANAGEANDNET1718 MNS PMNT 000000000004293 41 | 9,915.00 | - | - | - | - | 9,915.00 |
| 1/19/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000210021 | 565.81 | - | - | - | - | 565.81 |
| 1/18/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 160,733.79 | - | - | - | - | - |
| 1/18/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124184 | 12,120.00 | - | - | - | - | 12,120.00 |
| 1/18/2024 | HUMANA CHA DISB HCCLAIMPMT 39510615 42000013 | 6,039.76 | - | - | - | - | 6,039.76 |
| 1/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000219394 | 855.03 | - | - | - | - | 855.03 |
| 1/17/2024 | HUMANA CHA DISB HCCLAIMPMT 39551191 42000018 | 3,950.00 | - | - | - | - | 3,950.00 |
| 1/16/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | 499.96 | - | - | - | - | 499.96 |
| 1/16/2024 | HUMANA CHA DISB HCCLAIMPMT 39249206 42000018 | 6,045.00 | - | - | - | - | 6,045.00 |
| | 160,733.79 | 41,804.91 | | | | | 41,804.91 |

| | | MMC PORTION | | | | | NH PORTION |
|-----------------|---|------------------|------------|-------------|------------|------------------|------------------|
| | Transfer-Out | Transfer-In | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI |
| Crescent | | | | | | | |
| 1/19/2024 | MOLINA HEALTHCARE MOLINAACH 01251667 42000012 | 1,194.73 | - | - | - | - | 1,194.73 |
| 1/19/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 | 3,036.62 | - | - | - | - | 3,036.62 |
| 1/19/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000025790571 | 988.00 | - | - | - | - | 988.00 |
| 1/19/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000025790569 | 9,272.00 | - | - | - | - | 9,272.00 |
| 1/18/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 272,901.81 | - | - | - | - | - |
| 1/18/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124184 | 6,560.00 | - | - | - | - | 6,560.00 |
| 1/17/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | 96.40 | - | - | - | - | 96.40 |
| 1/17/2024 | HUMANA CHA DISB HCCLAIMPMT 39556742 42000018 | 13,140.00 | - | - | - | - | 13,140.00 |
| 1/17/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000026082610 | 11,250.00 | - | - | - | - | 11,250.00 |
| 1/16/2024 | AARP Supplementa HCCLAIMPMT 746003411 124184 | 1,400.00 | - | - | - | - | 1,400.00 |
| 1/16/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | 9,101.39 | - | - | - | - | 9,101.39 |
| 1/16/2024 | HUMANA CHA DISB HCCLAIMPMT 39249294 42000018 | 7,110.00 | - | - | - | - | 7,110.00 |
| 1/16/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000023343862 | 2,700.00 | - | - | - | - | 2,700.00 |
| 1/16/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000023343860 | 15,300.00 | - | - | - | - | 15,300.00 |
| | 272,901.81 | 81,149.14 | | | | | 81,149.14 |

| | | MMC PORTION | | | | | NH PORTION |
|------------------|---|------------------|------------|-------------|------------|------------------|------------------|
| | Transfer-Out | Transfer-In | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI |
| Fort Bend | | | | | | | |
| 1/19/2024 | MOLINA HEALTHCARE MOLINAACH 01251133 42000012 | 1,842.87 | - | - | - | - | 1,842.87 |
| 1/19/2024 | MANAGEANDNET1718 MNS PMNT 000000000004294 41 | 3,217.50 | - | - | - | - | 3,217.50 |
| 1/19/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000210763 | 2,097.69 | - | - | - | - | 2,097.69 |
| 1/19/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000210021 | 317.00 | - | - | - | - | 317.00 |
| 1/19/2024 | NOVITAS SOLUTION HCCLAIMPMT 675663 420000184 | 39,823.80 | - | - | - | - | 39,823.80 |
| 1/18/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 80,056.62 | - | - | - | - | - |
| 1/18/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | 132.21 | - | - | - | - | 132.21 |
| 1/18/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | 309.12 | - | - | - | - | 309.12 |
| 1/18/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 | 3,200.00 | - | - | - | - | 3,200.00 |
| 1/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000219985 | 11,293.21 | - | - | - | - | 11,293.21 |
| 1/16/2024 | MANAGEANDNET1718 MNS PMNT 000000000004294 41 | 7,049.00 | - | - | - | - | 7,049.00 |
| 1/16/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000249588 | 3,158.74 | - | - | - | - | 3,158.74 |
| | 80,056.62 | 72,441.14 | | | | | 72,441.14 |

| | | MMC PORTION | | | | | NH PORTION |
|-------------------------------|---|-------------------|------------|-------------|------------|------------------|-------------------|
| | Transfer-Out | Transfer-In | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI |
| Solera at West Houston | | | | | | | |
| 1/19/2024 | MOLINA HEALTHCARE MOLINAACH 01251629 42000012 | 1,423.06 | - | - | - | - | 1,423.06 |
| 1/19/2024 | MANAGEANDNET1718 MNS PMNT 000000000002482 41 | 8,058.50 | - | - | - | - | 8,058.50 |
| 1/18/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 112,207.16 | - | - | - | - | - |
| 1/18/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000273183 | 882.09 | - | - | - | - | 882.09 |
| 1/18/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | 1,506.85 | - | - | - | - | 1,506.85 |
| 1/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000219985 | 3,969.40 | - | - | - | - | 3,969.40 |
| 1/17/2024 | HUMANA INS CO HCCLAIMPMT 39400994 8300005224 | 1,185.00 | - | - | - | - | 1,185.00 |
| 1/17/2024 | HUMANA INS CO HCCLAIMPMT 39400993 8300005224 | 395.00 | - | - | - | - | 395.00 |
| 1/17/2024 | HUMANA INS CO HCCLAIMPMT 39400992 8300005224 | 11,280.00 | - | - | - | - | 11,280.00 |
| 1/17/2024 | HUMANA CHA DISB HCCLAIMPMT 39538357 42000018 | 750.00 | - | - | - | - | 750.00 |
| 1/17/2024 | HUMANA CHA DISB HCCLAIMPMT 39538346 42000018 | 1,580.00 | - | - | - | - | 1,580.00 |
| 1/16/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000249305 | 8,541.05 | - | - | - | - | 8,541.05 |
| 1/16/2024 | AARP Supplementa HCCLAIMPMT 746003411 124184 | 400.00 | - | - | - | - | 400.00 |
| | 112,207.16 | 39,970.95 | | | | | 39,970.95 |
| TOTALS | 835,075.50 | 281,112.13 | | | | | 281,112.13 |

Balances Overview

| Account Name | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL CENTER - OPERATING | \$1,896,987.18 | \$1,847,652.26 | \$1,896,987.18 | \$2,451,647.10 |
| *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 ✓ | \$143,831.19 ✓ | \$144,514.79 | \$143,831.19 | \$123,665.07 |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓ | \$78,149.41 ✓ | \$214,402.14 | \$78,149.41 | \$65,854.25 |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓ | \$108,290.37 ✓ | \$183,247.05 | \$108,290.37 | \$93,799.02 |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓ | \$69,400.83 ✓ | \$256,829.09 | \$69,400.83 | \$59,919.27 |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓ | \$103,123.91 ✓ | \$107,546.25 | \$103,123.91 | \$55,825.05 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$113,815.54 | \$121,037.13 | \$113,815.54 | \$103,409.48 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$9,718.80 | \$9,718.80 | \$9,718.80 | \$9,718.80 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$22,386.06 | \$22,414.87 | \$22,386.06 | \$14,954.30 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$60,346.57 | \$133,752.62 | \$60,346.57 | \$56,331.57 |
| *5506 MMC -NH BETHANY SENIOR LIVING | \$76,607.41 | \$184,696.23 | \$76,607.41 | \$74,811.14 |
| *3407 MMC -NH TUSCANY VILLAGE | \$26,240.02 | \$32,534.22 | \$26,240.02 | \$19,949.60 |
| *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 |
| Total Balance | \$3,314,753.66 | \$3,864,201.82 | \$3,314,753.66 | \$3,735,741.02 |

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 1/22/2024

| 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 | | 110,052.69 | 46,477.58 | 50,240.43 | | 113,815.54 | 41,955.78 |
| | | | | | | Bank Balance | 113,815.54 |
| | | | | | | Variance | - |
| | | | | | | Leave in Balance | 100.00 |
| | | | | | | QIPP YR 6 First IGT Refund | 49,518.18 |
| | | | | | | QIPP Superior November | 22,241.58 |

Includes \$13,956.93 held in error. Was not a QIPP pymt.

yk:

Adjust Balance/Transfer Amt

41,955.78

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

1/22/2024

APPROVED ON
JAN 22 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 |
|--------------|-------------|------------|-------------|------------|----------------------|-----------|-------------|
| - | 813.00 | - | - | - | - | - | 813.00 |
| - | 589.78 | - | - | - | - | - | 589.78 |
| - | 9,003.28 | - | - | - | - | - | 9,003.28 |
| 46,477.58 ✓ | - | - | - | - | - | - | - |
| - | 1,155.00 | - | - | - | - | - | 1,155.00 |
| - | 23,619.21 | 21,300.44 | 2,352.85 | - | - | 22,241.58 | 1,377.63 ✓ |
| - | 1,189.00 | - | - | - | - | - | 1,189.00 |
| - | 4,371.16 | - | - | - | - | - | 4,371.16 |
| - | 9,500.00 | - | - | - | - | - | 9,500.00 |
| 46,477.58 ✓ | 50,240.43 ✓ | 21,300.44 | 2,352.85 | - | - | 22,241.58 | 27,998.85 ✓ |

1/19/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
1/19/2024 NOVITAS SOLUTION HCCLAIMPMT 676097 420000184
1/19/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
1/18/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
1/18/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
1/18/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
1/17/2024 Centene Managemer ACH 008765433514 1110000296
1/16/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
1/16/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
1/16/2024 Am Health TX PAYMENT 21531 8430703006023

Balances Overview

| Account Name | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL CENTER - OPERATING | \$1,896,987.18 | \$1,847,652.26 | \$1,896,987.18 | \$2,451,647.10 |
| *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 | \$143,831.19 | \$144,514.79 | \$143,831.19 | \$123,665.07 |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR | \$78,149.41 | \$214,402.14 | \$78,149.41 | \$65,854.25 |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT | \$108,290.37 | \$183,247.05 | \$108,290.37 | \$93,799.02 |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | \$69,400.83 | \$256,829.09 | \$69,400.83 | \$59,919.27 |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND | \$103,123.91 | \$107,546.25 | \$103,123.91 | \$55,825.05 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓ | \$113,815.54 ✓ | \$121,037.13 | \$113,815.54 | \$103,409.48 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$9,718.80 | \$9,718.80 | \$9,718.80 | \$9,718.80 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$22,386.06 | \$22,414.87 | \$22,386.06 | \$14,954.30 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$60,346.57 | \$133,752.62 | \$60,346.57 | \$56,331.57 |
| *5506 MMC -NH BETHANY SENIOR LIVING | \$76,607.41 | \$184,696.23 | \$76,607.41 | \$74,811.14 |
| *3407 MMC -NH TUSCANY VILLAGE | \$26,240.02 | \$32,534.22 | \$26,240.02 | \$19,949.60 |
| *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 |
| Total Balance | \$3,314,753.66 | \$3,864,201.82 | \$3,314,753.66 | \$3,735,741.02 |

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 1/22/2024

| 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 | | 14,826.13 | | 7,559.93 | | | 22,386.06 | 7,559.93 |
| | | | | | | Bank Balance Variance | 22,386.06 | |
| | | | | | | Leave in Balance | 100.00 | |
| Transferred 1/22/24 per County | | | | | | | 14,726.13 | |

Adjust Balance/Transfer Amt 7,559.93

| 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 | | 69,017.79 | 14,726.13 | 6,054.91 | | | 60,346.57 | 60,246.57 |
| | | | | | | Bank Balance Variance | 60,346.57 | This amt includes \$54,191.66 that was not transferred last week. |
| | | | | | | Leave in Balance | 100.00 | |

Adjust Balance/Transfer Amt 60,246.57

Routing Information for Gulf Pointe Plaza:
 [Redacted]

TOTAL TRANSFERS 67,806.50

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 1/22/2024

APPROVED ON
JAN 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

1/19/2024 NDC SWEEP FAC H261 21000024785113 SWEEP FR
 1/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000210763
 1/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000210763
 1/16/2024 HNB - ECHO HCCLAIMPMT 746003411 440000249305
 1/16/2024 HNB - ECHO HCCLAIMPMT 746003411 440000249788

| | | MMC PORTION | | | | | |
|--------------|-------------|-------------|---|------------|--------|------------|---------|
| Transfer-Out | Transfer-In | QIPP/Comp | | QIPP/Comp4 | | NH PORTION | |
| | | QIPP/Comp1 | 2 | QIPP/Comp3 | &Lapse | | QIPP TI |
| - | 363.73 | | | | | 363.73 | |
| - | 7,000.00 | | | | | 7,000.00 | |
| - | 68.03 | | | | | 68.03 | |
| - | 64.73 | | | | | 64.73 | |
| - | 63.44 | | | | | 63.44 | |
| - | 7,559.93 | - | - | - | - | 7,559.93 | |

Gulf Pointe Plaza-Medicare/Medicaid

1/19/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 1/18/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 1/17/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 1/16/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001

| | | MMC PORTION | | | | | |
|--------------|-------------|-------------|---|------------|--------|------------|---------|
| Transfer-Out | Transfer-In | QIPP/Comp | | QIPP/Comp4 | | NH PORTION | |
| | | QIPP/Comp1 | 2 | QIPP/Comp3 | &Lapse | | QIPP TI |
| - | 4,015.00 | | | | | 4,015.00 | |
| 14,726.13 | - | | | | | - | |
| - | 805.00 | | | | | 805.00 | |
| - | 1,234.91 | | | | | 1,234.91 | |
| 14,726.13 | 6,054.91 | - | - | - | - | 6,054.91 | |
| 14,726.13 | 13,614.84 | - | - | - | - | 13,614.84 | |

Balances Overview

| Account Name | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL CENTER - OPERATING | \$1,896,987.18 | \$1,847,652.26 | \$1,896,987.18 | \$2,451,647.10 |
| *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 | \$143,831.19 | \$144,514.79 | \$143,831.19 | \$123,665.07 |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR | \$78,149.41 | \$214,402.14 | \$78,149.41 | \$65,854.25 |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT | \$108,290.37 | \$183,247.05 | \$108,290.37 | \$93,799.02 |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | \$69,400.83 | \$256,829.09 | \$69,400.83 | \$59,919.27 |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND | \$103,123.91 | \$107,546.25 | \$103,123.91 | \$55,825.05 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$113,815.54 | \$121,037.13 | \$113,815.54 | \$103,409.48 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$9,718.80 | \$9,718.80 | \$9,718.80 | \$9,718.80 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓ | \$22,386.06 ✓ | \$22,414.87 | \$22,386.06 | \$14,954.30 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓ | \$60,346.57 ✓ | \$133,752.62 | \$60,346.57 | \$56,331.57 |
| *5506 MMC -NH BETHANY SENIOR LIVING | \$76,607.41 | \$184,696.23 | \$76,607.41 | \$74,811.14 |
| *3407 MMC -NH TUSCANY VILLAGE | \$26,240.02 | \$32,534.22 | \$26,240.02 | \$19,949.60 |
| *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 |
| Total Balance | \$3,314,753.66 | \$3,864,201.82 | \$3,314,753.66 | \$3,735,741.02 |

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 1/22/2024

| 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 | | 94,550.06 | 86,666.62 | 18,356.58 | | | 26,240.02 | 18,356.58 |
| | | | | | | Bank Balance | 26,240.02 | |
| | | | | | | Variance | | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Molina QIPP November | 7,783.44 | |
| | | | | | | Adjust Balance/Transfer Amt | 18,356.58 | |

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 1/22/2024

APPROVED ON
JAN 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village

MMC PORTION

| | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|--|--------------|-------------|-------------|-------------|-------------|-------------------|---------|------------|
| | | | QIPP/Comp 1 | QIPP/Comp 2 | QIPP/Comp 3 | QIPP/Comp 4&Lapse | QIPP TI | |
| 1/19/2024 MOLINA HEALTHCAR MOLINAACH 01251698 42000012 | - | 2,901.23 | - | - | - | - | - | 2,901.23 |
| 1/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000210763 | - | 3,389.19 | - | - | - | - | - | 3,389.19 |
| 1/18/2024 WIRE OUT LINBAR ENTERPRISES, LLC | 86,666.62 | - | - | - | - | - | - | - |
| 1/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000273388 | - | 9,677.51 | - | - | - | - | - | 9,677.51 |
| 1/18/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000140 | - | 251.47 | - | - | - | - | - | 251.47 |
| 1/16/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000102 | - | 2,137.18 | - | - | - | - | - | 2,137.18 |
| | 86,666.62 | 18,356.58 | - | - | - | - | - | 18,356.58 |

Balances Overview

| Account Name | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL CENTER - OPERATING | \$1,896,987.18 | \$1,847,652.26 | \$1,896,987.18 | \$2,451,647.10 |
| *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 | \$143,831.19 | \$144,514.79 | \$143,831.19 | \$123,665.07 |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR | \$78,149.41 | \$214,402.14 | \$78,149.41 | \$65,854.25 |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT | \$108,290.37 | \$183,247.05 | \$108,290.37 | \$93,799.02 |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | \$69,400.83 | \$256,829.09 | \$69,400.83 | \$59,919.27 |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND | \$103,123.91 | \$107,546.25 | \$103,123.91 | \$55,825.05 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$113,815.54 | \$121,037.13 | \$113,815.54 | \$103,409.48 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$9,718.80 | \$9,718.80 | \$9,718.80 | \$9,718.80 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$22,386.06 | \$22,414.87 | \$22,386.06 | \$14,954.30 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$60,346.57 | \$133,752.62 | \$60,346.57 | \$56,331.57 |
| *5506 MMC -NH BETHANY SENIOR LIVING | \$76,607.41 | \$184,696.23 | \$76,607.41 | \$74,811.14 |
| *3407 MMC -NH TUSCANY VILLAGE ✓ | \$26,240.02 | ✓ \$32,534.22 | \$26,240.02 ✓ | \$19,949.60 |
| *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 |
| Total Balance | \$3,314,753.66 | \$3,864,201.82 | \$3,314,753.66 | \$3,735,741.02 |

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 1/22/2024

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending Medicare Repayment | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|-----------------------|----------------|----------------------------|--------------|-------------|-------------|-----------------------------|---------------------------|--|
| Bethany Senior Living | | 67,727.40 | 47,388.87 | 56,268.88 | | | 76,607.41 | 56,682.56 |
| | | | | | | Bank Balance | 76,607.41 | |
| | | | | | | Variance | - | Includes \$20,238.53 held in error. Was not a QIPP pymt. |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | QIPP Superior November | 19,824.85 | |
| | | | | | | Adjust Balance/Transfer Amt | 56,682.56 | |

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 1/22/2024

APPROVED ON
JAN 22 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 |
|--|--------------|-------------|------------|-------------|------------|------------------|-----------|------------|
| 1/19/2024 HOSPICE OF SOUTH Payments NF 113122650030631 | - | 1,598.59 | - | - | - | - | - | 1,598.59 |
| 1/19/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2 | - | 197.68 | - | - | - | - | - | 197.68 |
| 1/18/2024 WIRE OUT PORT LAVACA NH, LLC | 47,388.87 | - | - | - | - | - | - | - |
| 1/18/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2 | - | 8,461.56 | - | - | - | - | - | 8,461.56 |
| 1/17/2024 Deposit | - | 13,822.76 | - | - | - | - | - | 13,822.76 |
| 1/17/2024 Centene Managem ACH 008765433514 1110000296 | - | 22,995.17 | 18,092.92 | 4,948.36 | - | - | 19,824.85 | 3,170.32 |
| 1/16/2024 HNB - ECHO HCCLAIMPMT 746003411 440000249788 | - | 9,193.12 | - | - | - | - | - | 9,193.12 |
| | 47,388.87 | 56,268.88 | 18,092.92 | 4,948.36 | - | - | 19,824.85 | 36,444.03 |

Balances Overview

| Account Name | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL CENTER - OPERATING | \$1,896,987.18 | \$1,847,652.26 | \$1,896,987.18 | \$2,451,647.10 |
| *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 | \$143,831.19 | \$144,514.79 | \$143,831.19 | \$123,665.07 |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR | \$78,149.41 | \$214,402.14 | \$78,149.41 | \$65,854.25 |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT | \$108,290.37 | \$183,247.05 | \$108,290.37 | \$93,799.02 |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | \$69,400.83 | \$256,829.09 | \$69,400.83 | \$59,919.27 |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND | \$103,123.91 | \$107,546.25 | \$103,123.91 | \$55,825.05 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | \$113,815.54 | \$121,037.13 | \$113,815.54 | \$103,409.48 |
| *4551 CAL CO INDIGENT HEALTHCARE | \$9,718.80 | \$9,718.80 | \$9,718.80 | \$9,718.80 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | \$22,386.06 | \$22,414.87 | \$22,386.06 | \$14,954.30 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | \$60,346.57 | \$133,752.62 | \$60,346.57 | \$56,331.57 |
| *5506 MMC -NH BETHANY SENIOR LIVING ✓ | \$76,607.41 ✓ | \$184,696.23 | \$76,607.41 | \$74,811.14 |
| *3407 MMC -NH TUSCANY VILLAGE | \$26,240.02 | \$32,534.22 | \$26,240.02 | \$19,949.60 |
| *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 |
| Total Balance | \$3,314,753.66 | \$3,864,201.82 | \$3,314,753.66 | \$3,735,741.02 |

Golden Creek ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E
MMC

Date Requested: 1/22/2024

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

APPROVED ON
JAN 22 2024

BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS
CK# 00203

AMOUNT: \$ 22,241.58 ✓ G/L NUMBER: 10255040

EXPLANATION: Superior November QIPP

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew S. Posthuma

1/22/24

Bethany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E
MMC

Date Requested: 1/22/2024

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
JAN 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 1034

AMOUNT: \$ 19,824.85 G/L NUMBER: 10255040

EXPLANATION: Superior November QIPP

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew S. [Signature]

1/22/24

MEMORIAL MEDICAL CENTER

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

000203

Date 1/24/24

88-2265/1131

PAY
TO THE
ORDER OF

mmc Operating

\$ 22,241.58

Twenty-two thousand, two hundred forty-one & 58/100 DOLLARS



County Auditor

FOR _____

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

**MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING**

PH 361-553-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1034

88-2265/1131-87

DATE 1/24/24

CHECK ARMOR

PAY
TO THE
ORDER OF

mmc Operating

\$ 19,824.85

Nineteen thousand, eight hundred twenty-four & 85/100 DOLLARS



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



County Auditor

FOR _____

County Treasurer
MP

0

RUN DATE:01/24/24
TIME:09:50

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

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG * 000203 01/24/24 22,241.58 MMC OPERATING

BSL * 001034 01/24/24 19,824.85 MMC OPERATING

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

1/24/2024

| NH Name | From Bank Acct # | Ck # | Payee | GL # | Superlor Nov | | | TOTAL | Date |
|----------------|-----------------------|------|-------------------------------------|---------------|--------------------|--|--|------------------|------------------|
| Ashford | 10000018 - Prosperity | | MMC -Prosperity Operating #10000001 | 10255040 | | | | - | |
| Broadmoor | 10000019 - Prosperity | | MMC -Prosperity Operating #10000001 | 10255040 | | | | - | |
| Crescent | 10000020 - Prosperity | | MMC -Prosperity Operating #10000001 | 10255040 | | | | - | |
| Fort Bend | 10000021 - Prosperity | | MMC -Prosperity Operating #10000001 | 10255040 | | | | - | |
| Solera | 10000022 - Prosperity | | MMC -Prosperity Operating #10000001 | 10255040 | | | | - | |
| Golden Creek ✓ | 10000023 - Prosperity | | MMC -Prosperity Operating #10000001 | 10255040 | 22,241.58 ✓ | | | 22,241.58 | 1/22/2024 |
| Bethany ✓ | 10000026 - Prosperity | | MMC -Prosperity Operating #10000001 | 10255040 | 19,824.85 ✓ | | | 19,824.85 | 1/22/2024 |
| Tuscany | 10000015 - Prosperity | | MMC -Prosperity Operating #10000001 | 10255040 | | | | - | |
| | | | | Total: | 42,066.43 ✓ | | | 42,066.43 | 1/22/2024 |

Note:

Andrew De Los Santos

Approved:

ANDREW DE LOS SANTOS

1/22/2024