

**APPROVED**

FEB 07 2024

**CALHOUN COUNTY  
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 07, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

|   |           |                     |          |
|---|-----------|---------------------|----------|
| TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS        | \$        | 546,130.55          | ✓        |
| TOTAL TRANSFERS BETWEEN FUNDS                               | \$        | 727,006.74          | ✓        |
| TOTAL NURSING HOME UPL EXPENSES                             | \$        | 1,111,552.13        | ✓        |
| TOTAL INTER-GOVERNMENT TRANSFERS                            | \$        | -                   |          |
| <b>GRAND TOTAL DISBURSEMENTS APPROVED February 07, 2024</b> | <b>\$</b> | <b>2,384,689.42</b> | <b>✓</b> |

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---February 07, 2024**

**PAYABLES AND PAYROLL**

|   |            |
|---|------------|
| 2/1/2024 Weekly Payables                              | 258,931.94 |
| 2/1/2024 Patient Refunds                              | 1,916.15   |
| 2/5/2024 Republic Services Inc.-waste                 | 1,738.62   |
| 2/5/2024 McKesson-340B Prescription Expense           | 3,180.13   |
| 2/5/2024 Amerisource Bergen-340B Prescription Expense | 1,387.40   |
| 2/5/2024 Health Equity-Wage works employee FSA        | 16,126.93  |

**Prosperity Electronic Bank Payments**

|  |            |
|--|------------|
| 2/5/2024 IRS USA Taxpayment-payroll taxes            | 2,226.37   |
| 2/15/2024 TCDRS January Retirement                   | 186,021.62 |
| 1/29-2/2/24 Pay Plus-Patient Claims Processing Fee   | 970.93     |
| 2/7/2024 90 Degree Benefits-premium payments         | 69,499.78  |
| 2/1/2024 Health Equity-HAS Contributions             | 3,526.99   |
| 2/2/2024 ExpertPay- child support                    | 570.69     |
| 2/2/2024 Authnet Gateway Billing-3rd Party Payor Fee | 33.00      |

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** \$ **546,130.55**

**TRANSFERS BETWEEN FUNDS-MMC**

|  |            |
|--|------------|
| 2/5/2024 Transfer from Money Market Account to MMC Operating-to cover expenses | 500,000.00 |
|--|------------|

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

|   |           |
|---|-----------|
| 2/1/2024 MMC Operating to Ashford-NH portion of QIPP payment deposited into MMC Operating                                   | 7,893.04  |
| 2/1/2024 MMC Operating to Solera-NH portion of QIPP payment deposited into MMC Operating                                    | 2,319.65  |
| 2/1/2024 MMC Operating to Fort bend-correction of NH insurance and QIPP payment deposited into MMC Operating                | 6,618.30  |
| 2/1/2024 MMC Operating to Broadmoor-correction of NH insurance and QIPP payment deposited into MMC Operating                | 7,486.86  |
| 2/1/2024 MMC Operating to Crescent-correction of NH insurance and QIPP payment deposited into MMC Operating in error        | 7,794.83  |
| 2/1/2024 MMC Operating to Golden Creek-correction of NH insurance and QIPP payment deposited into MMC Operating in error    | 82,010.14 |
| 2/1/2024 MMC Operating to Tuscany Village-correction of NH insurance and QIPP payment deposited into MMC Operating in error | 28,080.77 |
| 2/1/2024 MMC Operating to Bethany-correction of NH insurance and QIPP payment deposited into MMC Operating in error         | 84,803.15 |

**TOTAL TRANSFERS BETWEEN FUNDS** \$ **727,006.74**

**NURSING HOME UPL EXPENSES**

|  |            |
|--|------------|
| 2/5/2024 Nursing Home UPL-Cantex Transfer  | 533,067.38 |
| 2/5/2024 Nursing Home UPL-Nexion Transfer  | 141,013.98 |
| 2/5/2024 Nursing Home UPL-HMG Transfer     | 6,981.89   |
| 2/5/2024 Nursing Home UPL-Tuscany Transfer | 109,036.61 |
| 2/5/2024 Nursing Home UPL-HSL Transfer     | 200,631.03 |

**QIPP CHECKS TO MMC**

|                       |           |
|-----------------------|-----------|
| 2/5/2024 Ashford      | 34,181.19 |
| 2/5/2024 Broadmoor    | 12,645.12 |
| 2/5/2024 Crescent     | 9,432.20  |
| 2/5/2024 Fort Bend    | 10,670.52 |
| 2/5/2024 Solera       | 10,233.12 |
| 2/5/2024 Golden Creek | 24,759.09 |

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

|  |           |
|--|-----------|
| 2/5/2024 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error | 18,900.00 |
|--|-----------|

**TOTAL NURSING HOME UPL EXPENSES** \$ **1,111,552.13**

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

**GRAND TOTAL DISBURSEMENTS APPROVED February 07, 2024** \$ **2,384,689.42**



RECEIVED BY THE COUNTY AUDITOR ON 02/01/2024

FEB 01 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/23/2024

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Vendor# Vendor Name R1200 ADT COMMERCIAL

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 153435623, FIRE MONITORING, 01/31/202, 01/03/202, 01/28/202, 53.61, 0.00, 0.00, 53.61

FIRE MONITORING (01/01/24- 01/31/24)

Vendor Totals: Number Name R1200 ADT COMMERCIAL Gross 53.61 Discount 0.00 No-Pay 0.00 Net 53.61

Vendor# Vendor Name 14028 AMAZON CAPITAL SERVICES

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 1XX6-HWH4-KXN9, SUPPLIES, 01/23/202, 01/10/202, 02/09/202, 41.53, 0.00, 0.00, 41.53

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 1DDG-KCP7-6RRG, SUPPLIES, 01/23/202, 01/19/202, 02/18/202, 37.68, 0.00, 0.00, 37.68

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 1TMV-1TTV-K19J, SUPPLIES, 01/23/202, 01/21/202, 02/20/202, 39.98, 0.00, 0.00, 39.98

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 1MWY-6QR-PLW4, SUPPLIES, 01/31/202, 01/17/202, 02/16/202, 49.98, 0.00, 0.00, 49.98

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 1FK7-MQ7M-M6JG, SUPPLIES, 01/31/202, 01/25/202, 02/23/202, 156.38, 0.00, 0.00, 156.38

Vendor Totals: Number Name 14028 AMAZON CAPITAL SERVICES Gross 325.55 Discount 0.00 No-Pay 0.00 Net 325.55

Vendor# Vendor Name 11756 AYA HEALTHCARE INC

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 3885217, K DUNN, 01/31/202, 01/18/202, 02/18/202, 2,976.75, 0.00, 0.00, 2,976.75

K DUNN (1/7-1/9/24)

Vendor Totals: Number Name 11756 AYA HEALTHCARE INC Gross 2,976.75 Discount 0.00 No-Pay 0.00 Net 2,976.75

Vendor# Vendor Name B1220 BECKMAN COULTER INC

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 111085106, SUPPLIES, 01/31/202, 01/09/202, 02/03/202, 199.09, 0.00, 0.00, 199.09

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 111090544, SUPPLIES, 01/31/202, 01/11/202, 02/05/202, 286.57, 0.00, 0.00, 286.57

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 4519964, SUPPLIES, 01/31/202, 01/21/202, 02/15/202, 1,484.00, 0.00, 0.00, 1,484.00

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 5483820, LEASE, 01/31/202, 01/21/202, 02/15/202, 1,935.15, 0.00, 0.00, 1,935.15

Vendor Totals: Number Name B1220 BECKMAN COULTER INC Gross 3,904.81 Discount 0.00 No-Pay 0.00 Net 3,904.81

Vendor# Vendor Name 10024 BECTON, DICKINSON & CO (BD)

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net. Row 1: 9112229689, SUPPLIES, 01/31/202, 01/16/202, 02/15/202, 483.50, 0.00, 0.00, 483.50

Vendor Totals: Number Name 10024 BECTON, DICKINSON & CO (BD) Gross 483.50 Discount 0.00 No-Pay 0.00 Net 483.50

Vendor# Vendor Name 11072 BIO-RAD LABORATORIES, INC

Table with columns: Invoice#, Comment, Tran Dt, Inv Dt, Due Dt, Check Dt, Pay, Gross, Discount, No-Pay, Net



|         |                                 |         |                           |           |           |          |          |          |          |          |            |
|---------|---------------------------------|---------|---------------------------|-----------|-----------|----------|----------|----------|----------|----------|------------|
|         | 906943443 ✓                     |         | 01/31/202                 | 01/09/202 | 01/31/202 |          | 266.51   | 0.00     | 0.00     | 266.51 ✓ |            |
|         | SUPPLIES                        |         |                           |           |           |          |          |          |          |          |            |
|         | Vendor Totals:                  | Number  | Name                      |           |           |          | Gross    | Discount | No-Pay   | Net      |            |
|         |                                 | 11072   | BIO-RAD LABORATORIES, INC |           |           |          | 266.51   | 0.00     | 0.00     | 266.51   |            |
| Vendor# | Vendor Name                     |         | Class                     | Pay Code  |           |          |          |          |          |          |            |
| C1048   | CALHOUN COUNTY ✓                |         |                           | W         |           |          |          |          |          |          |            |
|         | Invoice#                        | Comment | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay   | Net        |
|         | 012424                          |         | 01/31/202                 | 01/24/202 | 02/07/202 |          |          | 45.50    | 0.00     | 0.00     | 45.50 ✓    |
|         | FUEL                            |         |                           |           |           |          |          |          |          |          |            |
|         | Vendor Totals:                  | Number  | Name                      |           |           |          | Gross    | Discount | No-Pay   | Net      |            |
|         |                                 | C1048   | CALHOUN COUNTY            |           |           |          | 45.50    | 0.00     | 0.00     | 45.50    |            |
| Vendor# | Vendor Name                     |         | Class                     | Pay Code  |           |          |          |          |          |          |            |
| 14120   | CALHOUN COUNTY EMS ✓            |         |                           |           |           |          |          |          |          |          |            |
|         | Invoice#                        | Comment | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay   | Net        |
|         | 2023-12 ✓                       |         | 01/18/202                 | 01/03/202 | 02/20/202 |          |          | 5,720.00 | 0.00     | 0.00     | 5,720.00 ✓ |
|         | DEC TRANSFERS                   |         |                           |           |           |          |          |          |          |          |            |
|         | Vendor Totals:                  | Number  | Name                      |           |           |          | Gross    | Discount | No-Pay   | Net      |            |
|         |                                 | 14120   | CALHOUN COUNTY EMS        |           |           |          | 5,720.00 | 0.00     | 0.00     | 5,720.00 |            |
| Vendor# | Vendor Name                     |         | Class                     | Pay Code  |           |          |          |          |          |          |            |
| 14064   | CAPITAL ONE ✓                   |         |                           |           |           |          |          |          |          |          |            |
|         | Invoice#                        | Comment | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay   | Net        |
|         | 1653400024                      |         | 02/01/202                 | 01/19/202 | 02/13/202 |          |          | 640.81   | 0.00     | 0.00     | 640.81 ✓   |
|         | SUPPLIES                        |         |                           |           |           |          |          |          |          |          |            |
|         | Vendor Totals:                  | Number  | Name                      |           |           |          | Gross    | Discount | No-Pay   | Net      |            |
|         |                                 | 14064   | CAPITAL ONE               |           |           |          | 640.81   | 0.00     | 0.00     | 640.81   |            |
| Vendor# | Vendor Name                     |         | Class                     | Pay Code  |           |          |          |          |          |          |            |
| 10650   | CAREFUSION 2200, INC ✓          |         |                           |           |           |          |          |          |          |          |            |
|         | Invoice#                        | Comment | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay   | Net        |
|         | 9400417138 ✓                    |         | 01/31/202                 | 01/15/202 | 02/14/202 |          |          | 90.36    | 0.00     | 0.00     | 90.36 ✓    |
|         | SUPPLIES                        |         |                           |           |           |          |          |          |          |          |            |
|         | Vendor Totals:                  | Number  | Name                      |           |           |          | Gross    | Discount | No-Pay   | Net      |            |
|         |                                 | 10650   | CAREFUSION 2200, INC      |           |           |          | 90.36    | 0.00     | 0.00     | 90.36    |            |
| Vendor# | Vendor Name                     |         | Class                     | Pay Code  |           |          |          |          |          |          |            |
| C1992   | CDW GOVERNMENT, INC. ✓          |         |                           | M         |           |          |          |          |          |          |            |
|         | Invoice#                        | Comment | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay   | Net        |
|         | NV17073 ✓                       |         | 01/31/202                 | 01/02/202 | 02/01/202 |          |          | 163.53   | 0.00     | 0.00     | 163.53 ✓   |
|         | SUPPLIES                        |         |                           |           |           |          |          |          |          |          |            |
|         | NW26717 ✓                       |         | 01/31/202                 | 01/05/202 | 02/04/202 |          |          | 1,167.54 | 0.00     | 0.00     | 1,167.54 ✓ |
|         | SUPPLIES                        |         |                           |           |           |          |          |          |          |          |            |
|         | Vendor Totals:                  | Number  | Name                      |           |           |          | Gross    | Discount | No-Pay   | Net      |            |
|         |                                 | C1992   | CDW GOVERNMENT, INC.      |           |           |          | 1,331.07 | 0.00     | 0.00     | 1,331.07 |            |
| Vendor# | Vendor Name                     |         | Class                     | Pay Code  |           |          |          |          |          |          |            |
| 12768   | CHEMAQUA ✓                      |         |                           |           |           |          |          |          |          |          |            |
|         | Invoice#                        | Comment | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay   | Net        |
|         | 8530804 ✓                       |         | 01/31/202                 | 01/10/202 | 01/20/202 |          |          | 593.69   | 0.00     | 0.00     | 593.69 ✓   |
|         | WATER TREATMENT                 |         |                           |           |           |          |          |          |          |          |            |
|         | Vendor Totals:                  | Number  | Name                      |           |           |          | Gross    | Discount | No-Pay   | Net      |            |
|         |                                 | 12768   | CHEMAQUA                  |           |           |          | 593.69   | 0.00     | 0.00     | 593.69   |            |
| Vendor# | Vendor Name                     |         | Class                     | Pay Code  |           |          |          |          |          |          |            |
| C1970   | CONMED CORPORATION ✓            |         |                           | M         |           |          |          |          |          |          |            |
|         | Invoice#                        | Comment | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross    | Discount | No-Pay   | Net        |
|         | <del>10655690</del><br>10449570 |         | 01/31/202                 | 01/03/202 | 01/03/202 |          |          | 215.06   | 0.00     | 0.00     | 215.06 ✓   |
|         | SUPPLIES                        |         |                           |           |           |          |          |          |          |          |            |
|         | Vendor Totals:                  | Number  | Name                      |           |           |          | Gross    | Discount | No-Pay   | Net      |            |
|         |                                 | C1970   | CONMED CORPORATION        |           |           |          | 215.06   | 0.00     | 0.00     | 215.06   |            |
| Vendor# | Vendor Name                     |         | Class                     | Pay Code  |           |          |          |          |          |          |            |



|                |  |                              |           |           |          |          |                  |          |        |                             |  |
|----------------|--|------------------------------|-----------|-----------|----------|----------|------------------|----------|--------|-----------------------------|--|
| 10646          | COVIDIEN ✓                                     |                              |           |           |          |          |                  |          |        |                             |  |
| Invoice#       | Comment  | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross            | Discount | No-Pay | Net                         |  |
| 5870940755 ✓   |  | 01/31/202                    | 01/15/202 | 01/25/202 |          |          | 354.48           | 0.00     | 0.00   | 354.48 ✓                    |  |
|                | SUPPLIES                                       |                              |           |           |          |          |                  |          |        |                             |  |
| Vendor Totals: | Number   | Name                         |           |           |          |          | Gross            | Discount | No-Pay | Net                         |  |
|                | 10646  | COVIDIEN                     |           |           |          |          | 354.48           | 0.00     | 0.00   | 354.48                      |  |
| Vendor#        | Vendor Name                                    |                              |           |           | Class    | Pay Code |                  |          |        |                             |  |
| 15212          | DANIELLE KALISEK ✓                             |                              |           |           |          |          |                  |          |        |                             |  |
| Invoice#       | Comment  | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross            | Discount | No-Pay | Net                         |  |
| 012424         |  | 01/30/202                    | 01/24/202 | 02/01/202 |          |          | 28.99            | 0.00     | 0.00   | 28.99 ✓                     |  |
|                | 28.99 Reimbursement of Texas Food Manager Exam |                              |           |           |          |          |                  |          |        |                             |  |
| Vendor Totals: | Number   | Name                         |           |           |          |          | Gross            | Discount | No-Pay | Net                         |  |
|                | 15212  | DANIELLE KALISEK             |           |           |          |          | 28.99            | 0.00     | 0.00   | 28.99                       |  |
| Vendor#        | Vendor Name                                    |                              |           |           | Class    | Pay Code |                  |          |        |                             |  |
| 10368          | DEWITT POTH & SON ✓                            |                              |           |           |          |          |                  |          |        |                             |  |
| Invoice#       | Comment  | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross            | Discount | No-Pay | Net                         |  |
| 744141-0 ✓     |  | 01/31/202                    | 01/24/202 | 02/18/202 |          |          | 692.65           | 0.00     | 0.00   | 692.65 ✓                    |  |
|                | SUPPLIES                                       |                              |           |           |          |          |                  |          |        |                             |  |
| Vendor Totals: | Number   | Name                         |           |           |          |          | Gross            | Discount | No-Pay | Net                         |  |
|                | 10368  | DEWITT POTH & SON            |           |           |          |          | 692.65           | 0.00     | 0.00   | 692.65                      |  |
| Vendor#        | Vendor Name                                    |                              |           |           | Class    | Pay Code |                  |          |        |                             |  |
| 11291          | DOWELL PEST CONTROL ✓                          |                              |           |           |          |          |                  |          |        |                             |  |
| Invoice#       | Comment  | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross            | Discount | No-Pay | Net                         |  |
| 24505 ✓        |  | 01/31/202                    | 01/12/202 | 02/06/202 |          |          | 75.00            | 0.00     | 0.00   | 75.00 ✓                     |  |
|                | PEST CONTROL                                   |                              |           |           |          |          |                  |          |        |                             |  |
| Vendor Totals: | Number   | Name                         |           |           |          |          | Gross            | Discount | No-Pay | Net                         |  |
|                | 11291  | DOWELL PEST CONTROL          |           |           |          |          | 75.00            | 0.00     | 0.00   | 75.00                       |  |
| Vendor#        | Vendor Name                                    |                              |           |           | Class    | Pay Code |                  |          |        |                             |  |
| 15240          | ECLINICAL WORKS LLC ✓                          |                              |           |           |          |          |                  |          |        |                             |  |
| Invoice#       | Comment  | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross            | Discount | No-Pay | Net                         |  |
| 0002824065     |  | 01/31/202                    | 12/28/202 | 01/28/202 |          |          | 449.00           | 0.00     | 0.00   | 449.00 ✓                    |  |
|                | INFUSION MONTHLY SERV CHAF                     |                              |           |           |          |          |                  |          |        |                             |  |
| Vendor Totals: | Number   | Name                         |           |           |          |          | Gross            | Discount | No-Pay | Net                         |  |
|                | 15240  | ECLINICAL WORKS LLC          |           |           |          |          | 449.00           | 0.00     | 0.00   | 449.00                      |  |
| Vendor#        | Vendor Name                                    |                              |           |           | Class    | Pay Code |                  |          |        |                             |  |
| 11284          | EMERGENCY STAFFING SOLUTIONS ✓                 |                              |           |           |          |          |                  |          |        |                             |  |
| Invoice#       | Comment  | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross            | Discount | No-Pay | Net                         |  |
| 45898<br>2     |  | 01/31/202                    | 01/31/202 | 02/10/202 |          |          | 40,062.50        | 0.00     | 0.00   | 40,062.50 ✓                 |  |
|                | PHYSICIAN STAFFING (14th-50M)                  |                              |           |           |          |          |                  |          |        |                             |  |
| Vendor Totals: | Number   | Name                         |           |           |          |          | Gross            | Discount | No-Pay | Net                         |  |
|                | 11284  | EMERGENCY STAFFING SOLUTIONS |           |           |          |          | 40,062.50        | 0.00     | 0.00   | 40,062.50                   |  |
| Vendor#        | Vendor Name                                    |                              |           |           | Class    | Pay Code |                  |          |        |                             |  |
| C2510          | EVIDENT ✓                                      |                              |           |           | M        |          |                  |          |        |                             |  |
| Invoice#       | Comment  | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross            | Discount | No-Pay | Net                         |  |
| T2401171378 ✓  |  | 01/31/202                    | 01/17/202 | 02/11/202 |          |          | 7,399.54         | 0.00     | 0.00   | 7,399.54 ✓                  |  |
|                | BUSINESS SERV                                  |                              |           |           |          |          |                  |          |        |                             |  |
| Vendor Totals: | Number   | Name                         |           |           |          |          | Gross            | Discount | No-Pay | Net                         |  |
|                | C2510  | EVIDENT                      |           |           |          |          | 7,399.54         | 0.00     | 0.00   | 7,399.54                    |  |
| Vendor#        | Vendor Name                                    |                              |           |           | Class    | Pay Code |                  |          |        |                             |  |
| 15052          | FAVORITE HEALTHCARE STAFFING ✓                 |                              |           |           |          |          |                  |          |        |                             |  |
| Invoice#       | Comment  | Tran Dt                      | Inv Dt    | Due Dt    | Check Dt | Pay      | Gross            | Discount | No-Pay | Net                         |  |
| 1472274 ✓      |  | 01/31/202                    | 12/06/202 | 01/06/202 |          |          | <del>36.25</del> | 0.00     | 0.00   | <del>-36.25</del> 3443.75 ✓ |  |
|                | LYSSA CORTINAS (11/24-11/24/23) RN             |                              |           |           |          |          |                  |          |        |                             |  |
| 1473871 ✓      |  | 01/31/202                    | 12/20/202 | 01/20/202 |          |          | <del>36.50</del> | 0.00     | 0.00   | <del>-36.50</del> 3467.50 ✓ |  |
|                | LYSSA CORTINAS (12/5-12/10/23) RN              |                              |           |           |          |          |                  |          |        |                             |  |
| 1476211 ✓      |  | 01/31/202                    | 01/10/202 | 02/10/202 |          |          | 2,303.75         | 0.00     | 0.00   | 2,303.75 ✓                  |  |



LYSSA CORTINAS (112-113124) RN

| Vendor Totals: |                            | Number    | Name                         |           | Gross     | Discount | No-Pay   | Net       |        |            |
|----------------|----------------------------|-----------|------------------------------|-----------|-----------|----------|----------|-----------|--------|------------|
|                |                            | 15052     | FAVORITE HEALTHCARE STAFFING |           | 2,376.50  | 0.00     | 0.00     | 2,376.50  |        |            |
| Vendor#        | Vendor Name                |           | Class                        | Pay Code  | 9,215.00  |          |          | 9,215.00  |        |            |
| F1400          | FISHER HEALTHCARE ✓        |           | M                            |           |           |          |          |           |        |            |
| Invoice#       | Comment                    | Tran Dt   | Inv Dt                       | Due Dt    | Check Dt  | Pay      | Gross    | Discount  | No-Pay | Net        |
| 9114256 ✓      | SUPPLIES                   | 01/31/202 | 01/16/202                    | 02/10/202 |           |          | 26.06    | 0.00      | 0.00   | 26.06 ✓    |
| 9114258 ✓      | SUPPLIES                   | 01/31/202 | 01/16/202                    | 02/10/202 |           |          | 1,213.81 | 0.00      | 0.00   | 1,213.81 ✓ |
| Vendor Totals: |                            | F1400     | FISHER HEALTHCARE            |           | 1,239.87  | 0.00     | 0.00     | 1,239.87  |        |            |
| Vendor#        | Vendor Name                |           | Class                        | Pay Code  |           |          |          |           |        |            |
| 11183          | FRONTIER ✓                 |           |                              |           |           |          |          |           |        |            |
| Invoice#       | Comment                    | Tran Dt   | Inv Dt                       | Due Dt    | Check Dt  | Pay      | Gross    | Discount  | No-Pay | Net        |
| 011924         | TELEPHONE                  | 01/31/202 | 01/19/202                    | 02/12/202 |           |          | 56.40    | 0.00      | 0.00   | 56.40 ✓    |
| Vendor Totals: |                            | 11183     | FRONTIER                     |           | 56.40     | 0.00     | 0.00     | 56.40     |        |            |
| Vendor#        | Vendor Name                |           | Class                        | Pay Code  |           |          |          |           |        |            |
| 14156          | FUJI FILM ✓                |           |                              |           |           |          |          |           |        |            |
| Invoice#       | Comment                    | Tran Dt   | Inv Dt                       | Due Dt    | Check Dt  | Pay      | Gross    | Discount  | No-Pay | Net        |
| 91434902 ✓     | CONTRACT                   | 01/31/202 | 01/25/202                    | 02/15/202 |           |          | 7,908.33 | 0.00      | 0.00   | 7,908.33 ✓ |
| Vendor Totals: |                            | 14156     | FUJI FILM                    |           | 7,908.33  | 0.00     | 0.00     | 7,908.33  |        |            |
| Vendor#        | Vendor Name                |           | Class                        | Pay Code  |           |          |          |           |        |            |
| 11149          | GBS ADMINISTRATORS, INC ✓  |           |                              |           |           |          |          |           |        |            |
| Invoice#       | Comment                    | Tran Dt   | Inv Dt                       | Due Dt    | Check Dt  | Pay      | Gross    | Discount  | No-Pay | Net        |
| 741747761221 ✓ | LTDJAN 24                  | 01/31/202 | 01/01/202                    | 01/01/202 |           |          | 3,860.23 | 0.00      | 0.00   | 3,860.23 ✓ |
| 598595647878 ✓ | LTD FEB 24                 | 02/01/202 | 01/16/202                    | 02/01/202 |           |          | 7,242.26 | 0.00      | 0.00   | 7,242.26 ✓ |
| Vendor Totals: |                            | 11149     | GBS ADMINISTRATORS, INC      |           | 11,102.49 | 0.00     | 0.00     | 11,102.49 |        |            |
| Vendor#        | Vendor Name                |           | Class                        | Pay Code  |           |          |          |           |        |            |
| 13148          | GRACE FLOORING AND GLASS ✓ |           |                              |           |           |          |          |           |        |            |
| Invoice#       | Comment                    | Tran Dt   | Inv Dt                       | Due Dt    | Check Dt  | Pay      | Gross    | Discount  | No-Pay | Net        |
| 2541 ✓         | SUPPLIES                   | 01/31/202 | 11/03/202                    | 12/03/202 |           |          | 138.99   | 0.00      | 0.00   | 138.99 ✓   |
| 2479 ✓         | SUPPLIES                   | 01/31/202 | 12/08/202                    | 01/08/202 |           |          | 399.40   | 0.00      | 0.00   | 399.40 ✓   |
| 2467-1 ✓       | SUPPLIES                   | 02/01/202 | 12/01/202                    | 01/01/202 |           |          | 6,464.50 | 0.00      | 0.00   | 6,464.50 ✓ |
| Vendor Totals: |                            | 13148     | GRACE FLOORING AND GLASS     |           | 7,002.89  | 0.00     | 0.00     | 7,002.89  |        |            |
| Vendor#        | Vendor Name                |           | Class                        | Pay Code  |           |          |          |           |        |            |
| W1300          | GRAINGER ✓                 |           | M                            |           |           |          |          |           |        |            |
| Invoice#       | Comment                    | Tran Dt   | Inv Dt                       | Due Dt    | Check Dt  | Pay      | Gross    | Discount  | No-Pay | Net        |
| 9967230328 ✓   | SUPPLIES                   | 01/31/202 | 01/18/202                    | 02/12/202 |           |          | 110.20   | 0.00      | 0.00   | 110.20 ✓   |
| Vendor Totals: |                            | W1300     | GRAINGER                     |           | 110.20    | 0.00     | 0.00     | 110.20    |        |            |
| Vendor#        | Vendor Name                |           | Class                        | Pay Code  |           |          |          |           |        |            |
| G1210          | GULF COAST PAPER COMPANY ✓ |           | M                            |           |           |          |          |           |        |            |
| Invoice#       | Comment                    | Tran Dt   | Inv Dt                       | Due Dt    | Check Dt  | Pay      | Gross    | Discount  | No-Pay | Net        |
|                |                            |           |                              |           |           |          |          |           |        |            |



|                |                                |           |                                |           |          |     |           |          |        |           |
|----------------|--------------------------------|-----------|--------------------------------|-----------|----------|-----|-----------|----------|--------|-----------|
| 2493849        |                                | 01/31/202 | 01/23/202                      | 02/22/202 |          |     | 1,002.88  | 0.00     | 0.00   | 1,002.88  |
|                | SUPPLIES                       |           |                                |           |          |     |           |          |        |           |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                | G1210                          |           | GULF COAST PAPER COMPANY       |           |          |     | 1,002.88  | 0.00     | 0.00   | 1,002.88  |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |           |
| 10334          | HEALTH CARE LOGISTICS INC      |           |                                |           |          |     |           |          |        |           |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| 309287994      |                                | 01/31/202 | 01/15/202                      | 02/09/202 |          |     | 174.00    | 0.00     | 0.00   | 174.00    |
|                | SUPPLIES                       |           |                                |           |          |     |           |          |        |           |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                | 10334                          |           | HEALTH CARE LOGISTICS INC      |           |          |     | 174.00    | 0.00     | 0.00   | 174.00    |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |           |
| 12868          | HOLT CAT                       |           |                                |           |          |     |           |          |        |           |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| WIEZ0040443    |                                | 01/31/202 | 01/08/202                      | 01/23/202 |          |     | 5,070.61  | 0.00     | 0.00   | 5,070.61  |
|                | QTRY INSPECTION                |           |                                |           |          |     |           |          |        |           |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                | 12868                          |           | HOLT CAT                       |           |          |     | 5,070.61  | 0.00     | 0.00   | 5,070.61  |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |           |
| 15208          | HOSPITAL CARE CONSULTANTS INC. |           |                                |           |          |     |           |          |        |           |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| 6401           |                                | 01/31/202 | 01/31/202                      | 02/10/202 |          |     | 26,663.00 | 0.00     | 0.00   | 26,663.00 |
|                | HOSPITALIST (16-EOM)           |           |                                |           |          |     |           |          |        |           |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                | 15208                          |           | HOSPITAL CARE CONSULTANTS INC. |           |          |     | 26,663.00 | 0.00     | 0.00   | 26,663.00 |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |           |
| 10972          | M G TRUST                      |           |                                |           |          |     |           |          |        |           |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| 012524         |                                | 01/31/202 | 01/25/202                      | 02/05/202 |          |     | 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  |          |     |           |          |        |           |
| M1500          | MARKS PLUMBING PARTS           |           | M                              |           |          |     |           |          |        |           |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| INV002129503   |                                | 01/31/202 | 01/16/202                      | 02/15/202 |          |     | 354.01    | 0.00     | 0.00   | 354.01    |
|                | SUPPLIES                       |           |                                |           |          |     |           |          |        |           |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                | M1500                          |           | MARKS PLUMBING PARTS           |           |          |     | 354.01    | 0.00     | 0.00   | 354.01    |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |           |
| 11203          | MEDI-DOSE, INC                 |           |                                |           |          |     |           |          |        |           |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| 01912819       |                                | 01/31/202 | 01/15/202                      | 01/31/202 |          |     | 229.70    | 0.00     | 0.00   | 229.70    |
|                | SUPPLIES                       |           |                                |           |          |     |           |          |        |           |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                | 11203                          |           | MEDI-DOSE, INC                 |           |          |     | 229.70    | 0.00     | 0.00   | 229.70    |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |           |
| 11612          | MEDICAL AIR SERVICES ASSOC.    |           |                                |           |          |     |           |          |        |           |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| 1729439        |                                | 01/31/202 | 01/15/202                      | 02/01/202 |          |     | 1,603.00  | 0.00     | 0.00   | 1,603.00  |
|                | PAYROLL DEDUCT                 |           |                                |           |          |     |           |          |        |           |
| Vendor Totals: |                                | Number    | Name                           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                | 11612                          |           | MEDICAL AIR SERVICES ASSOC.    |           |          |     | 1,603.00  | 0.00     | 0.00   | 1,603.00  |
| Vendor#        | Vendor Name                    |           | Class                          | Pay Code  |          |     |           |          |        |           |
| M2470          | MEDLINE INDUSTRIES INC         |           | M                              |           |          |     |           |          |        |           |
| Invoice#       | Comment                        | Tran Dt   | Inv Dt                         | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |



|            |          |                               |        |      |      |        |
|------------|----------|-------------------------------|--------|------|------|--------|
| 2303406207 | SUPPLIES | 01/31/202 01/16/202 02/10/202 | 47.51  | 0.00 | 0.00 | 47.51  |
| 2303406208 | SUPPLIES | 01/31/202 01/16/202 02/10/202 | 104.09 | 0.00 | 0.00 | 104.09 |
| 2303406206 | SUPPLIES | 01/31/202 01/16/202 02/10/202 | 49.10  | 0.00 | 0.00 | 49.10  |
| 2304272070 | SUPPLIES | 01/31/202 01/22/202 02/16/202 | 124.02 | 0.00 | 0.00 | 124.02 |
| 2304395089 | SUPPLIES | 01/31/202 01/22/202 02/16/202 | 195.96 | 0.00 | 0.00 | 195.96 |
| 2304505652 | SUPPLIES | 01/31/202 01/23/202 02/17/202 | 1.50   | 0.00 | 0.00 | 1.50   |

|                       |                        |        |          |        |        |
|-----------------------|------------------------|--------|----------|--------|--------|
| Vendor Totals: Number | Name                   | Gross  | Discount | No-Pay | Net    |
| M2470                 | MEDLINE INDUSTRIES INC | 522.18 | 0.00     | 0.00   | 522.18 |

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   |
| 012524   |                         | 01/31/202 | 01/25/202 | 02/05/202 |          |     | 25.00 | 0.00     | 0.00   | 25.00 |
|          | PAYROLL DEDUCT          |           |           |           |          |     |       |          |        |       |

|                       |                         |       |          |        |       |
|-----------------------|-------------------------|-------|----------|--------|-------|
| Vendor Totals: Number | Name                    | Gross | Discount | No-Pay | Net   |
| 10963                 | MEMORIAL MEDICAL CLINIC | 25.00 | 0.00     | 0.00   | 25.00 |

Vendor# Vendor Name Class Pay Code

|            |                          |           |           |           |          |     |          |          |        |          |
|------------|--------------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 10904      | MERCK SHARP & DOHME CORP |           |           |           |          |     |          |          |        |          |
| Invoice#   | Comment                  | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| 7017374644 |                          | 01/30/202 | 12/26/202 | 01/26/202 |          |     | 1,656.44 | 0.00     | 0.00   | 1,656.44 |
|            | INVENTORY                |           |           |           |          |     |          |          |        |          |

|                       |                          |          |          |        |          |
|-----------------------|--------------------------|----------|----------|--------|----------|
| Vendor Totals: Number | Name                     | Gross    | Discount | No-Pay | Net      |
| 10904                 | MERCK SHARP & DOHME CORP | 1,656.44 | 0.00     | 0.00   | 1,656.44 |

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      |
| 1550908  |                          | 01/30/202 | 01/23/202 | 02/02/202 |          |     | 8,212.82 | 0.00     | 0.00   | 8,212.82 |
|          | INVENTORY                |           |           |           |          |     |          |          |        |          |
| 1551889  |                          | 01/30/202 | 01/23/202 | 02/02/202 |          |     | 262.59   | 0.00     | 0.00   | 262.59   |
|          | INVENTORY                |           |           |           |          |     |          |          |        |          |
| 1551888  |                          | 01/30/202 | 01/23/202 | 02/02/202 |          |     | 296.14   | 0.00     | 0.00   | 296.14   |
|          | INVENTORY                |           |           |           |          |     |          |          |        |          |
| 1550909  |                          | 01/30/202 | 01/23/202 | 02/02/202 |          |     | 88.79    | 0.00     | 0.00   | 88.79    |
|          | INVENTORY                |           |           |           |          |     |          |          |        |          |
| 1551152  |                          | 01/30/202 | 01/23/202 | 02/02/202 |          |     | 876.12   | 0.00     | 0.00   | 876.12   |
|          | INVENTORY                |           |           |           |          |     |          |          |        |          |
| CM88522  |                          | 01/30/202 | 01/24/202 | 02/03/202 |          |     | -68.39   | 0.00     | 0.00   | -68.39   |
|          | CREDIT                   |           |           |           |          |     |          |          |        |          |
| 1557516  |                          | 01/30/202 | 01/24/202 | 02/03/202 |          |     | 544.35   | 0.00     | 0.00   | 544.35   |
|          | INVENTORY                |           |           |           |          |     |          |          |        |          |
| 1555399  |                          | 01/30/202 | 01/24/202 | 02/03/202 |          |     | 5,512.85 | 0.00     | 0.00   | 5,512.85 |
|          | INVENTORY                |           |           |           |          |     |          |          |        |          |
| 1557515  |                          | 01/30/202 | 01/24/202 | 02/03/202 |          |     | 155.33   | 0.00     | 0.00   | 155.33   |
|          | INVENTORY                |           |           |           |          |     |          |          |        |          |
| SC4354   |                          | 01/31/202 | 01/25/202 | 02/04/202 |          |     | 43.11    | 0.00     | 0.00   | 43.11    |
|          | SERVICE CHARGE           |           |           |           |          |     |          |          |        |          |
| 1563017  |                          | 01/31/202 | 01/25/202 | 02/04/202 |          |     | 136.13   | 0.00     | 0.00   | 136.13   |
|          | INVENTORY                |           |           |           |          |     |          |          |        |          |
| SC4353   |                          | 01/31/202 | 01/25/202 | 02/04/202 |          |     | 21.84    | 0.00     | 0.00   | 21.84    |
|          | SERVICE CHARGE           |           |           |           |          |     |          |          |        |          |
| 1560682  |                          | 01/31/202 | 01/25/202 | 02/04/202 |          |     | 275.03   | 0.00     | 0.00   | 275.03   |



|                |                   |                  |                          |           |           |     |           |          |        |           |
|----------------|-------------------|------------------|--------------------------|-----------|-----------|-----|-----------|----------|--------|-----------|
|                |                   | INVENTORY        |                          |           |           |     |           |          |        |           |
| 0090531        |                   |                  | 01/31/202                | 01/28/202 | 02/07/202 |     | 1,400.00  | 0.00     | 0.00   | 1,400.00  |
|                |                   | INVENTORY        |                          |           |           |     |           |          |        |           |
| 1568490        |                   |                  | 01/31/202                | 01/28/202 | 02/07/202 |     | 38.35     | 0.00     | 0.00   | 38.35     |
|                |                   | INVENTORY        |                          |           |           |     |           |          |        |           |
| 1568491        |                   |                  | 01/31/202                | 01/28/202 | 02/07/202 |     | 679.84    | 0.00     | 0.00   | 679.84    |
|                |                   | INVENTORY        |                          |           |           |     |           |          |        |           |
| Vendor Totals: |                   | Number           | Name                     |           |           |     | Gross     | Discount | No-Pay | Net       |
|                |                   | 10536            | MORRIS & DICKSON CO, LLC |           |           |     | 18,474.90 | 0.00     | 0.00   | 18,474.90 |
| Vendor#        | Vendor Name       |                  | Class                    | Pay Code  |           |     |           |          |        |           |
| 15224          | MUTUAL OF OMAHA   |                  |                          |           |           |     |           |          |        |           |
| Invoice#       | Comment           | Tran Dt          | Inv Dt                   | Due Dt    | Check Dt  | Pay | Gross     | Discount | No-Pay | Net       |
| 011824         |                   | 02/01/202        | 01/18/202                | 02/01/202 |           |     | 25,387.14 | 0.00     | 0.00   | 25,387.14 |
|                |                   | INSURANCE        |                          |           |           |     |           |          |        |           |
| Vendor Totals: |                   | Number           | Name                     |           |           |     | Gross     | Discount | No-Pay | Net       |
|                |                   | 15224            | MUTUAL OF OMAHA          |           |           |     | 25,387.14 | 0.00     | 0.00   | 25,387.14 |
| Vendor#        | Vendor Name       |                  | Class                    | Pay Code  |           |     |           |          |        |           |
| M2659          | MXR IMAGING, INC  |                  | M                        |           |           |     |           |          |        |           |
| Invoice#       | Comment           | Tran Dt          | Inv Dt                   | Due Dt    | Check Dt  | Pay | Gross     | Discount | No-Pay | Net       |
| 8801105556     |                   | 01/31/202        | 01/08/202                | 02/07/202 |           |     | 735.25    | 0.00     | 0.00   | 735.25    |
|                |                   | SUPPLIES         |                          |           |           |     |           |          |        |           |
| Vendor Totals: |                   | Number           | Name                     |           |           |     | Gross     | Discount | No-Pay | Net       |
|                |                   | M2659            | MXR IMAGING, INC         |           |           |     | 735.25    | 0.00     | 0.00   | 735.25    |
| Vendor#        | Vendor Name       |                  | Class                    | Pay Code  |           |     |           |          |        |           |
| 10152          | PARTSSOURCE, LLC  |                  |                          |           |           |     |           |          |        |           |
| Invoice#       | Comment           | Tran Dt          | Inv Dt                   | Due Dt    | Check Dt  | Pay | Gross     | Discount | No-Pay | Net       |
| 05091557       |                   | 01/31/202        | 01/12/202                | 02/11/202 |           |     | 330.56    | 0.00     | 0.00   | 330.56    |
|                |                   | SUPPLIES         |                          |           |           |     |           |          |        |           |
| Vendor Totals: |                   | Number           | Name                     |           |           |     | Gross     | Discount | No-Pay | Net       |
|                |                   | 10152            | PARTSSOURCE, LLC         |           |           |     | 330.56    | 0.00     | 0.00   | 330.56    |
| Vendor#        | Vendor Name       |                  | Class                    | Pay Code  |           |     |           |          |        |           |
| 15196          | PROVATION         |                  |                          |           |           |     |           |          |        |           |
| Invoice#       | Comment           | Tran Dt          | Inv Dt                   | Due Dt    | Check Dt  | Pay | Gross     | Discount | No-Pay | Net       |
| MDR583         |                   | 01/31/202        | 01/28/202                | 02/28/202 |           |     | -1,470.00 | 0.00     | 0.00   | -1,470.00 |
|                |                   | CREDIT           |                          |           |           |     |           |          |        |           |
| INPVM44322     |                   | 01/31/202        | 11/01/202                | 11/30/202 |           |     | 2,662.75  | 0.00     | 0.00   | 2,662.75  |
|                |                   | APEX/HARDWARE    |                          |           |           |     |           |          |        |           |
| INVPM46761     |                   | 01/31/202        | 12/01/202                | 12/31/202 |           |     | 1,892.54  | 0.00     | 0.00   | 1,892.54  |
|                |                   | APEX BASIC       |                          |           |           |     |           |          |        |           |
| Vendor Totals: |                   | Number           | Name                     |           |           |     | Gross     | Discount | No-Pay | Net       |
|                |                   | 15196            | PROVATION                |           |           |     | 3,085.29  | 0.00     | 0.00   | 3,085.29  |
| Vendor#        | Vendor Name       |                  | Class                    | Pay Code  |           |     |           |          |        |           |
| S0900          | SAM'S CLUB DIRECT |                  | W                        |           |           |     |           |          |        |           |
| Invoice#       | Comment           | Tran Dt          | Inv Dt                   | Due Dt    | Check Dt  | Pay | Gross     | Discount | No-Pay | Net       |
| 012024         |                   | 01/31/202        | 01/20/202                | 02/08/202 |           |     | 703.81    | 0.00     | 0.00   | 703.81    |
|                |                   | SUPPLIES         |                          |           |           |     |           |          |        |           |
| Vendor Totals: |                   | Number           | Name                     |           |           |     | Gross     | Discount | No-Pay | Net       |
|                |                   | S0900            | SAM'S CLUB DIRECT        |           |           |     | 703.81    | 0.00     | 0.00   | 703.81    |
| Vendor#        | Vendor Name       |                  | Class                    | Pay Code  |           |     |           |          |        |           |
| 15232          | SHANMEI MARTINEZ  |                  |                          |           |           |     |           |          |        |           |
| Invoice#       | Comment           | Tran Dt          | Inv Dt                   | Due Dt    | Check Dt  | Pay | Gross     | Discount | No-Pay | Net       |
| 013124         |                   | 01/31/202        | 01/31/202                | 02/01/202 |           |     | 888.00    | 0.00     | 0.00   | 888.00    |
|                |                   | DEA REGISTRATION |                          |           |           |     |           |          |        |           |
| Vendor Totals: |                   | Number           | Name                     |           |           |     | Gross     | Discount | No-Pay | Net       |
|                |                   | 15232            | SHANMEI MARTINEZ         |           |           |     | 888.00    | 0.00     | 0.00   | 888.00    |
| Vendor#        | Vendor Name       |                  | Class                    | Pay Code  |           |     |           |          |        |           |



|                                  |                              |           |           |           |          |     |          |          |        |            |
|----------------------------------|------------------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| 12472                            | SOMETHING MORE MEDIA, INC. ✓ |           |           |           |          |     |          |          |        |            |
| Invoice#                         | Comment                      | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
| 2172 ✓                           |                              | 02/01/202 | 01/29/202 | 02/13/202 |          |     | 2,525.00 | 0.00     | 0.00   | 2,525.00 ✓ |
| ADVERTISING                      |                              |           |           |           |          |     |          |          |        |            |
| Vendor Totals: Number Name       |                              |           |           |           |          |     | Gross    | Discount | No-Pay | Net        |
| 12472 SOMETHING MORE MEDIA, INC. |                              |           |           |           |          |     | 2,525.00 | 0.00     | 0.00   | 2,525.00   |

|                                     |                          |           |           |           |          |     |           |          |        |            |
|-------------------------------------|--------------------------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|------------|
| Vendor#                             | Vendor Name              | Class     | Pay Code  |           |          |     |           |          |        |            |
| 15236                               | SPECIALTY PROFESSIONAL ✓ |           |           |           |          |     |           |          |        |            |
| Invoice#                            | Comment                  | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net        |
| 1230002057 ✓                        |                          | 01/31/202 | 12/01/202 | 01/01/202 |          |     | 3,348.75  | 0.00     | 0.00   | 3,348.75 ✓ |
| AMBER HELZER (11/10-11/22/23) RN-ER |                          |           |           |           |          |     |           |          |        |            |
| 1230002077 ✓                        |                          | 01/31/202 | 12/08/202 | 01/08/202 |          |     | 3,586.25  | 0.00     | 0.00   | 3,586.25 ✓ |
| AMBER HELZER (11/24-11/26/23) RN-ER |                          |           |           |           |          |     |           |          |        |            |
| 1230002160 ✓                        |                          | 01/31/202 | 12/22/202 | 01/22/202 |          |     | 3,610.00  | 0.00     | 0.00   | 3,610.00 ✓ |
| AMBER HELZER (12/8-12/10/23) RN-ER  |                          |           |           |           |          |     |           |          |        |            |
| 1230002199 ✓                        |                          | 01/31/202 | 12/29/202 | 01/29/202 |          |     | 3,538.75  | 0.00     | 0.00   | 3,538.75 ✓ |
| AMBER HELZER (12/19-12/21/23) RN-ER |                          |           |           |           |          |     |           |          |        |            |
| 1230002237 ✓                        |                          | 01/31/202 | 01/05/202 | 02/05/202 |          |     | 3,657.50  | 0.00     | 0.00   | 3,657.50 ✓ |
| AMBER HELZER (12/22-12/24/23) RN-ER |                          |           |           |           |          |     |           |          |        |            |
| 1240000024 ✓                        |                          | 01/31/202 | 01/12/202 | 02/12/202 |          |     | 2,327.50  | 0.00     | 0.00   | 2,327.50 ✓ |
| AMBER HELZER (1/21-1/4/24) RN-ER    |                          |           |           |           |          |     |           |          |        |            |
| 1230002144 ✓                        |                          | 01/31/202 | 12/15/202 | 01/15/202 |          |     | 3,515.00  | 0.00     | 0.00   | 3,515.00 ✓ |
| AMBER HELZER (12/5-12/7/23) RN-ER   |                          |           |           |           |          |     |           |          |        |            |
| Vendor Totals: Number Name          |                          |           |           |           |          |     | Gross     | Discount | No-Pay | Net        |
| 15236 SPECIALTY PROFESSIONAL        |                          |           |           |           |          |     | 23,583.75 | 0.00     | 0.00   | 23,583.75  |

|                            |                      |           |           |           |          |     |        |          |        |          |
|----------------------------|----------------------|-----------|-----------|-----------|----------|-----|--------|----------|--------|----------|
| Vendor#                    | Vendor Name          | Class     | Pay Code  |           |          |     |        |          |        |          |
| S3940                      | STERIS CORPORATION ✓ | M         |           |           |          |     |        |          |        |          |
| Invoice#                   | Comment              | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net      |
| 11967041 ✓                 |                      | 01/31/202 | 01/12/202 | 02/06/202 |          |     | 202.80 | 0.00     | 0.00   | 202.80 ✓ |
| SUPPLIES                   |                      |           |           |           |          |     |        |          |        |          |
| 11967335 ✓                 |                      | 01/31/202 | 01/12/202 | 02/06/202 |          |     | 17.00  | 0.00     | 0.00   | 17.00 ✓  |
| SUPPLIES                   |                      |           |           |           |          |     |        |          |        |          |
| Vendor Totals: Number Name |                      |           |           |           |          |     | Gross  | Discount | No-Pay | Net      |
| S3940 STERIS CORPORATION   |                      |           |           |           |          |     | 219.80 | 0.00     | 0.00   | 219.80   |

|                             |                         |           |           |           |          |     |          |          |        |            |
|-----------------------------|-------------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| Vendor#                     | Vendor Name             | Class     | Pay Code  |           |          |     |          |          |        |            |
| 14212                       | SURGICAL DIRECT SOUTH ✓ |           |           |           |          |     |          |          |        |            |
| Invoice#                    | Comment                 | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
| 9319 ✓                      |                         | 01/25/202 | 01/23/202 | 02/22/202 |          |     | 3,315.00 | 0.00     | 0.00   | 3,315.00 ✓ |
| SUPPLIES                    |                         |           |           |           |          |     |          |          |        |            |
| Vendor Totals: Number Name  |                         |           |           |           |          |     | Gross    | Discount | No-Pay | Net        |
| 14212 SURGICAL DIRECT SOUTH |                         |           |           |           |          |     | 3,315.00 | 0.00     | 0.00   | 3,315.00   |

|                            |                 |           |           |           |          |     |           |          |        |             |
|----------------------------|-----------------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| Vendor#                    | Vendor Name     | Class     | Pay Code  |           |          |     |           |          |        |             |
| T2539                      | T-SYSTEM, INC ✓ | W         |           |           |          |     |           |          |        |             |
| Invoice#                   | Comment         | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
| 908277 ✓                   |                 | 01/31/202 | 11/01/202 | 12/01/202 |          |     | 10,000.00 | 0.00     | 0.00   | 10,000.00 ✓ |
| PLATFROM MIGRATION         |                 |           |           |           |          |     |           |          |        |             |
| Vendor Totals: Number Name |                 |           |           |           |          |     | Gross     | Discount | No-Pay | Net         |
| T2539 T-SYSTEM, INC        |                 |           |           |           |          |     | 10,000.00 | 0.00     | 0.00   | 10,000.00   |

|                                  |                              |           |           |           |          |     |          |          |        |            |
|----------------------------------|------------------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| 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        |
| 0023478                          |                              | 01/31/202 | 01/25/202 | 01/26/202 |          |     | 8,250.00 | 0.00     | 0.00   | 8,250.00 ✓ |
| B BATES M MARTIN WE 1/20/24      |                              |           |           |           |          |     |          |          |        |            |
| Vendor Totals: Number Name       |                              |           |           |           |          |     | Gross    | Discount | No-Pay | Net        |
| 10758 TEXAS SELECT STAFFING, LLC |                              |           |           |           |          |     | 8,250.00 | 0.00     | 0.00   | 8,250.00   |

|         |             |       |          |  |  |  |  |  |  |  |
|---------|-------------|-------|----------|--|--|--|--|--|--|--|
| 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        |  |
| INV110128 ✓                |                         | 01/31/202             | 01/24/202 | 02/23/202 |          |     | 481.35   | 0.00     | 0.00   | 481.35 ✓   |  |
| SUPPLIES                   |                         |                       |           |           |          |     |          |          |        |            |  |
| Vendor Totals:             | Number                  | Name                  |           |           |          |     | Gross    | Discount | No-Pay | Net        |  |
|                            | 11908                   | TMS SOUTH             |           |           |          |     | 481.35   | 0.00     | 0.00   | 481.35     |  |
| 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        |  |
| INV1796904884 ✓            |                         | 01/31/202             | 01/19/202 | 02/18/202 |          |     | 3,467.50 | 0.00     | 0.00   | 3,467.50 ✓ |  |
| STEVEN SHAW <i>CT Tech</i> |                         |                       |           |           |          |     |          |          |        |            |  |
| Vendor Totals:             | Number                  | Name                  |           |           |          |     | Gross    | Discount | No-Pay | Net        |  |
|                            | 14372                   | TRIAGE, LLC           |           |           |          |     | 3,467.50 | 0.00     | 0.00   | 3,467.50   |  |
| Vendor#                    | Vendor Name             |                       | Class     | Pay Code  |          |     |          |          |        |            |  |
| 11001                      | ULINE ✓                 |                       |           |           |          |     |          |          |        |            |  |
| Invoice#                   | Comment                 | Tran Dt               | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |  |
| 173178700 ✓                |                         | 01/31/202             | 01/15/202 | 02/14/202 |          |     | 173.40   | 0.00     | 0.00   | 173.40 ✓   |  |
| SUPPLIES                   |                         |                       |           |           |          |     |          |          |        |            |  |
| Vendor Totals:             | Number                  | Name                  |           |           |          |     | Gross    | Discount | No-Pay | Net        |  |
|                            | 11001                   | ULINE                 |           |           |          |     | 173.40   | 0.00     | 0.00   | 173.40     |  |
| 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        |  |
| 2921023225 ✓               |                         | 01/30/202             | 01/18/202 | 02/12/202 |          |     | 2,359.62 | 0.00     | 0.00   | 2,359.62 ✓ |  |
| LAUNDRY                    |                         |                       |           |           |          |     |          |          |        |            |  |
| 2921023229 ✓               |                         | 01/30/202             | 01/18/202 | 02/12/202 |          |     | 271.92   | 0.00     | 0.00   | 271.92 ✓   |  |
| LAUNDRY                    |                         |                       |           |           |          |     |          |          |        |            |  |
| 2921023223 ✓               |                         | 01/30/202             | 01/18/202 | 02/12/202 |          |     | 120.81   | 0.00     | 0.00   | 120.81 ✓   |  |
| LAUNDRY                    |                         |                       |           |           |          |     |          |          |        |            |  |
| 2921023226 ✓               |                         | 01/30/202             | 01/18/202 | 02/12/202 |          |     | 29.95    | 0.00     | 0.00   | 29.95 ✓    |  |
| LAUNDRY                    |                         |                       |           |           |          |     |          |          |        |            |  |
| 2921023227 ✓               |                         | 01/30/202             | 01/18/202 | 02/12/202 |          |     | 304.81   | 0.00     | 0.00   | 304.81 ✓   |  |
| LAUNDRY                    |                         |                       |           |           |          |     |          |          |        |            |  |
| 2921023224 ✓               |                         | 01/30/202             | 01/18/202 | 02/12/202 |          |     | 210.63   | 0.00     | 0.00   | 210.63 ✓   |  |
| LAUNDRY                    |                         |                       |           |           |          |     |          |          |        |            |  |
| 2921023228 ✓               |                         | 01/30/202             | 01/18/202 | 02/12/202 |          |     | 254.19   | 0.00     | 0.00   | 254.19 ✓   |  |
| LAUNDRY                    |                         |                       |           |           |          |     |          |          |        |            |  |
| 2921023425 ✓               |                         | 01/30/202             | 01/22/202 | 02/16/202 |          |     | 3,133.80 | 0.00     | 0.00   | 3,133.80 ✓ |  |
| LAUNDRY                    |                         |                       |           |           |          |     |          |          |        |            |  |
| 2921023426 ✓               |                         | 01/30/202             | 01/22/202 | 02/16/202 |          |     | 91.80    | 0.00     | 0.00   | 91.80 ✓    |  |
| LAUNDRY                    |                         |                       |           |           |          |     |          |          |        |            |  |
| Vendor Totals:             | Number                  | Name                  |           |           |          |     | Gross    | Discount | No-Pay | Net        |  |
|                            | U1064                   | UNIFIRST HOLDINGS INC |           |           |          |     | 6,777.53 | 0.00     | 0.00   | 6,777.53   |  |
| Vendor#                    | Vendor Name             |                       | Class     | Pay Code  |          |     |          |          |        |            |  |
| 12208                      | WAGeworks ✓             |                       |           |           |          |     |          |          |        |            |  |
| Invoice#                   | Comment                 | Tran Dt               | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |  |
| INV6110121 ✓               |                         | 01/31/202             | 01/24/202 | 02/15/202 |          |     | 590.75   | 0.00     | 0.00   | 590.75 ✓   |  |
| MONTHLY COMPLIANCE/FSA     |                         |                       |           |           |          |     |          |          |        |            |  |
| Vendor Totals:             | Number                  | Name                  |           |           |          |     | Gross    | Discount | No-Pay | Net        |  |
|                            | 12208                   | WAGeworks             |           |           |          |     | 590.75   | 0.00     | 0.00   | 590.75     |  |
| Vendor#                    | Vendor Name             |                       | Class     | Pay Code  |          |     |          |          |        |            |  |
| I1110                      | WERFEN USA LLC ✓        |                       |           |           |          |     |          |          |        |            |  |
| Invoice#                   | Comment                 | Tran Dt               | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |  |
| 9111441889 ✓               |                         | 01/31/202             | 01/15/202 | 02/09/202 |          |     | 1,571.67 | 0.00     | 0.00   | 1,571.67 ✓ |  |
| CONTRACT                   |                         |                       |           |           |          |     |          |          |        |            |  |
| 9111443257 ✓               |                         | 01/31/202             | 01/16/202 | 02/10/202 |          |     | 7,710.00 | 0.00     | 0.00   | 7,710.00 ✓ |  |

SUPPLIES

Vendor Totals: Number Name

11110 WERFEN USA LLC

| Gross    | Discount | No-Pay | Net      |
|----------|----------|--------|----------|
| 9,281.67 | 0.00     | 0.00   | 9,281.67 |

Report Summary

Grand Totals:

| Gross      |
|------------|
| 252,093.44 |

| Discount |
|----------|
| 0.00     |

| No-Pay |
|--------|
| 0.00   |

| Net        |
|------------|
| 252,093.44 |

pg 3 correction  
(wrong amt picked up)

$(-2,376.50)$   
 $(+9,215.00)$   


---

 $\$258,931.94$

252,093.44 +  
2,376.50 -  
9,215.00 +  
258,931.94 \*

APPROVED ON

FEB 01 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 202695-202753



RUN DATE: 02/01/24  
TIME: 12:07  
RECEIVED BY THE  
COUNTY AUDITOR ON  
FEB 01 2024  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1  
APCDEDIT

PATIENT  
NUMBER      PAYEE NAME      DATE      AMOUNT      PAY PAT      TYPE      DESCRIPTION      GL NUM

| PATIENT NUMBER | PAYEE NAME | DATE   | AMOUNT  | PAY PAT | TYPE | DESCRIPTION | GL NUM     |
|----------------|------------|--------|---------|---------|------|-------------|------------|
| [REDACTED]     | [REDACTED] | 013124 | 1181.94 | ✓       | 2    | REFUND FOR  | [REDACTED] |
| [REDACTED]     | [REDACTED] | 013124 | 275.00  | ✓       | 3    | REFUND FOR  | [REDACTED] |
| [REDACTED]     | [REDACTED] | 013124 | 12.50   | ✓       | 2    | REFUND FOR  | [REDACTED] |
| [REDACTED]     | [REDACTED] | 013124 | 195.31  | ✓       | 2    | REFUND FOR  | [REDACTED] |
| [REDACTED]     | [REDACTED] | 013124 | 168.56  | ✓       | 2    | REFUND FOR  | [REDACTED] |
| [REDACTED]     | [REDACTED] | 013124 | 25.00   | ✓       | 3    | REFUND FOR  | [REDACTED] |
| [REDACTED]     | [REDACTED] | 013124 | 10.00   | ✓       | 3    | REFUND FOR  | [REDACTED] |
| [REDACTED]     | [REDACTED] | 013124 | 47.84   | ✓       | 2    | REFUND FOR  | [REDACTED] |

ARID=0001 TOTAL      1916.15

TOTAL      1916.15

APPROVED ON

FEB 01 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
C.K.# 212762-212769

RECEIVED BY THE  
COUNTY AUDITOR ON

FEB 05 2024

02/05/2024  
12:27

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0  
ap\_open\_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

14920 REPUBLIC SERVICES, INC. ✓

| Invoice#  | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|-----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| 001317348 |         | 01/31/202 | 01/26/202 | 02/15/202 |          |     | 1,738.62 | 0.00     | 0.00   | 1,738.62 ✓ |

WASTE

| Vendor Totals: Number | Name                    | Gross    | Discount | No-Pay | Net      |
|-----------------------|-------------------------|----------|----------|--------|----------|
| 14920                 | REPUBLIC SERVICES, INC. | 1,738.62 | 0.00     | 0.00   | 1,738.62 |

Report Summary

| Grand Totals: | Gross    | Discount | No-Pay | Net      |
|---------------|----------|----------|--------|----------|
|               | 1,738.62 | 0.00     | 0.00   | 1,738.62 |

APPROVED ON

FEB 05 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 2739



# MCKESSON

# STATEMENT

As of: 02/02/2024

Page: 002

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

Company: 8000

DC: 8115  
Customer INV SupplID:  
Territory:

As of: 02/02/2024 Page: 002  
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Customer: 632536  
Date: 02/03/2024

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 02/03/2024 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: 3,245.04 USD

Future Due: 0.00

If Paid By 02/06/2024,  
Pay This Amount:

3,180.13 USD

Due If Paid On Time:  
USD

3,180.13 ✓

Past Due: 0.00

Disc lost if paid late:

64.91

Last Payment 2,451.97  
18/07/2017

If Paid After 02/06/2024,  
Pay this Amount:

3,245.04 USD

Due If Paid Late:  
USD

3,245.04

*Andrew Lopez-Lanta*  
2/5/24

3,174.77 +  
5.36 +  
3,180.13 \*

APPROVED ON

FEB 05 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 02/02/2024

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: 02/02/2024 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: 02/03/2024

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 02/03/2024 ITEMS NOT PAID (✓)

| Billing Date                                    | Due Date   | Receivable Number | National Account Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number |  |
|---|------------|-------------------|----------------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|--|
| Customer Number 256342 WALMART 1098/MEM MED PHS |            |                   |                                  |             |               |                |     |              |     |                   |  |
| 11/29/2024                                      | 02/06/2024 | 7473595734        | 104120207                        | 115Invoice  | 0.01          | 0.32           |     | 0.31 ✓       |     | 7473595734        |  |
| 11/29/2024                                      | 02/06/2024 | 7473595736        | 104160520                        | 115Invoice  | 12.46         | 623.23         |     | 610.77 ✓     |     | 7473595736        |  |
| 11/29/2024                                      | 02/06/2024 | 7473818011        | 104126452                        | 195Invoice  | 0.01          | 0.63           |     | 0.62 ✓       |     | 7473818011        |  |
| 11/30/2024                                      | 02/06/2024 | 7473963894        | 104439352                        | 115Invoice  | 1.36          | 67.81          |     | 66.45 ✓      |     | 7473963894        |  |
| 11/30/2024                                      | 02/06/2024 | 7473963895        | 104448458                        | 115Invoice  | 4.64          | 231.96         |     | 227.32 ✓     |     | 7473963895        |  |
| 11/30/2024                                      | 02/06/2024 | 7474112479        | 104384592                        | 115Invoice  | 0.03          | 1.27           |     | 1.24 ✓       |     | 7474112479        |  |
| 11/30/2024                                      | 02/06/2024 | 7474112480        | 104282544                        | 115Invoice  | 0.02          | 0.95           |     | 0.93 ✓       |     | 7474112480        |  |
| 11/30/2024                                      | 02/06/2024 | 7474112481        | 104209562                        | 115Invoice  | 0.41          | 20.58          |     | 20.17 ✓      |     | 7474112481        |  |
| 11/31/2024                                      | 02/06/2024 | 7474415945        | 104537813                        | 195Invoice  | 5.26          | 262.77         |     | 257.51 ✓     |     | 7474415945        |  |
| 12/01/2024                                      | 02/06/2024 | 7474558134        | 104667370                        | 115Invoice  | 1.35          | 67.48          |     | 66.13 ✓      |     | 7474558134        |  |
| 12/01/2024                                      | 02/06/2024 | 7474558135        | 104667370                        | 115Invoice  | 20.20         | 1,010.07       |     | 989.87 ✓     |     | 7474558135        |  |
| 12/01/2024                                      | 02/06/2024 | 7474558136        | 104740906                        | 115Invoice  | 18.43         | 921.26         |     | 902.83 ✓     |     | 7474558136        |  |
| 12/01/2024                                      | 02/06/2024 | 7474737606        | 104673949                        | 195Invoice  | 0.62          | 31.24          |     | 30.62 ✓      |     | 7474737606        |  |

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 3,239.57 USD

Future Due: 0.00

If Paid By 02/06/2024,

Past Due: 0.00

Pay This Amount:

3,174.77 USD

Due If Paid On Time:

USD 3,174.77 ✓

Disc lost if paid late:

64.80

Last Payment 3,268.32  
11/29/2024

If Paid After 02/06/2024,  
Pay this Amount:

3,239.57 USD

Due If Paid Late:  
USD

3,239.57

*Andrew DeLeon Santos*  
2/5/24

APPROVED ON

FEB 05 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



# McKESSON

# STATEMENT

As of: 02/02/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

As of: 02/02/2024 Page: 001  
Mail to: Comp: 8000

Customer: 835434  
Date: 02/03/2024

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835434 PLEASE CHECK ANY  
Date: 02/03/2024 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 |
|--------------|------------|-------------------|----------------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|
| 11/31/2024   | 02/06/2024 | 7474250215        | 3007887                          | 115Invoice  | 0.11          | 5.47           |     | 5.36         | ✓   | 7474250215        |

Ⓜ 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: 5.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,268.32  
11/29/2024

If Paid By 02/06/2024,  
Pay This Amount: 5.36 USD

If Paid After 02/06/2024,  
Pay this Amount: 5.47 USD

Due If Paid On Time: 5.36 ✓  
USD  
Disc lost if paid late: 0.11  
Due If Paid Late: 5.47  
USD

*Andrew D. Cab Santos*  
2/5/24

APPROVED ON

FEB 05 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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



STATEMENT

Statement Number: 66814051  
Date: 02-02-2024

**Served 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:                | 1,387.40 |
| Past Due:               | 0.00     |
| Total Due:              | 1,387.40 |
| Account Balance:        | 1,387.40 |

Account Activity

| Document Date | Due Date   | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|---------|
| 01-29-2024    | 02-09-2024 | 3162638597       | 7005506716            | Invoice       | 201.64          |              | 0.00            | 201.64  |
| 01-29-2024    | 02-09-2024 | 3162638598       | 7005514376            | Invoice       | 347.87          |              | 0.00            | 347.87  |
| 01-29-2024    | 02-09-2024 | 3162638599       | 7005515078            | Invoice       | 162.58          |              | 0.00            | 162.58  |
| 01-29-2024    | 02-09-2024 | 3162639150       | 7005503498            | Invoice       | 39.72           |              | 0.00            | 39.72   |
| 01-29-2024    | 02-09-2024 | 3162729849       | 7005526580            | Invoice       | 145.35          |              | 0.00            | 145.35  |
| 01-29-2024    | 02-09-2024 | 3162730410       | 7005528381            | Invoice       | 215.35          |              | 0.00            | 215.35  |
| 01-30-2024    | 02-09-2024 | 3162932824       | 7005535419            | Invoice       | 6.35            |              | 0.00            | 6.35    |
| 01-30-2024    | 02-09-2024 | 3162932825       | 7005535779            | Invoice       | 96.87           |              | 0.00            | 96.87   |
| 01-30-2024    | 02-09-2024 | 356557988        | 7005421084            | Invoice       | (2.75)          |              | 0.00            | (2.75)  |
| 01-30-2024    | 02-09-2024 | 356557989        | 7005421084            | Invoice       | 2.79            |              | 0.00            | 2.79    |
| 01-30-2024    | 02-09-2024 | 356557994        | 7005455619            | Invoice       | (8.25)          |              | 0.00            | (8.25)  |
| 01-30-2024    | 02-09-2024 | 356557995        | 7005455619            | Invoice       | 8.37            |              | 0.00            | 8.37    |
| 01-31-2024    | 02-09-2024 | 3163077862       | 7005543937            | Invoice       | 30.76           |              | 0.00            | 30.76   |
| 02-01-2024    | 02-09-2024 | 3163236440       | 7005554815            | Invoice       | 96.87           |              | 0.00            | 96.87   |
| 02-01-2024    | 02-09-2024 | 3163236441       | 7005555219            | Invoice       | 7.53            |              | 0.00            | 7.53    |
| 02-02-2024    | 02-09-2024 | 3163388294       | 7005565158            | Invoice       | 36.35           |              | 0.00            | 36.35   |

| Current  | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|----------|-----------|------------|------------|------------|-------------|---------------|
| 1,387.40 | 0.00      | 0.00       | 0.00       | 0.00       | 0.00        | 0.00          |

Thank You for Your Payment  
Date: FEB 05 2024  
Amount: (1,564.88)

*Andrew DePinto*  
2/5/24

| Reminders         |                 |
|-------------------|-----------------|
| Due Date          | Amount          |
| 02-09-2024        | 1,387.40        |
| <b>Total Due:</b> | <b>1,387.40</b> |



Memorial Medical Center  
Transfer Request

Amount: 16,126.93

From Account: Operating- \*4357

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

APPROVED ON  
FEB 05 2024  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Account Number: 158300195894

Routing Number: 122235821

Explanation:

Invoice numbers: 6129415, 6091464, 6070427, 6047812, 6018407

Requested by: Caitlin Clevenger

Date: 2/1/2024

Authorized by: Andrew Santos

Date: 2/5/24

# HealthEquity<sup>®</sup> WageWorks

## INVOICE

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

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

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

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

Log on to our employer website to view detailed invoice reports: [employer.wageworks.com](http://employer.wageworks.com)

| Account #  | Invoice Date      |
|------------|-------------------|
| 2052366    | 01/29/2024        |
| PO #       | DUE DATE          |
|            | 04/29/2024        |
| Invoice #  | AMOUNT DUE        |
| INV6129415 | <b>\$3,394.93</b> |

| Description                      | Plan Code  | Amount   |
|----------------------------------|------------|----------|
| PMB Payments - HCFSAs 2024       | HCFSAs2024 | 97.71    |
| Visa Card Payments - HCFSAs 2024 | HCFSAs2024 | 2,359.76 |
| PMP Payments - HCFSAs 2023       | HCFSAs2023 | 644.22   |
| Visa Card Payments - HCFSAs 2023 | HCFSAs2023 | 293.24   |

**Total Amount Due**

**\$3,394.93**



## INVOICE

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

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

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

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

Log on to our employer website to view detailed invoice reports: [employer.wageworks.com](http://employer.wageworks.com)

| Account #  | Invoice Date      |
|------------|-------------------|
| 2052366    | 01/22/2024        |
| PO #       | DUE DATE          |
|            | 04/22/2024        |
| Invoice #  | AMOUNT DUE        |
| INV6091464 | <b>\$2,843.06</b> |

| Description                      | Plan Code  | Amount   |
|----------------------------------|------------|----------|
| Visa Card Payments - HCFSAs 2024 | HCFSAs2024 | 1,248.94 |
| Visa Card Payments - HCFSAs 2023 | HCFSAs2023 | 1,594.12 |

**Total Amount Due**

**\$2,843.06** ✓

**INVOICE**

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

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

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

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

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

|                  |                     |
|------------------|---------------------|
| <b>Account #</b> | <b>Invoice Date</b> |
| 2052366          | 01/16/2024          |
| <b>PO #</b>      | <b>DUE DATE</b>     |
|                  | 04/15/2024          |
| <b>Invoice #</b> | <b>AMOUNT DUE</b>   |
| INV6070427       | <b>\$3,370.79</b>   |

| Description                      | Plan Code  | Amount   |
|----------------------------------|------------|----------|
| PMB Payments - HCFSAs 2024       | HCFSAs2024 | 1,511.79 |
| Visa Card Payments - HCFSAs 2024 | HCFSAs2024 | 1,358.89 |
| Visa Card Payments - HCFSAs 2023 | HCFSAs2023 | 500.11   |

**Total Amount Due**

**\$3,370.79**



## INVOICE

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

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

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

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

Log on to our employer website to view detailed invoice reports: [employer.wageworks.com](http://employer.wageworks.com)

| Account #  | Invoice Date      |
|------------|-------------------|
| 2052366    | 01/08/2024        |
| PO #       | DUE DATE          |
|            | 04/08/2024        |
| Invoice #  | AMOUNT DUE        |
| INV6047812 | <b>\$3,179.61</b> |

| Description                      | Plan Code  | Amount   |
|----------------------------------|------------|----------|
| PMB Payments - HCFSAs 2024       | HCFSAs2024 | 288.21   |
| Visa Card Payments - HCFSAs 2024 | HCFSAs2024 | 580.93   |
| Repayments - HCFSAs 2023         | HCFSAs2023 | (14.55)  |
| PMP Payments - HCFSAs 2023       | HCFSAs2023 | 468.74   |
| Visa Card Payments - HCFSAs 2023 | HCFSAs2023 | 1,856.28 |

**Total Amount Due**

**\$3,179.61** ✓



# INVOICE

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

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

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

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

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

|                  |                     |
|------------------|---------------------|
| <b>Account #</b> | <b>Invoice Date</b> |
| 2052366          | 01/02/2024          |
| <b>PO #</b>      | <b>DUE DATE</b>     |
|                  | 04/01/2024          |
| <b>Invoice #</b> | <b>AMOUNT DUE</b>   |
| INV6018407       | <b>\$3,338.54</b>   |

| Description                     | Plan Code | Amount   |
|---------------------------------|-----------|----------|
| PMB Payments - DCFSA 2023       | DCFSA2023 | 220.00   |
| Visa Card Payments - HCFSA 2023 | HCFSA2023 | 3,118.54 |

Total Amount Due

**\$3,338.54** ✓



**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Jan 29, 2024 - Feb 4, 2024**

| <u>Date</u> | <u>Bank Description</u>                      | <u>MMC Notes</u>            | <u>Amount</u>     | <u>CPSI</u>                 |
|-------------|--|-----------------------------|-------------------|-----------------------------|
| 2/2/2024    | AUTHNET GATEWAY BILLING 134227755 1040000167 | - 3rd Party Payor Fee       | 33.00             | 970.93 *                    |
| 2/2/2024    | MEMORIAL MEDICAL PAYROLL 746003411 113122650 | - Payroll                   | 398,169.12 *      | Authnet<br>33.00 +          |
| 2/2/2024    | AMERISOURCE BERG PAYMENTS 0100007768 2100002 | - 340B Drug Program Expense | 1,564.88 *        | 33.00 *                     |
| 2/2/2024    | EXPERTPAY EXPERTPAY 746003411 91000011264490 | -Child Support Payment      | 570.69            | Expert Pay<br>570.69 +      |
| 2/2/2024    | PAY PLUS ACHTrans 000000013812477 1010006959 | - 3rd Party Payor Fee       | 454.73            | 570.69 *                    |
| 2/2/2024    | STATE COMPTLR TEXNET 08023693/40201 2100002  | UC IGT                      | 311,772.16 ***    | 570.69 *                    |
| 2/1/2024    | HEALTHEQUITY INC HealthEqui 1356888 91000010 | H S A Contributions         | 3,526.99 ***      | Health Equity<br>3,526.99 + |
| 2/1/2024    | PAY PLUS ACHTrans 000000013664581 1010006948 | - 3rd Party Payor Fee       | 100.15            | 3,526.99 *                  |
| 1/30/2024   | MCKESSON DRUG AUTO ACH ACH05848784 910000127 | - 340B Drug Program Expense | 3,268.32 *        | 3,526.99 *                  |
| 1/30/2024   | PAY PLUS ACHTrans 000000013459142 1010006922 | - 3rd Party Payor Fee       | 55.67             |                             |
| 1/29/2024   | PAY PLUS ACHTrans 000000013360168 1010006910 | - 3rd Party Payor Fee       | 360.38            |                             |
|             |  |                             | <b>719,876.09</b> |                             |

Andrew De Los Santos  
ANDREW DE LOS SANTOS  
Memorial Medical Center

February 5, 2024

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

\* Approved 01-31-24 CC  
\* Approved 01-24-24 CC  
\*\*\* To be Approved this court 2/7/24;  
was submitted prior to court approval

| <u>Date</u> | <u>Description</u>            | <u>MMC Notes</u>     | <u>Amount</u>     |              |
|-------------|-------------------------------|----------------------|-------------------|--------------|
| 2/5/2024    | IRS USATAXPYMT ✓              | - Payroll Taxes      | 2,226.37          | 719,876.09 + |
| 2/7/2024    | 90 DEGREE BENEFITS            | Premium Payments     | 69,499.78         | 398,169.12 - |
| 2/15/2024   | TEXAS COUNTY DRS RECEIVABLE ✓ | - Retirement Funding | 186,021.62        | 1,564.88 -   |
|             |                               |                      | <b>257,747.77</b> | 311,772.16 - |
|             |                               |                      |                   | 5,101.61 *   |

Andrew De Los Santos  
ANDREW DE LOS SANTOS  
Memorial Medical Center

February 5, 2024

**APPROVED ON  
FEB 05 2024**

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Pay Plus  
454.73 +  
100.15 +  
55.67 +  
360.38 +  
970.93 \*  
Authnet  
33.00 +  
33.00 \*  
Expert Pay  
570.69 +  
570.69 \*  
Health Equity  
3,526.99 +  
3,526.99 \*  
970.93 +  
33.00 +  
570.69 +  
3,526.99 +  
5,101.61 \*  
719,876.09 +  
398,169.12 -  
1,564.88 -  
311,772.16 -  
5,101.61 \*  
5,101.61 +  
5,101.61 -  
0.00 \*

TAXPAYER NAME: MEMORIAL MEDICAL CENTER ✓

TIN: xxxxx

## Deposit Confirmation

Your payment has been accepted.

### Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

**REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!**

|                                    |  |
|------------------------------------|--|
| <b>EFT ACKNOWLEDGEMENT NUMBER:</b> |  |
|------------------------------------|--|

| Payment Information    | Entered Data                                 |
|------------------------|--|
| <b>Taxpayer EIN</b>    |  |
| <b>Tax Form</b>        | 941 Employers Federal Tax                    |
| <b>Tax Type</b>        | Payment Due On An Amended Or Adjusted Return |
| <b>Tax Period</b>      | Q4/2023 ✓                                    |
| <b>Payment Amount</b>  | \$2,226.37 ✓                                 |
| <b>Settlement Date</b> | 02/05/2024                                   |
| <b>Account Number</b>  |  |
| <b>Account Type</b>    |  |
| <b>Routing Number</b>  |  |
| <b>Bank Name</b>       |  |





90 Degree Benefits  
 4401 82nd Street, Ste. 1200  
 Lubbock, Texas 79424-3396  
 1-800-747-9446 or 806-783-9995

INVOICE for: Memorial Medical Center of Port Lavaca ✓

1/23/2024

Plan Effective Date: January 1, 2024

| <u>COVERAGE</u>            |     | <u>PREMIUM</u>   |                      |
|----------------------------|-----|------------------|----------------------|
| <u>Stop Loss Premium</u>   |     | <u>Rate</u>      |                      |
| # Employees                | 97  | \$214.51         | \$20,807.47          |
| #Employee & Spouse         | 19  | \$427.30         | \$8,118.70           |
| #Employee & Child(ren)     | 44  | \$378.18         | \$16,639.92          |
| #Employee and Family       | 13  | \$641.80         | \$8,343.40           |
| Aggregate                  | 173 | \$6.68           | \$1,155.64           |
|                            |     | <b>Sub-Total</b> | <b>\$55,065.13</b> ✓ |
| <b>Administration Fee</b>  |     |                  |                      |
| Medical Administration     | 173 | \$25.00          | \$4,325.00           |
| PPO Access                 | 173 | \$15.90          | \$2,750.70           |
| COBRA Administration       | 173 | \$2.50           | \$432.50             |
| Utilization Management     | 173 | \$3.15           | \$544.95             |
| Pharmacy Benefits          | 173 | \$5.50           | \$951.50             |
| Compliance Analysis        | 173 | \$5.00           | \$865.00             |
| Reinsurance Administration | 173 | \$5.00           | \$865.00             |
| CHIC Management Fee        | 1   | \$700.00         | \$700.00             |
|                            |     | <b>Sub-Total</b> | <b>\$11,434.65</b> ✓ |
| <b>Installation Fee</b>    |     |                  |                      |
| One Time Charge            |     |                  | \$3,000.00 ✓         |
|                            |     | <b>Total Due</b> | <b>\$69,499.78</b> ✓ |

Premium Deposit Only - Due Upon Receipt. Any Adjustments will be based on final enrollment count.

Please Remit Premium to:

90 Degree Benefits  
 Attn: Revenue Dept.  
 P.O. Box 54133  
 Lubbock, Texas 79453-4139

**Date/Time** 02-02-2024 / 02:56 PM  
**Submitted By**

**Pay Date** 01-31-2024

|                                 |                |
|---------------------------------|----------------|
| <b>Employee Deposits</b>        | \$76,283.10    |
| <b>Employer Contributions</b>   | \$109,738.52   |
| <b>Group Term Life Premiums</b> | \$0.00         |
| <b>Total</b>                    | \$186,021.62 ✓ |

**Comments**

**Payroll File** January 2024 Retirement Upload.xlsx ✓

CLOSE

PRINT



Memorial Medical Center ✓  
815 North Virginia St PO Box 25  
Port Lavaca, TX 77979  
361.552.0399

**Employer ID**  
1356888

**Contact**

**Date Processed**  
1/30/2024

**INVOICE**

**Confirmation Number**  
opqpuzo

**Status**  
Complete

| Description   | Tax Year | Invoice Date | Amount     |
|---|----------|--------------|------------|
| Contribution/Transfer created by file: Employee Listing 01-30-2024 15-15-48.1356888.NI.20240130151549870.txt (1 of 1) | N/A      | 1/30/2024    | \$3,526.99 |

---

**Total Amount**      **\$3,526.99** ✓

Memorial Medical Center  
Transfer Request

Amount: 500,000.00

Date: 2/5/2024

From Account: MMC PROSPERITY MONEY MARKET \*2998

To Account: MMC PROSPERITY OPERATING \*4357

Explanation:

TRANSFER FUNDS FROM PROSPERITY MONEY MARKET ACCOUNT TO PROSPERITY OPERATING ACCOUNT FOR MMC

Requested by: Caitlin Clevenger

Date: 2/5/2024

Authorized by: *Andrew J. Forster*

Date: 2/5/24

Authorized by: *Reshina Thomas*

Date: 2/5/2024



RECEIVED BY THE  
COUNTY AUDITOR ON  
02/01/2024  
12:10  
FEB 01 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap\_open\_invoice.template

Vendor# Vendor Name  
11816 ASHFORD GARDENS  
CALHOUN COUNTY, TEXAS

Class Pay Code

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| 012324   |         | 01/31/202 | 01/23/202 | 02/24/202 |          |     | 7,893.04 | 0.00     | 0.00   | 7,893.04 ✓ |

UHC QIPP

| Vendor Totals: Number | Name            | Gross    | Discount | No-Pay | Net      |
|-----------------------|-----------------|----------|----------|--------|----------|
| 11816                 | ASHFORD GARDENS | 7,893.04 | 0.00     | 0.00   | 7,893.04 |

Report Summary

| Grand Totals: | Gross    | Discount | No-Pay | Net      |
|---------------|----------|----------|--------|----------|
|               | 7,893.04 | 0.00     | 0.00   | 7,893.04 |

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FEB 01 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CK# 22754

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 12:15  
 FEB 01 2024  
 CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0  
ap\_open\_invoice.template

Vendor# Vendor Name  
 11828 SOLERA WEST HOUSTON

Class Pay Code

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 012324   |         | 01/31/202 | 01/23/202 | 02/24/202 |          |     | 2,319.65 | 0.00     | 0.00   | 2,319.65 |

UHC QIPP PMT

| Vendor Totals: Number | Name                | Gross    | Discount | No-Pay | Net      |
|-----------------------|---------------------|----------|----------|--------|----------|
| 11828                 | SOLERA WEST HOUSTON | 2,319.65 | 0.00     | 0.00   | 2,319.65 |

Report Summary

| Grand Totals: | Gross    | Discount | No-Pay | Net      |
|---------------|----------|----------|--------|----------|
|               | 2,319.65 | 0.00     | 0.00   | 2,319.65 |

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FEB 01 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 202759



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02/01/2024 FEB 01 2024

MEMORIAL MEDICAL CENTER

0

12:13

AP Open Invoice List

ap\_open\_invoice.template

Dates Through:

CALHOUN COUNTY, TEXAS

Class Pay Code

Vendor# Vendor Name

11820 FORTBEND HEALTHCARE CENTER

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| 012324   |         | 01/31/202 | 01/23/202 | 02/24/202 |          |     | 2,418.30 | 0.00     | 0.00   | 2,418.30 ✓ |

UHC QIPP

|        |  |           |           |           |  |  |          |      |      |            |
|--------|--|-----------|-----------|-----------|--|--|----------|------|------|------------|
| 012524 |  | 01/31/202 | 01/25/202 | 02/25/202 |  |  | 4,200.00 | 0.00 | 0.00 | 4,200.00 ✓ |
|--------|--|-----------|-----------|-----------|--|--|----------|------|------|------------|

TRANSFER *NH insurance pymt deposited into mme operating*

| Vendor Totals: Number | Name                       | Gross    | Discount | No-Pay | Net      |
|-----------------------|----------------------------|----------|----------|--------|----------|
| 11820                 | FORTBEND HEALTHCARE CENTER | 6,618.30 | 0.00     | 0.00   | 6,618.30 |

Report Summary

| Grand Totals: | Gross    | Discount | No-Pay | Net      |
|---------------|----------|----------|--------|----------|
|               | 6,618.30 | 0.00     | 0.00   | 6,618.30 |

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FEB 01 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 72157

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COUNTY AUDITOR ON

02/01/2024

12:12 FEB 01 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap\_open\_invoice.template

Dates Through:

Vendor# Vendor Name  
CALHOUN COUNTY, TEXAS

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

| Invoice#       | Comment      | Tran Dt   | Inv Dt                      | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|----------------|--------------|---|-----------------------------|-----------|----------|-----|----------|----------|--------|------------|
| 012324         |              | 01/31/202   | 01/23/202                   | 02/26/202 |          |     | 2,886.86 | 0.00     | 0.00   | 2,886.86 ✓ |
|                | UHC QIPP PMT |   |                             |           |          |     |          |          |        |            |
| 012624         |              | 01/31/202   | 01/26/202                   | 02/26/202 |          |     | 4,600.00 | 0.00     | 0.00   | 4,600.00 ✓ |
|                | TRANSFER     | <i>NH insurance pymt deposited into mme operating</i> |                             |           |          |     |          |          |        |            |
| Vendor Totals: |              | Number  | Name                        |           |          |     | Gross    | Discount | No-Pay | Net        |
|                |              | 11832   | BROADMOOR AT CREEKSIDE PARK |           |          |     | 7,486.86 | 0.00     | 0.00   | 7,486.86   |

Report Summary

| Grand Totals: | Gross    | Discount | No-Pay | Net      |
|---------------|----------|----------|--------|----------|
|               | 7,486.86 | 0.00     | 0.00   | 7,486.86 |

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FEB 01 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CL# 202754



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02/01/2024

FEB 01 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0  
ap\_open\_invoice.template

Vendor# 11824 Vendor Name THE CRESCENT  
CALHOUN COUNTY, TEXAS

Class Pay Code

| Invoice#                   | Comment      | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net        |
|----------------------------|--------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|------------|
| 012324                     |              | 01/31/202 | 01/23/202 | 02/25/202 |          |     | 2,194.83 | 0.00     | 0.00   | 2,194.83 ✓ |
|                            | UHC QIPP PMT |           |           |           |          |     |          |          |        |            |
| 012624                     |              | 01/31/202 | 01/26/202 | 02/26/202 |          |     | 5,600.00 | 0.00     | 0.00   | 5,600.00 ✓ |
|                            | TRANSFER     |           |           |           |          |     |          |          |        |            |
| Vendor Totals: Number Name |              |           |           |           |          |     | Gross    | Discount | No-Pay | Net        |
| 11824 THE CRESCENT         |              |           |           |           |          |     | 7,794.83 | 0.00     | 0.00   | 7,794.83   |

*Net insurance pymt deposited into MMC operating*

Report Summary

| Grand Totals: | Gross    | Discount | No-Pay | Net      |
|---------------|----------|----------|--------|----------|
|               | 7,794.83 | 0.00     | 0.00   | 7,794.83 |

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FEB 01 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*CLH-wzuo*

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12:14

FEB 01 2024

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

Class Pay Code

0

ap\_open\_invoice.template

11836 GOLDEN CREEK HEALTHCARE

| Invoice#       | Comment   | Tran Dt   | Inv Dt                  | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
|----------------|---|-----------|-------------------------|-----------|----------|-----|-----------|----------|--------|-------------|
| 011624         |   | 01/31/202 | 01/16/202               | 02/24/202 |          |     | 2,425.37  | 0.00     | 0.00   | 2,425.37 ✓  |
|                | TRANSFER  |           |                         |           |          |     |           |          |        |             |
|                | <i>NI insurance pymt deposited into mmc operating</i> |           |                         |           |          |     |           |          |        |             |
| 012324A        |   | 01/31/202 | 01/23/202               | 02/24/202 |          |     | 50.98     | 0.00     | 0.00   | 50.98 ✓     |
|                | TRANSFER  |           |                         |           |          |     |           |          |        |             |
| 012324B        |   | 01/31/202 | 01/23/202               | 02/24/202 |          |     | 1,716.34  | 0.00     | 0.00   | 1,716.34 ✓  |
|                | UHC QIPP PMT  |           |                         |           |          |     |           |          |        |             |
| 012324         |   | 01/31/202 | 01/23/202               | 02/24/202 |          |     | 20,352.60 | 0.00     | 0.00   | 20,352.60 ✓ |
|                | TRANSFER  |           |                         |           |          |     |           |          |        |             |
| 012424         |   | 01/31/202 | 01/24/202               | 02/24/202 |          |     | 52,859.23 | 0.00     | 0.00   | 52,859.23 ✓ |
|                | TRANSFER  |           |                         |           |          |     |           |          |        |             |
| 012624A        |   | 01/31/202 | 01/26/202               | 02/26/202 |          |     | 1,684.32  | 0.00     | 0.00   | 1,684.32 ✓  |
|                | TRANSFER  |           |                         |           |          |     |           |          |        |             |
| 012624         |   | 01/31/202 | 01/26/202               | 02/26/202 |          |     | 2,921.30  | 0.00     | 0.00   | 2,921.30 ✓  |
|                | TRANSFER  |           |                         |           |          |     |           |          |        |             |
| Vendor Totals: |   | Number    | Name                    |           |          |     | Gross     | Discount | No-Pay | Net         |
|                |   | 11836     | GOLDEN CREEK HEALTHCARE |           |          |     | 82,010.14 | 0.00     | 0.00   | 82,010.14   |

Report Summary

|               |           |          |        |           |
|---------------|-----------|----------|--------|-----------|
| Grand Totals: | Gross     | Discount | No-Pay | Net       |
|               | 82,010.14 | 0.00     | 0.00   | 82,010.14 |

APPROVED ON

FEB 01 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CK# 712758



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12:16 FEB 01 2024  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0  
ap\_open\_invoice.template

Vendor# Vendor Name  
13004 TUSCANY VILLAGE ✓  
CALHOUN COUNTY, TEXAS

Class Pay Code

| Invoice#                   | Comment  | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
|----------------------------|--|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| 012324                     | UHC QIPP   | 01/31/202 | 01/23/202 | 02/24/202 |          |     | 3,312.71  | 0.00     | 0.00   | 3,312.71 ✓  |
| 012424                     | TRANSFER   | 01/31/202 | 01/24/202 | 02/24/202 |          |     | 5,524.93  | 0.00     | 0.00   | 5,524.93 ✓  |
| 012524                     | TRANSFER " N/H insurance pymt deposited into MMC operating | 01/31/202 | 01/25/202 | 02/25/202 |          |     | 2,683.13  | 0.00     | 0.00   | 2,683.13 ✓  |
| 012624                     | TRANSFER " " "   | 01/31/202 | 01/26/202 | 02/26/202 |          |     | 16,560.00 | 0.00     | 0.00   | 16,560.00 ✓ |
| Vendor Totals: Number Name |  |           |           |           |          |     | Gross     | Discount | No-Pay | Net         |
| 13004 TUSCANY VILLAGE      |  |           |           |           |          |     | 28,080.77 | 0.00     | 0.00   | 28,080.77   |

Report Summary

|               |           |          |        |           |
|---------------|-----------|----------|--------|-----------|
| Grand Totals: | Gross     | Discount | No-Pay | Net       |
|               | 28,080.77 | 0.00     | 0.00   | 28,080.77 |

APPROVED ON  
FEB 01 2024  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CLKH2024

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02/01/2024

12:11

FEB 01 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

| Invoice#                    | Comment               | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net         |
|-----------------------------|-----------------------|---|-----------|-----------|----------|-----|-----------|----------|--------|-------------|
| 12792                       | BETHANY SENIOR LIVING |   |           |           |          |     |           |          |        |             |
| 012324A                     |                       | 01/31/202   | 01/23/202 | 02/24/202 |          |     | 8,729.24  | 0.00     | 0.00   | 8,729.24 ✓  |
|                             | TRANSFER              | <i>NH insurance pymt deposited into mmc operating</i> |           |           |          |     |           |          |        |             |
| 012324B                     |                       | 01/31/202   | 01/23/202 | 02/24/202 |          |     | 3,486.47  | 0.00     | 0.00   | 3,486.47 ✓  |
|                             | UHC QIPP PMT          |   |           |           |          |     |           |          |        |             |
| 012324                      |                       | 01/31/202   | 01/23/202 | 02/24/202 |          |     | 15,128.76 | 0.00     | 0.00   | 15,128.76 ✓ |
|                             | TRANSFER              | <i>NH insurance pymt deposited into mmc operating</i> |           |           |          |     |           |          |        |             |
| 012424                      |                       | 01/31/202   | 01/24/202 | 02/24/202 |          |     | 47,472.88 | 0.00     | 0.00   | 47,472.88 ✓ |
|                             | TRANSFER              | "   |           |           |          |     |           |          |        |             |
| 012624A                     |                       | 01/31/202   | 01/26/202 | 02/26/202 |          |     | 3,985.80  | 0.00     | 0.00   | 3,985.80 ✓  |
|                             | TRANSFER              | "   |           |           |          |     |           |          |        |             |
| 012624                      |                       | 01/31/202   | 01/26/202 | 02/26/202 |          |     | 6,000.00  | 0.00     | 0.00   | 6,000.00 ✓  |
|                             | TRANSFER              | "   |           |           |          |     |           |          |        |             |
| Vendor Totals: Number Name  |                       |   |           |           |          |     | Gross     | Discount | No-Pay | Net         |
| 12792 BETHANY SENIOR LIVING |                       |   |           |           |          |     | 84,803.15 | 0.00     | 0.00   | 84,803.15   |

Report Summary

|               |           |          |        |           |
|---------------|-----------|----------|--------|-----------|
| Grand Totals: | Gross     | Discount | No-Pay | Net       |
|               | 84,803.15 | 0.00     | 0.00   | 84,803.15 |

APPROVED ON

FEB 01 2024

BY COUNTY AUDITOR GALHOUN COUNTY, TEXAS

CKH 2/25

Facility ID Facility Name

4628 FORT BEND HEALTHCARE CENTER

4811 ASHFORD GARDENS

103462 TUSCANY VILLAGE

105006 SOLERA AT WEST HOUSTON

105314 THE CRESCENT

105818 THE BROADMOOR AT CREEKSIDE PARK

102540 GOLDEN CREEK HEALTHCARE AND REHABILITATION C

110301 BETHANY SENIOR LIVING

Total UHC Deposits

16,384.12

52,741.48

31,145.49

15,714.75

14,585.22

19,449.13

27,790.95

25,157.36

Total UHC Desosit

202,968.50

| MMC PORTION |             |            |                      |            |            |            |
|-------------|-------------|------------|----------------------|------------|------------|------------|
| QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&<br>Lapse | QIPP TI    | NH PORTION |            |
| 12,929.41   | 3,454.71    |            |                      | 13,965.82  | 2,418.30   | 16,384.12  |
| 41,465.71   | 11,275.77   |            |                      | 44,848.44  | 7,893.04   | 52,741.48  |
| 24,520.08   | 6,625.41    |            |                      | 27,832.79  | 3,312.71   | 31,145.49  |
| 12,400.96   | 3,313.79    |            |                      | 13,395.10  | 2,319.65   | 15,714.75  |
| 11,449.75   | 3,135.47    |            |                      | 12,390.39  | 2,194.83   | 14,585.22  |
| 15,325.05   | 4,124.08    |            |                      | 16,562.27  | 2,886.86   | 19,449.13  |
| 24,930.38   | 2,860.57    |            |                      | 26,074.61  | 1,716.34   | 27,790.95  |
| 19,793.56   | 5,363.80    |            |                      | 21,670.89  | 3,486.47   | 25,157.36  |
|             |             |            |                      | -          | -          | -          |
|             |             |            |                      | -          | -          | -          |
|             |             |            |                      | -          | -          | -          |
|             |             |            |                      | -          | -          | -          |
|             |             |            |                      | -          | -          | -          |
|             |             |            |                      | -          | -          | -          |
| 162,814.90  | 40,153.60   | -          | -                    | 176,740.31 | 26,228.19  | 202,968.50 |

FUNDS DEPOSITED INTO MMC OPERATING. NEED TO ISSUE PAYMENTS TO NURSING HOME.  
MAKE CHECK REQUESTS FOR EACH NURSING HOME FOR HIGHLIGHTED YELLOW AMOUNTS



8

RUN DATE:02/06/24  
 TIME:12:07

MEMORIAL MEDICAL CENTER  
 CHECK REGISTER  
 02/07/24 THRU 02/07/24

PAGE 1  
 GLCKREG

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

| CODE | NUMBER | DATE     | AMOUNT    | PAYEE                          |
|------|--------|----------|-----------|--------------------------------|
| A/P  | 202695 | 02/07/24 | 53.61     | ADT COMMERCIAL                 |
| A/P  | 202696 | 02/07/24 | 325.55    | AMAZON CAPITAL SERVICES        |
| A/P  | 202697 | 02/07/24 | 2,976.75  | AYA HEALTHCARE INC             |
| A/P  | 202698 | 02/07/24 | 3,904.81  | BECKMAN COULTER INC            |
| A/P  | 202699 | 02/07/24 | 483.50    | BECTON, DICKINSON & CO (BD)    |
| A/P  | 202700 | 02/07/24 | 266.51    | BIO-RAD LABORATORIES, INC      |
| A/P  | 202701 | 02/07/24 | 45.50     | CALHOUN COUNTY                 |
| A/P  | 202702 | 02/07/24 | 5,720.00  | CALHOUN COUNTY EMS             |
| A/P  | 202703 | 02/07/24 | 640.81    | CAPITAL ONE                    |
| A/P  | 202704 | 02/07/24 | 90.36     | CAREFUSION 2200, INC           |
| A/P  | 202705 | 02/07/24 | 1,331.07  | CDW GOVERNMENT, INC.           |
| A/P  | 202706 | 02/07/24 | 593.69    | CHEMAQUA                       |
| A/P  | 202707 | 02/07/24 | 215.06    | CONMED CORPORATION             |
| A/P  | 202708 | 02/07/24 | 354.48    | COVIDIEN                       |
| A/P  | 202709 | 02/07/24 | 28.99     | DANIELLE KALISEK               |
| A/P  | 202710 | 02/07/24 | 692.65    | DEWITT POTH & SON              |
| A/P  | 202711 | 02/07/24 | 75.00     | DOWELL PEST CONTROL            |
| A/P  | 202712 | 02/07/24 | 449.00    | ECLINICAL WORKS LLC            |
| A/P  | 202713 | 02/07/24 | 40,062.50 | EMERGENCY STAFFING SOLUTIONS   |
| A/P  | 202714 | 02/07/24 | 7,399.54  | EVIDENT                        |
| A/P  | 202715 | 02/07/24 | 9,215.00  | FAVORITE HEALTHCARE STAFFING   |
| A/P  | 202716 | 02/07/24 | 1,239.87  | FISHER HEALTHCARE              |
| A/P  | 202717 | 02/07/24 | 56.40     | FRONTIER                       |
| A/P  | 202718 | 02/07/24 | 7,908.33  | FUJI FILM                      |
| A/P  | 202719 | 02/07/24 | 11,102.49 | GBS ADMINISTRATORS, INC        |
| A/P  | 202720 | 02/07/24 | 7,002.89  | GRACE FLOORING AND GLASS       |
| A/P  | 202721 | 02/07/24 | 110.20    | GRAINGER                       |
| A/P  | 202722 | 02/07/24 | 1,002.88  | GULF COAST PAPER COMPANY       |
| A/P  | 202723 | 02/07/24 | 174.00    | HEALTH CARE LOGISTICS INC      |
| A/P  | 202724 | 02/07/24 | 5,070.61  | HOLT CAT                       |
| A/P  | 202725 | 02/07/24 | 26,663.00 | HOSPITAL CARE CONSULTANTS INC. |
| A/P  | 202726 | 02/07/24 | 1,015.86  | M G TRUST                      |
| A/P  | 202727 | 02/07/24 | 354.01    | MARKS PLUMBING PARTS           |
| A/P  | 202728 | 02/07/24 | 229.70    | MEDI-DOSE, INC                 |
| A/P  | 202729 | 02/07/24 | 1,603.00  | MEDICAL AIR SERVICES ASSOC.    |
| A/P  | 202730 | 02/07/24 | 522.18    | MEDLINE INDUSTRIES INC         |
| A/P  | 202731 | 02/07/24 | 25.00     | MEMORIAL MEDICAL CLINIC        |
| A/P  | 202732 | 02/07/24 | 1,656.44  | MERCK SHARP & DOHME CORP       |
| A/P  | 202733 | 02/07/24 | .00       | VOIDED                         |
| A/P  | 202734 | 02/07/24 | 18,474.90 | MORRIS & DICKSON CO, LLC       |
| A/P  | 202735 | 02/07/24 | 25,387.14 | MUTUAL OF CMAHA                |
| A/P  | 202736 | 02/07/24 | 735.25    | MXR IMAGING, INC               |
| A/P  | 202737 | 02/07/24 | 330.56    | PARTSSOURCE, LLC               |
| A/P  | 202738 | 02/07/24 | 3,085.29  | PROVATION                      |
| A/P  | 202739 | 02/07/24 | 1,738.62  | REPUBLIC SERVICES, INC.        |
| A/P  | 202740 | 02/07/24 | 703.81    | SAM'S CLUB DIRECT              |
| A/P  | 202741 | 02/07/24 | 888.00    | SHANMEI MARTINEZ               |
| A/P  | 202742 | 02/07/24 | 2,525.00  | SOMETHING MORE MEDIA, INC.     |
| A/P  | 202743 | 02/07/24 | 23,583.75 | SPECIALTY PROFESSIONAL         |
| A/P  | 202744 | 02/07/24 | 219.80    | STERIS CORPORATION             |

RUN DATE:02/06/24  
TIME:12:07

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/07/24 THRU 02/07/24

PAGE 2  
GLCKREG

BANK--CHECK-----

| CODE    | NUMBER | DATE     | AMOUNT     | PAYEE                       |
|---------|--------|----------|------------|-----------------------------|
| A/P     | 202745 | 02/07/24 | 3,315.00   | SURGICAL DIRECT SOUTH       |
| A/P     | 202746 | 02/07/24 | 10,000.00  | T-SYSTEM, INC               |
| A/P     | 202747 | 02/07/24 | 8,250.00   | TEXAS SELECT STAFFING, LLC  |
| A/P     | 202748 | 02/07/24 | 481.35     | TMS SOUTH                   |
| A/P     | 202749 | 02/07/24 | 3,467.50   | TRIAGE, LLC                 |
| A/P     | 202750 | 02/07/24 | 173.40     | ULINE                       |
| A/P     | 202751 | 02/07/24 | 6,777.53   | UNIFIRST HOLDINGS INC       |
| A/P     | 202752 | 02/07/24 | 590.75     | WAGWORKS                    |
| A/P     | 202753 | 02/07/24 | 9,281.67   | WERFEN USA LLC              |
| A/P     | 202754 | 02/07/24 | 7,893.04   | ASHFORD GARDENS             |
| A/P     | 202755 | 02/07/24 | 84,803.15  | BETHANY SENIOR LIVING       |
| A/P     | 202756 | 02/07/24 | 7,486.86   | BROADMOOR AT CREEKSIDE PARK |
| A/P     | 202757 | 02/07/24 | 6,618.30   | FORTBEND HEALTHCARE CENTER  |
| A/P     | 202758 | 02/07/24 | 82,010.14  | GOLDENCREEK HEALTHCARE      |
| A/P     | 202759 | 02/07/24 | 2,319.65   | SOLEA WEST HOUSTON          |
| A/P     | 202760 | 02/07/24 | 7,794.83   | THE CRESCENT                |
| A/P     | 202761 | 02/07/24 | 28,080.77  | TUSCANY VILLAGE             |
| A/P     | 202762 | 02/07/24 | 195.31     |                             |
| A/P     | 202763 | 02/07/24 | 25.00      |                             |
| A/P     | 202764 | 02/07/24 | 12.50      |                             |
| A/P     | 202765 | 02/07/24 | 1,181.94   |                             |
| A/P     | 202766 | 02/07/24 | 275.00     |                             |
| A/P     | 202767 | 02/07/24 | 47.84      |                             |
| A/P     | 202768 | 02/07/24 | 10.00      |                             |
| A/P     | 202769 | 02/07/24 | 168.56     |                             |
| TOTALS: |        |          | 489,593.45 |                             |

Payables 258,931.94 +  
Patient refunds 1,916.15 +  
critical 1,738.62 +  
NH Transfers 227,006.74 +  
489,593.45 \*

APPROVED ON

FEB 07 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 2/5/2024

| Nursing Home           | Account | Previous          |              |                 | Pending Deposits | Today's Beginning Balance        | Amount to Be Transferred to Nursing Home |
|------------------------|---------|-------------------|--------------|-----------------|------------------|----------------------------------|--|
|                        |         | Beginning Balance | Transfer-Out | ACH Transfer-In |                  |                                  |  |
| <b>Ashford Gardens</b> |         | 251,577.65        | 133,674.84   | 96,119.49       |                  | 214,022.30                       | 147,099.96                               |
|                        |         |                   |              |                 |                  | Bank Balance                     | 214,022.30                               |
|                        |         |                   |              |                 |                  | Variance                         |  |
|                        |         |                   |              |                 |                  | Leave In Balance                 | 100.00                                   |
|                        |         |                   |              |                 |                  | QIPP YR 6 First IGT Refund       | 34,181.19                                |
|                        |         |                   |              |                 |                  | Amerigroup Y6 Adj 1              | 7,844.01                                 |
|                        |         |                   |              |                 |                  | Amerigroup Wellpoint Nov         | 24,505.80                                |
|                        |         |                   |              |                 |                  | January Interest                 | 291.32                                   |
|                        |         |                   |              |                 |                  | Adjust Balance/Transfer Amt      | 147,099.96                               |
|                        |         |                   |              |                 |                  | Bank Balance                     | 132,910.08                               |
|                        |         |                   |              |                 |                  | Variance                         |  |
|                        |         |                   |              |                 |                  | Leave In Balance                 | 100.00                                   |
|                        |         |                   |              |                 |                  | QIPP YR 6 First IGT Refund       | 12,645.12                                |
|                        |         |                   |              |                 |                  | Amerigroup Y6 Adj 1              | 3,005.59                                 |
|                        |         |                   |              |                 |                  | Amerigroup Wellpoint Nov         | 9,049.97                                 |
|                        |         |                   |              |                 |                  | January Interest                 | 220.97                                   |
|                        |         |                   |              |                 |                  | Adjust Balance/Transfer Amt      | 107,888.43                               |
|                        |         |                   |              |                 |                  | Bank Balance                     | 133,791.86                               |
|                        |         |                   |              |                 |                  | Variance                         |  |
|                        |         |                   |              |                 |                  | Leave In Balance                 | 100.00                                   |
|                        |         |                   |              |                 |                  | QIPP YR 6 First IGT Refund       | 9,432.20                                 |
|                        |         |                   |              |                 |                  | Amerigroup Y6 Adj 1              | 2,150.73                                 |
|                        |         |                   |              |                 |                  | Claim Payment Transfer to Tuscan | 18,900.00                                |
|                        |         |                   |              |                 |                  | Amerigroup Wellpoint Nov         | 6,770.23                                 |
|                        |         |                   |              |                 |                  | January Interest                 | 342.71                                   |
|                        |         |                   |              |                 |                  | Adjust Balance/Transfer Amt      | 96,095.97                                |
|                        |         |                   |              |                 |                  | Bank Balance                     | 74,094.38                                |
|                        |         |                   |              |                 |                  | Variance                         |  |
|                        |         |                   |              |                 |                  | Leave In Balance                 | 100.00                                   |
|                        |         |                   |              |                 |                  | QIPP YR 6 First IGT Refund       | 10,670.52                                |
|                        |         |                   |              |                 |                  | Amerigroup Y6 Adj 1              | 2,738.16                                 |
|                        |         |                   |              |                 |                  | Amerigroup Wellpoint Nov         | 7,631.25                                 |
|                        |         |                   |              |                 |                  | January Interest                 | 101.37                                   |
|                        |         |                   |              |                 |                  | Adjust Balance/Transfer Amt      | 52,853.08                                |
|                        |         |                   |              |                 |                  | Bank Balance                     | 149,462.73                               |
|                        |         |                   |              |                 |                  | Variance                         |  |
|                        |         |                   |              |                 |                  | Leave In Balance                 | 100.00                                   |
|                        |         |                   |              |                 |                  | QIPP YR 6 First IGT Refund       | 10,233.12                                |
|                        |         |                   |              |                 |                  | Amerigroup Y6 Adj 1              | 2,403.49                                 |
|                        |         |                   |              |                 |                  | Amerigroup Wellpoint Nov         | 7,319.40                                 |
|                        |         |                   |              |                 |                  | January Interest                 | 276.78                                   |
|                        |         |                   |              |                 |                  | Adjust Balance/Transfer Amt      | 129,129.94                               |
|                        |         |                   |              |                 |                  | Bank Balance                     | 149,462.73                               |
|                        |         |                   |              |                 |                  | Variance                         |  |
|                        |         |                   |              |                 |                  | Leave In Balance                 | 100.00                                   |
|                        |         |                   |              |                 |                  | QIPP YR 6 First IGT Refund       | 10,233.12                                |
|                        |         |                   |              |                 |                  | Amerigroup Y6 Adj 1              | 2,403.49                                 |
|                        |         |                   |              |                 |                  | Amerigroup Wellpoint Nov         | 7,319.40                                 |
|                        |         |                   |              |                 |                  | January Interest                 | 276.78                                   |
|                        |         |                   |              |                 |                  | Adjust Balance/Transfer Amt      | 129,129.94                               |

Routing Information for Ashford Gardens:

**Broadmoor**

**Crescent**

**Fort Bend**

**Solera at W Houston**

147,099.96 +  
 107,888.43 +  
 96,095.97 +  
 52,853.08 +  
 129,129.94 +  
 533,067.38 \*

APPROVED ON  
 FEB 05 2024  
 TARRANT COUNTY AUDITOR  
 TARRANT COUNTY, TEXAS

TOTAL TRANSFERS 533,067.38  
 Approved: *Andrew De Los Santos*  
 ANDREW DE LOS SANTOS 2/5/2024

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.



**Ashford Gardens**

2/2/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 2/1/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD  
 2/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000273731  
 1/31/2024 Added to Account  
 1/31/2024 MANAGEANDNET1718 MNS PMNT 00000000000093 41  
 1/31/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 1/31/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000119  
 1/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 1/30/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2  
 1/29/2024 1228  
 1/29/2024 Deposit  
 1/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000235365  
 1/29/2024 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384  
 1/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

| Transfer-Out      | Transfer-In      | MMC PORTION |             |            |                  |                  | NH PORTION |
|-------------------|------------------|-------------|-------------|------------|------------------|------------------|------------|
|                   |                  | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI          |            |
| -                 | 67.14            | -           | -           | -          | -                | 67.14            |            |
| 121,142.62        | -                | -           | -           | -          | -                | -                |            |
| -                 | 6,471.72         | -           | -           | -          | -                | 6,471.72         |            |
| -                 | 291.32           | -           | -           | -          | -                | 291.32           |            |
| -                 | 9.00             | -           | -           | -          | -                | 9.00             |            |
| -                 | 24.42            | -           | -           | -          | -                | 24.42            |            |
| -                 | 973.72           | -           | -           | -          | -                | 973.72           |            |
| -                 | 13.02            | -           | -           | -          | -                | 13.02            |            |
| -                 | 34,534.19        | -           | -           | -          | -                | 34,534.19        |            |
| 12,532.22         | -                | -           | -           | -          | -                | -                |            |
| -                 | 24,088.34        | -           | -           | -          | -                | 24,088.34        |            |
| -                 | 24,286.40        | -           | -           | -          | -                | 24,286.40        |            |
| -                 | 2,685.50         | -           | -           | -          | -                | 2,685.50         |            |
| -                 | 2,674.72         | -           | -           | -          | -                | 2,674.72         |            |
| <b>133,674.84</b> | <b>96,119.49</b> | -           | -           | -          | -                | <b>96,119.49</b> |            |

**Broadmoor**

2/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000215836  
 2/2/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 2/2/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2  
 2/2/2024 AARP Supplementa HCCLAIMPMT 746003411 124384  
 2/1/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III  
 2/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000273327  
 2/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000273731  
 2/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000273731  
 2/1/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  
 2/1/2024 AARP Supplementa HCCLAIMPMT 746003411 124384  
 1/31/2024 Added to Account  
 1/31/2024 HUMANA INS CO HCCLAIMPMT 40457680 8300005232  
 1/31/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  
 1/30/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2  
 1/29/2024 264  
 1/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000235939  
 1/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000235365  
 1/29/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  
 1/29/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000197

| Transfer-Out      | Transfer-In      | MMC PORTION |             |            |                  |                  | NH PORTION |
|-------------------|------------------|-------------|-------------|------------|------------------|------------------|------------|
|                   |                  | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI          |            |
| -                 | 11,540.82        | -           | -           | -          | -                | 11,540.82        |            |
| -                 | 741.67           | -           | -           | -          | -                | 741.67           |            |
| -                 | 3,849.94         | -           | -           | -          | -                | 3,849.94         |            |
| -                 | 1,600.00         | -           | -           | -          | -                | 1,600.00         |            |
| 224,230.52        | -                | -           | -           | -          | -                | -                |            |
| -                 | 3,347.12         | -           | -           | -          | -                | 3,347.12         |            |
| -                 | 2,964.80         | -           | -           | -          | -                | 2,964.80         |            |
| -                 | 5,900.20         | -           | -           | -          | -                | 5,900.20         |            |
| -                 | 5,555.00         | -           | -           | -          | -                | 5,555.00         |            |
| -                 | 600.00           | -           | -           | -          | -                | 600.00           |            |
| -                 | 220.97           | -           | -           | -          | -                | 220.97           |            |
| -                 | 790.00           | -           | -           | -          | -                | 790.00           |            |
| -                 | 5,555.00         | -           | -           | -          | -                | 5,555.00         |            |
| -                 | 3,682.09         | -           | -           | -          | -                | 3,682.09         |            |
| 4,631.69          | -                | -           | -           | -          | -                | -                |            |
| -                 | 7,090.42         | -           | -           | -          | -                | 7,090.42         |            |
| -                 | 24,061.68        | -           | -           | -          | -                | 24,061.68        |            |
| -                 | 8,585.00         | -           | -           | -          | -                | 8,585.00         |            |
| -                 | 3,057.00         | -           | -           | -          | -                | 3,057.00         |            |
| <b>228,862.21</b> | <b>89,141.71</b> | -           | -           | -          | -                | <b>89,141.71</b> |            |

**Crescent**

2/1/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III  
 2/1/2024 Deposit  
 2/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000273731  
 2/1/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  
 2/1/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000126  
 1/31/2024 Added to Account  
 1/31/2024 HNB - ECHO HCCLAIMPMT 746003411 440000231476  
 1/31/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 1/30/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  
 1/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 1/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 1/30/2024 DEVOTED HEALTH P HCCLAIMPMT 21000028242433  
 1/29/2024 322  
 1/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000235365  
 1/29/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  
 1/29/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  
 1/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 1/29/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000197  
 1/29/2024 DEVOTED HEALTH P HCCLAIMPMT 21000029881311

| Transfer-Out      | Transfer-In       | MMC PORTION |             |            |                  |                  | NH PORTION |
|-------------------|-------------------|-------------|-------------|------------|------------------|------------------|------------|
|                   |                   | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI          |            |
| 337,321.90        | -                 | -           | -           | -          | -                | -                |            |
| -                 | 7,580.00          | -           | -           | -          | -                | 7,580.00         |            |
| -                 | 10,615.70         | -           | -           | -          | -                | 10,615.70        |            |
| -                 | 11,890.00         | -           | -           | -          | -                | 11,890.00        |            |
| -                 | 9,173.54          | -           | -           | -          | -                | 9,173.54         |            |
| -                 | 342.73            | -           | -           | -          | -                | 342.73           |            |
| -                 | 1,552.42          | -           | -           | -          | -                | 1,552.42         |            |
| -                 | 76.36             | -           | -           | -          | -                | 76.36            |            |
| -                 | 6,560.00          | -           | -           | -          | -                | 6,560.00         |            |
| -                 | 391.59            | -           | -           | -          | -                | 391.59           |            |
| -                 | 10,888.33         | -           | -           | -          | -                | 10,888.33        |            |
| -                 | 8,682.00          | -           | -           | -          | -                | 8,682.00         |            |
| 3,460.73          | -                 | -           | -           | -          | -                | -                |            |
| -                 | 5,860.02          | -           | -           | -          | -                | 5,860.02         |            |
| -                 | 5,740.00          | -           | -           | -          | -                | 5,740.00         |            |
| -                 | 60.00             | -           | -           | -          | -                | 60.00            |            |
| -                 | 17,334.51         | -           | -           | -          | -                | 17,334.51        |            |
| -                 | 129.20            | -           | -           | -          | -                | 129.20           |            |
| -                 | 4,314.00          | -           | -           | -          | -                | 4,314.00         |            |
| <b>340,782.63</b> | <b>101,190.48</b> | -           | -           | -          | -                | <b>96,876.40</b> |            |

**Fort Bend**

2/2/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 2/2/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2  
 2/1/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III  
 2/1/2024 Deposit  
 2/1/2024 AARP Supplementa HCCLAIMPMT 746003411 124384  
 1/31/2024 Added to Account  
 1/31/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2  
 1/29/2024 236  
 1/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000235365  
 1/29/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  
 1/29/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  
 1/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 1/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

| Transfer-Out     | Transfer-In      | MMC PORTION |             |            |                  |                  | NH PORTION |
|------------------|------------------|-------------|-------------|------------|------------------|------------------|------------|
|                  |                  | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI          |            |
| -                | 130.24           | -           | -           | -          | -                | 130.24           |            |
| -                | 12,770.06        | -           | -           | -          | -                | 12,770.06        |            |
| 25,069.51        | -                | -           | -           | -          | -                | -                |            |
| -                | 2,600.00         | -           | -           | -          | -                | 2,600.00         |            |
| -                | 226.36           | -           | -           | -          | -                | 226.36           |            |
| -                | 101.37           | -           | -           | -          | -                | 101.37           |            |
| -                | 8,033.10         | -           | -           | -          | -                | 8,033.10         |            |
| 3,906.48         | -                | -           | -           | -          | -                | -                |            |
| -                | 1,483.71         | -           | -           | -          | -                | 1,483.71         |            |
| -                | 5,160.00         | -           | -           | -          | -                | 5,160.00         |            |
| -                | 1,620.00         | -           | -           | -          | -                | 1,620.00         |            |
| -                | 2,524.96         | -           | -           | -          | -                | 2,524.96         |            |
| -                | 2,298.88         | -           | -           | -          | -                | 2,298.88         |            |
| <b>28,975.99</b> | <b>36,948.68</b> | -           | -           | -          | -                | <b>36,948.68</b> |            |

**Solera at West Houston**

2/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000215432  
 2/2/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 2/1/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III  
 2/1/2024 Deposit  
 2/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000273731  
 2/1/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  
 2/1/2024 AARP Supplementa HCCLAIMPMT 746003411 124384  
 1/31/2024 Added to Account  
 1/31/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000119  
 1/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000291521  
 1/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000291521  
 1/30/2024 HUMANA INS CO HCCLAIMPMT 40261991 8300005976  
 1/30/2024 HUMANA CHA D15B HCCLAIMPMT 40424470 42000013  
 1/29/2024 1289  
 1/29/2024 MANAGEANDNET1718 MNS PMNT 00000000002482 41  
 1/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000235934  
 1/29/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384  
 1/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000  
 1/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

| Transfer-Out      | Transfer-In       | MMC PORTION |             |            |                  |                   | NH PORTION |
|-------------------|-------------------|-------------|-------------|------------|------------------|-------------------|------------|
|                   |                   | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI           |            |
| -                 | 3,969.40          | -           | -           | -          | -                | 3,969.40          |            |
| -                 | 730.69            | -           | -           | -          | -                | 730.69            |            |
| 327,981.74        | -                 | -           | -           | -          | -                | -                 |            |
| -                 | 8,347.80          | -           | -           | -          | -                | 8,347.80          |            |
| -                 | 7,056.72          | -           | -           | -          | -                | 7,056.72          |            |
| -                 | 1,800.00          | -           | -           | -          | -                | 1,800.00          |            |
| -                 | 6,200.00          | -           | -           | -          | -                | 6,200.00          |            |
| -                 | 276.78            | -           | -           | -          | -                | 276.78            |            |
| -                 | 9,373.83          | -           | -           | -          | -                | 9,373.83          |            |
| -                 | 11,262.80         | -           | -           | -          | -                | 11,262.80         |            |
| -                 | 8,767.38          | -           | -           | -          | -                | 8,767.38          |            |
| -                 | 4,978.00          | -           | -           | -          | -                | 4,978.00          |            |
| -                 | 13,430.00         | -           | -           | -          | -                | 13,430.00         |            |
| 3,747.07          | -                 | -           | -           | -          | -                | -                 |            |
| -                 | 1,265.00          | -           | -           | -          | -                | 1,265.00          |            |
| -                 | 53.19             | -           | -           | -          | -                | 53.19             |            |
| -                 | 8,960.00          | -           | -           | -          | -                | 8,960.00          |            |
| -                 | 1,957.60          | -           | -           | -          | -                | 1,957.60          |            |
| -                 | 25,627.84         | -           | -           | -          | -                | 25,627.84         |            |
| <b>331,728.81</b> | <b>114,057.03</b> | -           | -           | -          | -                | <b>114,057.03</b> |            |

**TOTALS**

|                     |                   |   |   |   |   |   |                   |
|---------------------|-------------------|---|---|---|---|---|-------------------|
| <b>1,064,024.48</b> | <b>437,457.31</b> | - | - | - | - | - | <b>433,143.31</b> |
|---------------------|-------------------|---|---|---|---|---|-------------------|

Balances Overview

| Account Name  |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL CENTER -<br>OPERATING                   | \$1,547,918.23        | \$1,482,545.08        | \$1,547,918.23        | \$2,121,638.02        |
| *4365 MEMORIAL<br>MEDICAL CENTER -<br>CLINIC SERIES 2014          | \$541.86              | \$541.86              | \$541.86              | \$541.86              |
| *4373 MEMORIAL<br>MEDICAL CENTER -<br>PRIVATE WAIVER<br>CLEARING  | \$436.21              | \$436.21              | \$436.21              | \$436.21              |
| *4381 MEMORIAL<br>MEDICAL CENTER /<br>NH ASHFORD ✓                | \$214,022.30 ✓        | \$226,583.32          | \$214,022.30          | \$213,955.16          |
| *4403 MEMORIAL<br>MEDICAL CENTER /<br>NH BROADMOOR ✓              | \$132,910.08 ✓        | \$141,850.05          | \$132,910.08          | \$115,177.65          |
| *4411 MEMORIAL<br>MEDICAL CENTER /<br>NH CRESCENT ✓               | \$133,791.86 ✓        | \$139,371.86          | \$133,791.86          | \$133,791.86          |
| *4438 MEMORIAL<br>MEDICAL CENTER /<br>SOLERA AT WEST<br>HOUSTON ✓ | \$149,462.73 ✓        | \$150,765.04          | \$149,462.73          | \$144,762.64          |
| *4446 MEMORIAL<br>MEDICAL CENTER /<br>NH FORT BEND ✓              | \$74,094.38 ✓         | \$74,690.35           | \$74,094.38           | \$61,194.08           |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE      | \$198,585.88          | \$201,296.27          | \$198,585.88          | \$192,298.34          |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY               | \$1,537.80            | \$1,537.80            | \$1,537.80            | \$324.00              |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID         | \$7,081.89            | \$52,351.68           | \$7,081.89            | \$7,081.89            |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                         | \$228,614.35          | \$232,135.74          | \$228,614.35          | \$189,325.22          |
| *3407 MMC -NH<br>TUSCANY VILLAGE                                  | \$129,977.59          | \$129,977.59          | \$129,977.59          | \$127,007.89          |
| *3660 MMC -BETHANY<br>SR LIVING - DACA                            | \$100.00              | \$100.00              | \$100.00              | \$100.00              |
| *2998 MMC -MONEY<br>MARKET FUND                                   | \$606,605.19          | \$606,605.19          | \$606,605.19          | \$606,605.19          |
| <b>Total Balance</b>  | <b>\$3,425,680.35</b> | <b>\$3,440,788.04</b> | <b>\$3,425,680.35</b> | <b>\$3,914,240.01</b> |



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 |                | 302,101.75                 | 220,017.64   | 116,501.77  |                  | 198,585.88                  | 141,013.98                               |
|              |                |                            |              |             |                  | Bank Balance                | 198,585.88                               |
|              |                |                            |              |             |                  | Variance                    | -  |
|              |                |                            |              |             |                  | Leave in Balance            | 100.00                                   |
|              |                |                            |              |             |                  | QJPP YR 6 First IGT Refund  | 24,759.09                                |
|              |                |                            |              |             |                  | QJPP Superior November      | 22,241.58                                |
|              |                |                            |              |             |                  | Superior Y6Adj1             | 10,224.35                                |
|              |                |                            |              |             |                  | January Interest            | 246.88                                   |
|              |                |                            |              |             |                  | Adjust Balance/Transfer Amt | 141,013.98                               |

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

Approved: Andrew De Los Santos  
 ANDREW DE LOS SANTOS 2/5/2024

**APPROVED ON**  
**FEB 05 2024**  
**BY COUNTY AUDITOR**  
**GALHOUN COUNTY, TEXAS**

Golden Creek ✓

2/2/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91  
2/2/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001556  
2/1/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC  
2/1/2024 Deposit  
1/31/2024 Added to Account  
1/31/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91  
1/31/2024 HNB - ECHO HCCLAIMPMT 746003411 440000231476  
1/31/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001744

| MMC PORTION  |             |            |             |            |                      |         |            |
|--------------|-------------|------------|-------------|------------|----------------------|---------|------------|
| Transfer-Out | Transfer-In | QJPP/Comp1 | QJPP/Comp 2 | QJPP/Comp3 | QJPP/Comp4<br>&Lapse | QJPP TI | NH PORTION |
| -            | 1,402.54    | -          | -           | -          | -                    | -       | 1,402.54   |
| -            | 4,885.00    | -          | -           | -          | -                    | -       | 4,885.00   |
| 220,017.64   | -           | -          | -           | -          | -                    | -       | -          |
| -            | 106,891.61  | -          | -           | -          | -                    | -       | 106,891.61 |
| -            | 246.88      | -          | -           | -          | -                    | -       | 246.88     |
| -            | 1,637.40    | -          | -           | -          | -                    | -       | 1,637.40   |
| -            | 352.84      | -          | -           | -          | -                    | -       | 352.84     |
| -            | 1,085.50    | -          | -           | -          | -                    | -       | 1,085.50   |
| 220,017.64   | 116,501.77  | -          | -           | -          | -                    | -       | 116,501.77 |

Balances Overview

| Account Name  |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL CENTER - OPERATING               | \$1,547,918.23        | \$1,482,545.08        | \$1,547,918.23        | \$2,121,638.02        |
| *4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014      | \$541.86              | \$541.86              | \$541.86              | \$541.86              |
| *4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING | \$436.21              | \$436.21              | \$436.21              | \$436.21              |
| *4381 MEMORIAL MEDICAL CENTER / NH ASHFORD              | \$214,022.30          | \$226,583.32          | \$214,022.30          | \$213,955.16          |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR            | \$132,910.08          | \$141,850.05          | \$132,910.08          | \$115,177.65          |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT             | \$133,791.86          | \$139,371.86          | \$133,791.86          | \$133,791.86          |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON  | \$149,462.73          | \$150,765.04          | \$149,462.73          | \$144,762.64          |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND            | \$74,094.38           | \$74,690.35           | \$74,094.38           | \$61,194.08           |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓   | \$198,585.88 ✓        | \$201,296.27 ✓        | \$198,585.88          | \$192,298.34          |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY           | \$1,537.80            | \$1,537.80            | \$1,537.80            | \$324.00              |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID     | \$7,081.89            | \$52,351.68           | \$7,081.89            | \$7,081.89            |
| *5506 MMC -NH BETHANY SENIOR LIVING                     | \$228,614.35          | \$232,135.74          | \$228,614.35          | \$189,325.22          |
| *3407 MMC -NH TUSCANY VILLAGE                           | \$129,977.59          | \$129,977.59          | \$129,977.59          | \$127,007.89          |
| *3660 MMC -BETHANY SR LIVING - DACA                     | \$100.00              | \$100.00              | \$100.00              | \$100.00              |
| *2998 MMC -MONEY MARKET FUND                            | \$606,605.19          | \$606,605.19          | \$606,605.19          | \$606,605.19          |
| <b>Total Balance</b>                                    | <b>\$3,425,680.35</b> | <b>\$3,440,788.04</b> | <b>\$3,425,680.35</b> | <b>\$3,914,240.01</b> |



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 2/5/2024

| 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 Points Plaza-Private Pay |                | 238.31                     | -            | 1,299.49    |             |                  | 1,537.80                  | no transfer                              |
|                               |                |                            |              |             |             | Bank Balance     | 1,537.80                  |  |
|                               |                |                            |              |             |             | Variance         |                           |  |
|                               |                |                            |              |             |             | Leave in Balance | 100.00                    |  |



| Nursing Home                        | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending Deposits | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|-------------------------------------|----------------|----------------------------|--------------|-------------|-------------|------------------|---------------------------|--|
| Gulf Points Plaza-Medicare/Medicaid |                | 164,403.97                 | 164,303.97   | 6,981.89    |             |                  | 7,081.89                  | 6,981.89                                 |
|                                     |                |                            |              |             |             | Bank Balance     | 7,081.89                  |  |
|                                     |                |                            |              |             |             | Variance         |                           |  |
|                                     |                |                            |              |             |             | Leave in Balance | 100.00                    |  |

Adjust Balance/Transfer Amt 1,437.80

Adjust Balance/Transfer Amt 6,981.89

Routing Information for Gulf Points Plaza:

**TOTAL TRANSFERS** 8,419.69

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 2/5/2024

**APPROVED ON**  
**FEB 05 2024**  
**BY COUNTY AUDITOR**  
**CALHOUN COUNTY, TEXAS**

**Gulf Pointe Plaza-Private Pay** ✓

2/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000215833  
 1/31/2024 Added to Account  
 1/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000235939  
 1/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000235934

| Transfer-Out | Transfer-In | MMC PORTION |             |            |                   |         | NH PORTION |
|--------------|-------------|-------------|-------------|------------|-------------------|---------|------------|
|              |             | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI |            |
| -            | 1,213.80    | -           | -           | -          | -                 | -       | 1,213.80   |
| -            | 10.96       | -           | -           | -          | -                 | -       | 10.96      |
| -            | 33.50       | -           | -           | -          | -                 | -       | 33.50      |
| -            | 41.23       | -           | -           | -          | -                 | -       | 41.23      |
| -            | 1,299.49    | -           | -           | -          | -                 | -       | 1,299.49   |

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

2/1/2024 WIRE OUT HMG Rockport SNF, LP - Commerical  
 1/31/2024 Added to Account  
 1/31/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001  
 1/29/2024 WPS-TMEP CONTRAC HCCLAIMPMT 2502317912 21000

| Transfer-Out | Transfer-In | MMC PORTION |             |            |                   |         | NH PORTION |
|--------------|-------------|-------------|-------------|------------|-------------------|---------|------------|
|              |             | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI |            |
| 164,303.97   | -           | -           | -           | -          | -                 | -       | -          |
| -            | 104.79      | -           | -           | -          | -                 | -       | 104.79     |
| -            | 6,661.90    | -           | -           | -          | -                 | -       | 6,661.90   |
| -            | 215.20      | -           | -           | -          | -                 | -       | 215.20     |
| 164,303.97   | 6,981.89    | -           | -           | -          | -                 | -       | 6,981.89   |
| 164,303.97   | 8,281.38    | -           | -           | -          | -                 | -       | 8,281.38   |

## Balances Overview

| Account Name   |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL CENTER -<br>OPERATING                  | \$1,547,918.23        | \$1,482,545.08        | \$1,547,918.23        | \$2,121,638.02        |
| *4365 MEMORIAL<br>MEDICAL CENTER -<br>CLINIC SERIES 2014         | \$541.86              | \$541.86              | \$541.86              | \$541.86              |
| *4373 MEMORIAL<br>MEDICAL CENTER -<br>PRIVATE WAIVER<br>CLEARING | \$436.21              | \$436.21              | \$436.21              | \$436.21              |
| *4381 MEMORIAL<br>MEDICAL CENTER /<br>NH ASHFORD                 | \$214,022.30          | \$226,583.32          | \$214,022.30          | \$213,955.16          |
| *4403 MEMORIAL<br>MEDICAL CENTER /<br>NH BROADMOOR               | \$132,910.08          | \$141,850.05          | \$132,910.08          | \$115,177.65          |
| *4411 MEMORIAL<br>MEDICAL CENTER /<br>NH CRESCENT                | \$133,791.86          | \$139,371.86          | \$133,791.86          | \$133,791.86          |
| *4438 MEMORIAL<br>MEDICAL CENTER /<br>SOLERA AT WEST<br>HOUSTON  | \$149,462.73          | \$150,765.04          | \$149,462.73          | \$144,762.64          |
| *4446 MEMORIAL<br>MEDICAL CENTER /<br>NH FORT BEND               | \$74,094.38           | \$74,690.35           | \$74,094.38           | \$61,194.08           |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE     | \$198,585.88          | \$201,296.27          | \$198,585.88          | \$192,298.34          |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY ✓            | \$1,537.80 ✓          | \$1,537.80            | \$1,537.80            | \$324.00              |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID ✓      | \$7,081.89 ✓          | \$52,351.68           | \$7,081.89            | \$7,081.89            |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                        | \$228,614.35          | \$232,135.74          | \$228,614.35          | \$189,325.22          |
| *3407 MMC -NH<br>TUSCANY VILLAGE                                 | \$129,977.59          | \$129,977.59          | \$129,977.59          | \$127,007.89          |
| *3660 MMC -BETHANY<br>SR LIVING - DACA                           | \$100.00              | \$100.00              | \$100.00              | \$100.00              |
| *2998 MMC -MONEY<br>MARKET FUND                                  | \$606,605.19          | \$606,605.19          | \$606,605.19          | \$606,605.19          |
| <b>Total Balance</b>   | <b>\$3,425,680.35</b> | <b>\$3,440,788.04</b> | <b>\$3,425,680.35</b> | <b>\$3,914,240.01</b> |



Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscan Transfer  
 Prosperity Accounts  
 2/5/2024

| 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 |                | 433,917.81                 | 412,976.83   | 109,036.61  |             |                             | 129,977.59                | 109,036.61                               |
|                 |                |                            |              |             |             | Bank Balance                | 129,977.59                |  |
|                 |                |                            |              |             |             | Variance                    |                           |  |
|                 |                |                            |              |             |             | Leave in Balance            | 100.00                    |  |
|                 |                |                            |              |             |             | Amerigroup Y6 Adj1          | 5,632.56                  |  |
|                 |                |                            |              |             |             | Amerigroup Wellpoint Nov    | 15,208.42                 |  |
|                 |                |                            |              |             |             | Adjust Balance/Transfer Amt | 109,036.61                |  |

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 2/5/2024

APPROVED ON

FEB 05 2024

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

| MMC PORTION |             |             |                   |         |
|-------------|-------------|-------------|-------------------|---------|
| QIPP/Comp 1 | QIPP/Comp 2 | QIPP/Comp 3 | QIPP/Comp 4&Lapse | QIPP TI |

|  | Transfer-Out | Transfer-In | QIPP/Comp 1 | QIPP/Comp 2 | QIPP/Comp 3 | QIPP/Comp 4&Lapse | QIPP TI | NH PORTION |
|--|--------------|-------------|-------------|-------------|-------------|-------------------|---------|------------|
| 2/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000215836  | -            | 2,969.70    | -           | -           | -           | -                 | -       | 2,969.70   |
| 2/1/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE    | 405,193.39   | -           | -           | -           | -           | -                 | -       | -          |
| 2/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000273731  | -            | 8,414.16    | -           | -           | -           | -                 | -       | 8,414.16   |
| 1/31/2024 Added to Account                             | -            | 259.28      | -           | -           | -           | -                 | -       | 259.28     |
| 1/31/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000119 | -            | 47,161.45   | -           | -           | -           | -                 | -       | 47,161.45  |
| 1/29/2024 1145   | 7,783.44     | -           | -           | -           | -           | -                 | -       | -          |
| 1/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000235365 | -            | 14,331.87   | -           | -           | -           | -                 | -       | 14,331.87  |
| 1/29/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000197 | -            | 35,900.15   | -           | -           | -           | -                 | -       | 35,900.15  |
|  |              |             |             |             |             |                   |         |            |
|  | 412,976.83   | 109,036.61  | -           | -           | -           | -                 | -       | 109,036.61 |

Balances Overview

| Account Name   |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL CENTER -<br>OPERATING                  | \$1,547,918.23        | \$1,482,545.08        | \$1,547,918.23        | \$2,121,638.02        |
| *4365 MEMORIAL<br>MEDICAL CENTER -<br>CLINIC SERIES 2014         | \$541.86              | \$541.86              | \$541.86              | \$541.86              |
| *4373 MEMORIAL<br>MEDICAL CENTER -<br>PRIVATE WAIVER<br>CLEARING | \$436.21              | \$436.21              | \$436.21              | \$436.21              |
| *4381 MEMORIAL<br>MEDICAL CENTER /<br>NH ASHFORD                 | \$214,022.30          | \$226,583.32          | \$214,022.30          | \$213,955.16          |
| *4403 MEMORIAL<br>MEDICAL CENTER /<br>NH BROADMOOR               | \$132,910.08          | \$141,850.05          | \$132,910.08          | \$115,177.65          |
| *4411 MEMORIAL<br>MEDICAL CENTER /<br>NH CRESCENT                | \$133,791.86          | \$139,371.86          | \$133,791.86          | \$133,791.86          |
| *4438 MEMORIAL<br>MEDICAL CENTER /<br>SOLERA AT WEST<br>HOUSTON  | \$149,462.73          | \$150,765.04          | \$149,462.73          | \$144,762.64          |
| *4446 MEMORIAL<br>MEDICAL CENTER /<br>NH FORT BEND               | \$74,094.38           | \$74,690.35           | \$74,094.38           | \$61,194.08           |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE     | \$198,585.88          | \$201,296.27          | \$198,585.88          | \$192,298.34          |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY              | \$1,537.80            | \$1,537.80            | \$1,537.80            | \$324.00              |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID        | \$7,081.89            | \$52,351.68           | \$7,081.89            | \$7,081.89            |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                        | \$228,614.35          | \$232,135.74          | \$228,614.35          | \$189,325.22          |
| *3407 MMC -NH<br>TUSCANY VILLAGE ✓                               | \$129,977.59 ✓        | \$129,977.59          | \$129,977.59          | \$127,007.89          |
| *3660 MMC -BETHANY<br>SR LIVING - DACA                           | \$100.00              | \$100.00              | \$100.00              | \$100.00              |
| *2998 MMC -MONEY<br>MARKET FUND                                  | \$606,605.19          | \$606,605.19          | \$606,605.19          | \$606,605.19          |
| <b>Total Balance</b>   | <b>\$3,425,680.35</b> | <b>\$3,440,788.04</b> | <b>\$3,425,680.35</b> | <b>\$3,914,240.01</b> |



Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 2/5/2024

| Nursing Home          | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Chs Cleared | Pending Medicare Repayment  | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|-----------------------|----------------|----------------------------|--------------|-------------|-------------|-----------------------------|---------------------------|--|
| Bethany Senior Living |                | 417,825.92                 | 390,103.47   | 200,891.90  |             |                             | 228,614.35                | 200,631.03                               |
|                       |                |                            |              |             |             | Bank Balance                | 228,614.35                |  |
|                       |                |                            |              |             |             | Variance                    |                           |  |
|                       |                |                            |              |             |             | Leave in Balance            | 100.00                    |  |
|                       |                |                            |              |             |             | QIPP Superior November      | 19,824.85                 |  |
|                       |                |                            |              |             |             | Superior Y6 Adj1            | 7,797.60                  |  |
|                       |                |                            |              |             |             | January Interest            | 260.87                    |  |
|                       |                |                            |              |             |             | Adjust Balance/Transfer Amt | 200,631.03                |  |

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 2/5/2024

**APPROVED ON**  
**FEB 05 2024**  
**BY COUNTY AUDITOR**  
**GALHOUN COUNTY, TEXAS**

Bathany Senior Living ✓

2/2/2024 Deposit  
 2/2/2024 Deposit  
 2/2/2024 Deposit  
 2/2/2024 HOSPICE OF SOUTH Payments NF 113122650025406  
 2/2/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2  
 2/1/2024 WIRE OUT PORT LAVACA NH, LLC  
 2/1/2024 Deposit  
 2/1/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2  
 1/31/2024 Added to Account  
 1/31/2024 HNB - ECHO HCCLAIMPMT 746003411 440000231466  
 1/30/2024 Deposit  
 1/30/2024 Deposit  
 1/30/2024 Deposit  
 1/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000292300  
 1/29/2024 NDC SWEEP FAC K236 31316966807922 SWEEP FR  
 1/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000235932

| Transfer-Out | Transfer-In | MMC PORTION |             |            |                  |         | NH PORTION |
|--------------|-------------|-------------|-------------|------------|------------------|---------|------------|
|              |             | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI |            |
| -            | 5,390.33    | -           | -           | -          | -                | -       | 5,390.33   |
| -            | 23,265.09   | -           | -           | -          | -                | -       | 23,265.09  |
| -            | 8,997.42    | -           | -           | -          | -                | -       | 8,997.42   |
| -            | 1,598.59    | -           | -           | -          | -                | -       | 1,598.59   |
| -            | 37.70       | -           | -           | -          | -                | -       | 37.70      |
| 390,103.47   | -           | -           | -           | -          | -                | -       | -          |
| -            | 68,768.47   | -           | -           | -          | -                | -       | 68,768.47  |
| -            | 8,190.16    | -           | -           | -          | -                | -       | 8,190.16   |
| -            | 260.87      | -           | -           | -          | -                | -       | 260.87     |
| -            | 713.95      | -           | -           | -          | -                | -       | 713.95     |
| -            | 63,076.74   | -           | -           | -          | -                | -       | 63,076.74  |
| -            | 2,220.13    | -           | -           | -          | -                | -       | 2,220.13   |
| -            | 12,424.02   | -           | -           | -          | -                | -       | 12,424.02  |
| -            | 1,216.92    | -           | -           | -          | -                | -       | 1,216.92   |
| -            | 3,468.75    | -           | -           | -          | -                | -       | 3,468.75   |
| -            | 1,262.76    | -           | -           | -          | -                | -       | 1,262.76   |
| 390,103.47   | 200,891.90  | -           | -           | -          | -                | -       | 200,891.90 |

Balances Overview

| Account Name  |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL MEDICAL CENTER - OPERATING               | \$1,547,918.23        | \$1,482,545.08        | \$1,547,918.23        | \$2,121,638.02        |
| *4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014      | \$541.86              | \$541.86              | \$541.86              | \$541.86              |
| *4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING | \$436.21              | \$436.21              | \$436.21              | \$436.21              |
| *4381 MEMORIAL MEDICAL CENTER / NH ASHFORD              | \$214,022.30          | \$226,583.32          | \$214,022.30          | \$213,955.16          |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR            | \$132,910.08          | \$141,850.05          | \$132,910.08          | \$115,177.65          |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT             | \$133,791.86          | \$139,371.86          | \$133,791.86          | \$133,791.86          |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON  | \$149,462.73          | \$150,765.04          | \$149,462.73          | \$144,762.64          |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND            | \$74,094.38           | \$74,690.35           | \$74,094.38           | \$61,194.08           |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE     | \$198,585.88          | \$201,296.27          | \$198,585.88          | \$192,298.34          |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY           | \$1,537.80            | \$1,537.80            | \$1,537.80            | \$324.00              |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID     | \$7,081.89            | \$52,351.68           | \$7,081.89            | \$7,081.89            |
| *5506 MMC -NH BETHANY SENIOR LIVING ✓                   | \$228,614.35 ✓        | \$232,135.74 ✓        | \$228,614.35          | \$189,325.22          |
| *3407 MMC -NH TUSCANY VILLAGE                           | \$129,977.59          | \$129,977.59          | \$129,977.59          | \$127,007.89          |
| *3660 MMC -BETHANY SR LIVING - DACA                     | \$100.00              | \$100.00              | \$100.00              | \$100.00              |
| *2998 MMC -MONEY MARKET FUND                            | \$606,605.19          | \$606,605.19          | \$606,605.19          | \$606,605.19          |
| <b>Total Balance</b>                                    | <b>\$3,425,680.35</b> | <b>\$3,440,788.04</b> | <b>\$3,425,680.35</b> | <b>\$3,914,240.01</b> |



ASHFORD ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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MEMORIAL MEDICAL CENTER

Date Requested: 2/5/2024

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FOR ACCT USE ONLY

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

APPROVED ON  
FEB 05 2024  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL# 1130

AMOUNT: \$ 34,181.19 ✓

G/L NUMBER: 10255040

EXPLANATION: QIPP YEAR 6 IGT REFUND HOPSITAL PORTION

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: *[Signature]*

2/5/24

BROADMOOR ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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MEMORIAL MEDICAL CENTER  
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Date Requested: 2/5/2024

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| 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  
FEB 05 2024  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CHK# 000764

AMOUNT: \$ 12,645.12 ✓ G/L NUMBER: 10255040

EXPLANATION: QIPP YEAR 6 IGT REFUND HOPSITAL PORTION

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: Andra-Espinoza

2/5/24

CRESCENT ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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Date Requested: 2/5/2024

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON  
FEB 05 2024  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CL# 00324

AMOUNT: \$ 9,432.20 ✓ G/L NUMBER: 10255040

EXPLANATION: QIPP YEAR 6 IGT REFUND HOPSITAL PORTION

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY: Andrew D. [Signature]

2/5/24



FORT BEND ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 2/5/2024

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FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

FEB 05 2024

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CHK# 000238

AMOUNT: \$ 10,670.52 ✓

G/L NUMBER: 10255040

EXPLANATION: QIPP YEAR 6 IGT REFUND HOPSITAL PORTION

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: Andrew D. Santos

2/5/24

SOLERA ✓

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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MEMORIAL MEDICAL CENTER  
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Date Requested: 2/5/2024

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON  
FEB 05 2024  
BY COUNTY AUDITOR  
GALHOUN COUNTY, TEXAS  
CK#001291

AMOUNT: \$ 10,233.12 ✓

G/L NUMBER: 10255040

EXPLANATION: QIPP YEAR 6 IGT REFUND HOPSITAL PORTION

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: Andrew Dela Lantana  
2/5/24





## QIPP Year 6 First IGT Refund

| Facility ID |              | NSGO Facility Owner | IGT Received 1st Half | IGT Refunds | IGT Received 2nd Half | Total IGT Received | Percentage of Total IGT | Amount Returned - First Reconciliation |
|-------------|--------------|---------------------|-----------------------|-------------|-----------------------|--------------------|-------------------------|--|
| 4628        | Fort Bend    | MMC                 | \$ 178,670.03         |             | \$ 145,678.18         | \$ 324,348.21      | 0.08%                   | \$ 26,676.29                           |
| 4811        | Ashford      | MMC                 | \$ 572,339.29         |             | \$ 466,655.45         | \$ 1,038,994.74    | 0.24%                   | \$ 85,452.98                           |
| 100806      | Gulf Pointe  | MMC                 | \$ 251,540.97         |             | \$ 205,093.32         | \$ 456,634.29      | 0.11%                   | \$ 37,556.26                           |
| 102540      | Golden Creek | MMC                 | \$ 331,658.42         |             | \$ 270,416.89         | \$ 602,075.31      | 0.14%                   | \$ 49,518.18                           |
| 103462      | Tuscany      | MMC                 | \$ 338,557.10         |             | \$ 276,041.72         | \$ 614,598.82      | 0.14%                   | \$ 50,548.19                           |
| 105006      | Solera       | MMC                 | \$ 171,346.22         |             | \$ 139,706.73         | \$ 311,052.95      | 0.07%                   | \$ 25,582.81                           |
| 105314      | Crescent     | MMC                 | \$ 157,935.34         |             | \$ 128,772.20         | \$ 286,707.54      | 0.07%                   | \$ 23,580.50                           |
| 105818      | Broadmoor    | MMC                 | \$ 211,733.46         |             | \$ 172,636.36         | \$ 384,369.82      | 0.09%                   | \$ 31,612.81                           |
| 110301      | Bethany      | MMC                 | \$ 271,633.80         |             | \$ 221,475.96         | \$ 493,109.76      | 0.11%                   | \$ 40,556.22                           |

\$ 371,084.24

\$ 68,473.93 Total due to NH's from MMC

\$ 101,921.25 Total due to MMC from NH's

**QIPP Year 6 First IGT Refund**

Total IGT Refund \$ **371,084.24**  
 Total due to NH's from MMC \$ **68,473.93**  
 Total due to MMC from NH's \$ **101,921.25**

**Ashford Gardens** ✓  
**Total Refund** \$ **85,452.98**

|                 | Sept     | Oct | Nov      | Dec      | Jan      | Feb      | March    | April    | May      | June     | July     | August   | Total                               |
|-----------------|----------|-----|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------------------------------------|
| NH Portion 50%  | 3,560.54 |     | 3,560.54 | 3,560.54 | 3,560.54 | 3,560.54 |          |          |          |          |          |          | 21,363.25                           |
| MMC Portion 50% | 3,560.54 |     | 3,560.54 | 3,560.54 | 3,560.54 | 3,560.54 |          |          |          |          |          |          | 21,363.25                           |
| NH Portion 70%  |          |     |          |          |          |          | 4,984.76 | 4,984.76 | 4,984.76 | 4,984.76 | 4,984.76 | 4,984.76 | 29,908.54                           |
| MMC Portion 30% |          |     |          |          |          |          | 2,136.32 | 2,136.32 | 2,136.32 | 2,136.32 | 2,136.32 | 2,136.32 | 12,817.95                           |
|                 |          |     |          |          |          |          |          |          |          |          |          |          | <b>Total 85,452.98</b>              |
|                 |          |     |          |          |          |          |          |          |          |          |          |          | Total NH 51,271.79                  |
|                 |          |     |          |          |          |          |          |          |          |          |          |          | <b>Total Due to MMC 34,181.19</b> ✓ |

**Broadmoor** ✓  
**Total Refund** \$ **31,612.81**

|                 | Sept     | Oct | Nov      | Dec      | Jan      | Feb      | March    | April    | May      | June     | July     | August   | Total                               |
|-----------------|----------|-----|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------------------------------------|
| NH Portion 50%  | 1,317.20 |     | 1,317.20 | 1,317.20 | 1,317.20 | 1,317.20 |          |          |          |          |          |          | 7,903.20                            |
| MMC Portion 50% | 1,317.20 |     | 1,317.20 | 1,317.20 | 1,317.20 | 1,317.20 |          |          |          |          |          |          | 7,903.20                            |
| NH Portion 70%  |          |     |          |          |          |          | 1,844.08 | 1,844.08 | 1,844.08 | 1,844.08 | 1,844.08 | 1,844.08 | 11,064.48                           |
| MMC Portion 30% |          |     |          |          |          |          | 790.32   | 790.32   | 790.32   | 790.32   | 790.32   | 790.32   | 4,741.92                            |
|                 |          |     |          |          |          |          |          |          |          |          |          |          | <b>Total 31,612.81</b>              |
|                 |          |     |          |          |          |          |          |          |          |          |          |          | Total NH 18,967.69                  |
|                 |          |     |          |          |          |          |          |          |          |          |          |          | <b>Total Due to MMC 12,645.12</b> ✓ |

**Crescent** ✓  
**Total Refund** \$ **23,580.50**

|                 | Sept   | Oct | Nov    | Dec    | Jan    | Feb    | March    | April    | May      | June     | July     | August   | Total                              |
|-----------------|--------|-----|--------|--------|--------|--------|----------|----------|----------|----------|----------|----------|------------------------------------|
| NH Portion 50%  | 982.52 |     | 982.52 | 982.52 | 982.52 | 982.52 |          |          |          |          |          |          | 5,895.13                           |
| MMC Portion 50% | 982.52 |     | 982.52 | 982.52 | 982.52 | 982.52 |          |          |          |          |          |          | 5,895.13                           |
| NH Portion 70%  |        |     |        |        |        |        | 1,375.53 | 1,375.53 | 1,375.53 | 1,375.53 | 1,375.53 | 1,375.53 | 8,253.18                           |
| MMC Portion 30% |        |     |        |        |        |        | 589.51   | 589.51   | 589.51   | 589.51   | 589.51   | 589.51   | 3,537.08                           |
|                 |        |     |        |        |        |        |          |          |          |          |          |          | <b>Total 23,580.50</b>             |
|                 |        |     |        |        |        |        |          |          |          |          |          |          | Total NH 14,148.30                 |
|                 |        |     |        |        |        |        |          |          |          |          |          |          | <b>Total Due to MMC 9,432.20</b> ✓ |







MEMORIAL MEDICAL CENTER

NH ASHFORD  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001230

Date 2-7-24

88-2265/1131

PAY

TO THE ORDER OF MMC Operating

\$ 34,181. <sup>19</sup>/<sub>100</sub>

Thirty-four thousand, one hundred eighty-one dollars <sup>19</sup>/<sub>100</sub> DOLLARS



county auditor

FOR No IGT Refund



MEMORIAL MEDICAL CENTER

NH BROADMOOR  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000266

Date 2-7-24

88-2265/1131

PAY

TO THE ORDER OF MMC Operating

\$ 12,645. <sup>12</sup>/<sub>100</sub>

Twelve thousand, six hundred forty-five dollars <sup>12</sup>/<sub>100</sub> DOLLARS



county auditor

FOR No IGT Refund



MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000324

Date 2-7-24

88-2265/1131

PAY

TO THE ORDER OF MMC Operating

\$ 9,432. <sup>20</sup>/<sub>100</sub>

Nine thousand, four hundred thirty-two dollars <sup>20</sup>/<sub>100</sub> DOLLARS



county auditor

FOR No IGT Refund





MEMORIAL MEDICAL CENTER

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

000238

Date 2-7-24

88-2265/1131

PAY

TO THE  
ORDER OF

MMC Operating

\$ 10,1670. <sup>52</sup>/<sub>100</sub>

Ten thousand, six hundred seventy dollars & <sup>52</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

county auditor

FOR No IGT Refund



County Treasurer  
Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH SOLERA  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001291

Date 2-7-24

88-2265/1131

PAY

TO THE  
ORDER OF

MMC Operating

\$ 10,233. <sup>12</sup>/<sub>100</sub>

Ten thousand, two hundred thirty-three dollars & <sup>12</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

county auditor

FOR No IGT Refund



County Treasurer  
Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000205

Date 2-7-24

88-2265/1131

PAY

TO THE  
ORDER OF

MMC Operating

\$ 24,759. <sup>09</sup>/<sub>100</sub>

Twenty-four thousand, seven hundred fifty-nine dollars & <sup>09</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

county auditor

FOR No IGT Refund



County Treasurer  
Security features are included. Details on back.

CRESCENT

# MEMORIAL MEDICAL CENTER CHECK REQUEST

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Date Requested: 2/5/2024

**APPROVED ON**  
**FEB 05 2024**  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CHK# 00324

| 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 |

AMOUNT: \$ 18,900.00 ✓ G/L NUMBER: 10255040

EXPLANATION: ~~QIPP YEAR 6 IGT REFUND HOPSITAL PORTION~~ Claim payment transfer  
from crescent to Tuscany

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: Andrew S. [Signature]

215/24



MEMORIAL MEDICAL CENTER

NH CRESCENT  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

000326

88-2265/1131

Date 2-7-24

PAY

TO THE  
ORDER OF

Tuscany Village

\$ 18,900.<sup>00</sup>/<sub>100</sub>

Eighteen thousand, nine hundred dollars & <sup>00</sup>/<sub>100</sub>

DOLLARS



PROSPERITY  
BANK

county auditor

FOR

Claim payments



MP  
SECURITY  
Included Details on back

0

RUN DATE:02/07/24  
TIME:10:49

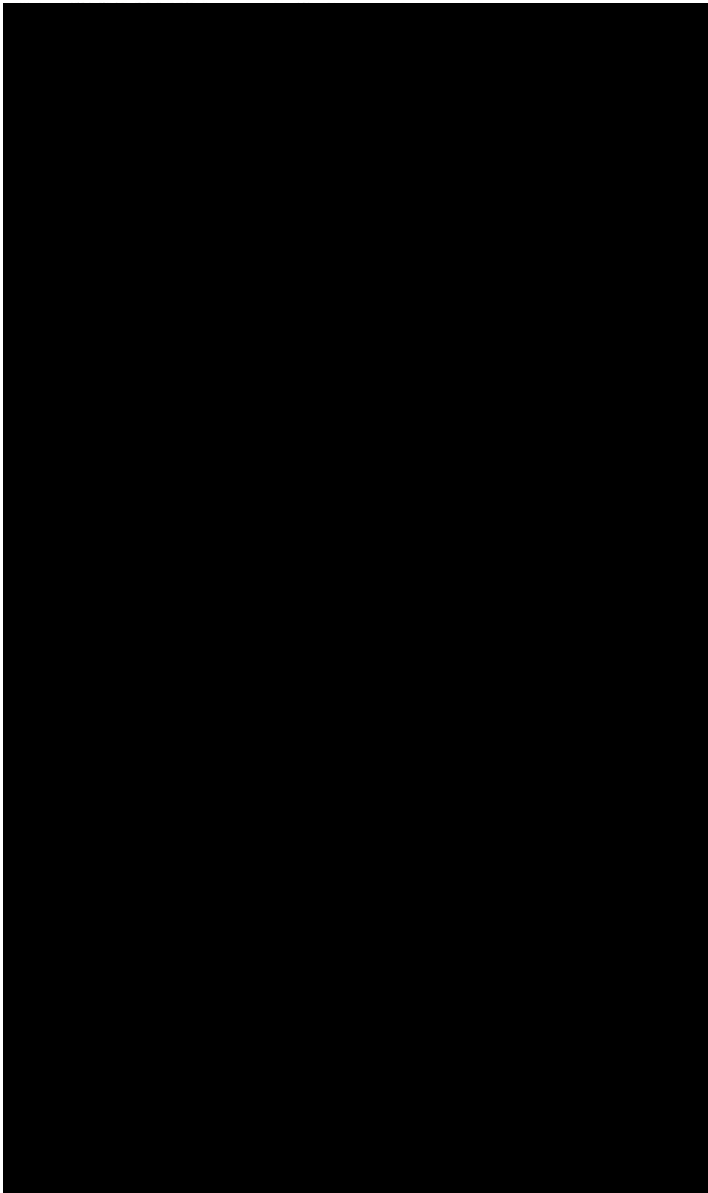
MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
02/07/24 THRU 02/07/24

PAGE 1  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG \* 000205 02/07/24 24,759.09 MMC OPERATING  
NHF \* 000238 02/07/24 10,670.52 MMC OPERATING  
NHB \* 000266 02/07/24 12,645.12 MMC OPERATING  
NHC \* 000324 02/07/24 9,432.20 MMC OPERATING  
NHC \* 000326 02/07/24 18,900.00 TUSCANY  
BSL 001035 02/07/24 7,797.60CR MMC OPERATING  
BSL \* 001036 02/07/24 7,797.60 MMC OPERATING  
NHA \* 001230 02/07/24 34,181.19 MMC OPERATING  
NHS \* 001291 02/07/24 10,233.12 MMC OPERATING



QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

2/7/2024

| NH Name        | From Bank Acct #      | Ck # | Payee                               | GL #     | Y6 IGT REFUND     |  |   |   | TOTAL     | Date              |          |
|----------------|-----------------------|------|-------------------------------------|----------|-------------------|--|---|---|-----------|-------------------|----------|
| Ashford ✓      | 10000018 - Prosperity |      | MMC -Prosperity Operating #10000001 | 10255040 | 34,181.19         |  |   |   | 34,181.19 | 2/7/2024          |          |
| Broadmoor ✓    | 10000019 - Prosperity |      | MMC -Prosperity Operating #10000001 | 10255040 | 12,645.12         |  |   |   | 12,645.12 | 2/7/2024          |          |
| Crescent ✓     | 10000020 - Prosperity |      | MMC -Prosperity Operating #10000001 | 10255040 | 9,432.20          |  |   |   | 9,432.20  | 2/7/2024          |          |
| Fort Bend ✓    | 10000021 - Prosperity |      | MMC -Prosperity Operating #10000001 | 10255040 | 10,670.52         |  |   |   | 10,670.52 | 2/7/2024          |          |
| Solera ✓       | 10000022 - Prosperity |      | MMC -Prosperity Operating #10000001 | 10255040 | 10,233.12         |  |   |   | 10,233.12 | 2/7/2024          |          |
| Golden Creek ✓ | 10000023 - Prosperity |      | MMC -Prosperity Operating #10000001 | 10255040 | 24,759.09         |  |   |   | 24,759.09 | 2/7/2024          |          |
| Bethany        | 10000026 - Prosperity |      | MMC -Prosperity Operating #10000001 | 10255040 |                   |  |   |   | -         | 2/7/2024          |          |
| Tuscany        | 10000015 - Prosperity |      | MMC -Prosperity Operating #10000001 | 10255040 |                   |  |   |   | -         | 2/7/2024          |          |
|                |                       |      | <b>Total:</b>                       |          | <b>101,921.24</b> |  | - | - | -         | <b>101,921.24</b> | 2/7/2024 |

Note:

*Andrew De Los Santos*  
 Approved:  
 ANDREW DE LOS SANTOS 2/5/2024