

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 14, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,676,047.51	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 114,324.88	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 814,461.51	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED February 14, 2024	\$ 2,604,833.90	✓

APPROVED

FEB 14 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 14, 2024

PAYABLES AND PAYROLL

2/9/2024 Weekly Payables	550,538.90
2/9/2024 Citibank Credit Card-see attached	2,386.38
2/12/2024 Lowe's Business/SYNCB-supplies and late fee	567.94
2/12/2024 Discovery Medical Network-physician services 1/16-31/24	221,499.34
2/12/2024 Great American Financial Services-copier leases	10,525.69
2/12/2024 Texas Mutal-insurance	4,684.00
2/13/2024 HHSC-Repayment of uncompensated care demonstration year 8 overpayment	326,650.15
2/12/2024 McKesson-340B Prescription Expense	5,635.35
2/12/2024 Amerisource Bergen-340B Prescription Expense	601.87
2/12/2024 Payroll Liabilities -Payroll Taxes	115,981.52
2/12/2024 Payroll	372,101.33

Prosperity Electronic Bank Payments

2/5-2/6/24 Credit Card & Lease Fees	764.06
2/19/2024 Sales Tax for January 2024	1,875.13
2/7/2024 Cleargage-Patient Financing Service	117.37
2/5-2/9/24 Pay Plus-Patient Claims Processing Fee	466.65
2/13/2024 Comerica Bank-Captive Ins.-required non-premium funding 23-24 program year	60,284.00
2/14/2024 Health Equity-HSA Contributions	1,367.83

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 1,676,047.51

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

2/8/2024 MMC Operating to Solera-correction of nursing home insurance payment deposited into MMC Operating	13,327.67
2/8/2024 MMC Operating to The Crescent-correction of nursing home insurance payment deposited into MMC Operating in error	16,720.00
2/8/2024 MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating in error	8,930.56
2/8/2024 MMC Operating to Gulf Pointe Plaza - correction of nursing home insurance payment and QIPP deposited into MMC Operating in error	22,108.10
2/8/2024 MMC Operating to Tuscany Village-correction of nursing home QIPP payment deposited into MMC Operating in error	25,274.10
2/8/2024 MMC Operating to Bethany-correction of nursing home insurance payment and QIPP deposited into MMC Operating in error	27,964.45

TOTAL TRANSFERS BETWEEN FUNDS \$ 114,324.88

NURSING HOME UPL EXPENSES

2/12/2024 Nursing Home UPL-Cantex Transfer	615,285.82
2/12/2024 Nursing Home UPL-Nexion Transfer	34,979.90
2/12/2024 Nursing Home UPL-HMG Transfer	60,743.83
2/12/2024 Nursing Home UPL-Tuscany Transfer	33,529.69
2/12/2024 Nursing Home UPL-HSL Transfer	69,922.27

TOTAL NURSING HOME UPL EXPENSES \$ 814,461.51

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED February 14, 2024 \$ 2,604,833.90

RECEIVED BY THE COUNTY AUDITOR ON

02/08/2024

14:41

FEB 08 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 03/01/2024

0
ap_open_invoice.template

Vendor# Vendor Name

Vendor#	Vendor Name	Class	Pay Code								
11237	3WON, LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3641 ✓		01/31/202	01/08/202	02/08/202			1,194.00	0.00	0.00	1,194.00 ✓
	3697 ✓	CREDENTIALING	02/07/202	02/02/202	03/01/202			597.00	0.00	0.00	597.00 ✓
		PRACTIONER CREDENTIALING									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11237	3WON, LLC						1,791.00	0.00	0.00	1,791.00

Vendor#	Vendor Name	Class	Pay Code								
11283	ACE HARDWARE 15521 ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	113023		01/31/202	11/30/202	12/25/202			1,163.16	0.00	0.00	1,163.16 ✓
	123123	SUPPLIES (11/01/23 - 11/30/23)	01/31/202	12/31/202	01/25/202			533.00	0.00	0.00	533.00 ✓
	013124	Supplies (12/01/23 - 12/26/23)	02/08/202	01/31/202	02/25/202			889.51	0.00	0.00	889.51 ✓
		SUPPLIES (1/21/24 - 1/31/24)									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521						2,585.67	0.00	0.00	2,585.67

Vendor#	Vendor Name	Class	Pay Code								
10950	ACUTE CARE INC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV1675 ✓		02/01/202	02/01/202	02/20/202			1,400.00	0.00	0.00	1,400.00 ✓
		RIFD FEE									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC						1,400.00	0.00	0.00	1,400.00

Vendor#	Vendor Name	Class	Pay Code								
11960	ALAMO SCIENTIFIC, INC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	933937 ✓		01/31/202	01/29/202	02/07/202			149.00	0.00	0.00	149.00 ✓
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11960	ALAMO SCIENTIFIC, INC						149.00	0.00	0.00	149.00

Vendor#	Vendor Name	Class	Pay Code								
12232	ALCOR SCIENTIFIC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	164598 ✓		01/31/202	01/29/202	02/06/202			1,700.00	0.00	0.00	1,700.00 ✓
		CONTRACT ISED 2/27/24 - 2/26/25									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	12232	ALCOR SCIENTIFIC						1,700.00	0.00	0.00	1,700.00

Vendor#	Vendor Name	Class	Pay Code								
14028	AMAZON CAPITAL SERVICES ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1XQN-W43P-D6C7 ✓		01/31/202	01/16/202	02/15/202			-193.30	0.00	0.00	-193.30 ✓
		CREDIT									
	1XN6-GKRJ-1KV9 ✓		01/31/202	01/25/202	02/24/202			54.29	0.00	0.00	54.29 ✓
		SUPPLIES									
	1J7M-GROK-GQHW ✓		01/31/202	01/29/202	02/28/202			419.97	0.00	0.00	419.97 ✓
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES						280.96	0.00	0.00	280.96

Vendor#	Vendor Name	Class	Pay Code								
A2150	ANNOUNCEMENTS PLUS TOO AGAIN ✓	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	5513 ✓	PRINTING	02/07/202	02/02/202	02/12/202			82.99	0.00	0.00	82.99 ✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A2150	ANNOUNCEMENTS PLUS TOO AGAIN					82.99	0.00	0.00	82.99
Vendor#	Vendor Name	Class	Pay Code								
11756	AYA HEALTHCARE INC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3910744 ✓		01/31/202	01/25/202	02/25/202			4,515.75	0.00	0.00	4,515.75 ✓
	3927032 ✓	KARIANN DUNN (1112-1118/24) LVN ✓	02/07/202	02/01/202	02/29/202			972.00	0.00	0.00	972.00 ✓
		KARIANN DUNN 1/20/24 LVN ✓									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11756	AYA HEALTHCARE INC					5,487.75	0.00	0.00	5,487.75
Vendor#	Vendor Name	Class	Pay Code								
14088	AZALEA HEALTH ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	100374 ✓	MONTHLY PROCESSING - February 2024 ✓	02/07/202	02/01/202	02/17/202			594.00	0.00	0.00	594.00 ✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14088	AZALEA HEALTH					594.00	0.00	0.00	594.00
Vendor#	Vendor Name	Class	Pay Code								
B1150	BAXTER HEALTHCARE ✓	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	81671132 ✓	SUPPLIES	01/18/202	01/09/202	02/03/202			337.25	0.00	0.00	337.25 ✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE					337.25	0.00	0.00	337.25
Vendor#	Vendor Name	Class	Pay Code								
M2485	BAYER HEALTHCARE ✓	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6011009047 ✓	SUPPLIES	01/31/202	01/25/202	02/07/202			1,380.10	0.00	0.00	1,380.10 ✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE					1,380.10	0.00	0.00	1,380.10
Vendor#	Vendor Name	Class	Pay Code								
B1220	BECKMAN COULTER INC ✓	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	111089980 ✓	SUPPLIES	01/31/202	01/11/202	02/05/202			1,431.63	0.00	0.00	1,431.63 ✓
	111090501 ✓	FREIGHT	01/31/202	01/11/202	02/05/202			96.13	0.00	0.00	96.13 ✓
	5483472 ✓	CONTRACT	01/31/202	01/13/202	02/07/202			5,016.58	0.00	0.00	5,016.58 ✓
	111092203 ✓	CONTRACT	01/31/202	01/15/202	02/09/202			1,288.45	0.00	0.00	1,288.45 ✓
	111104636 ✓	CONTRACT	01/31/202	01/22/202	02/16/202			1,486.90	0.00	0.00	1,486.90 ✓
	11119445 ✓	SUPPLIES	01/31/202	01/23/202	02/17/202			113.41	0.00	0.00	113.41 ✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC					9,433.10	0.00	0.00	9,433.10
Vendor#	Vendor Name	Class	Pay Code								
13972	BEYER MECHANICAL LTD ✓										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN-034725		01/02/202	12/06/202	12/06/202			3,383.65	0.00	0.00	3,383.65
<i>Replace dual unit valve, union, gages, pipe</i>										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		13972	BEYER MECHANICAL LTD				3,383.65	0.00	0.00	3,383.65
Vendor#	Vendor Name		Class	Pay Code						
B1655	BOSTON SCIENTIFIC CORPORATION		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
996389980		01/31/202	01/03/202	01/31/202			773.00	0.00	0.00	773.00
SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		B1655	BOSTON SCIENTIFIC CORPORATION				773.00	0.00	0.00	773.00
Vendor#	Vendor Name		Class	Pay Code						
B1800	BRIGGS HEALTHCARE		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B450854		01/31/202	01/23/202	02/07/202			152.90	0.00	0.00	152.90
SUPPLIES										
B451145		01/31/202	01/25/202	02/07/202			152.90	0.00	0.00	152.90
SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE				305.80	0.00	0.00	305.80
Vendor#	Vendor Name		Class	Pay Code						
15248	BRIGHTLY SOFTWARE INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV-215308		01/31/202	06/29/202	07/29/202			5,563.27	0.00	0.00	5,563.27
WORX HUB										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15248	BRIGHTLY SOFTWARE INC.				5,563.27	0.00	0.00	5,563.27
Vendor#	Vendor Name		Class	Pay Code						
B0437	C R BARD INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
86855509		01/31/202	01/03/202	02/02/202			178.86	0.00	0.00	178.86
SUPPLIES										
86930908		01/31/202	01/23/202	02/22/202			178.86	0.00	0.00	178.86
SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		B0437	C R BARD INC				357.72	0.00	0.00	357.72
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
52842105		01/31/202	01/29/202	02/28/202			693.71	0.00	0.00	693.71
<i>ELECTRICITY - 701 N. Virginia St. (12/18-1/19/24)</i>										
52816136		01/31/202	01/29/202	02/28/202			8.47	0.00	0.00	8.47
<i>ELECTRICITY - 815 N. Virginia St. (11/17-12/20/23)</i>										
52848558		01/31/202	01/29/202	02/28/202			19.92	0.00	0.00	19.92
<i>ELECTRICITY - Hospital St ODL (12/18-1/19/24)</i>										
52841137		01/31/202	01/29/202	02/29/202			31,633.77	0.00	0.00	31,633.77
<i>ELECTRICITY Hospital St (12/17-1/18/24)</i>										
52848555		01/31/202	01/29/202	02/29/202			1,625.53	0.00	0.00	1,625.53
<i>ELECTRICITY 1016 N. Virginia St (12/18-1/19/24)</i>										
020624		02/08/202	02/09/202				150,000.00	0.00	0.00	150,000.00
LOAN PMT 8										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY				183,981.40	0.00	0.00	183,981.40
Vendor#	Vendor Name		Class	Pay Code						
C1325	CARDINAL HEALTH 414, INC.		W							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003409751	SUPPLIES	01/31/202	01/20/202	02/14/202			172.20	0.00	0.00	172.20
Vendor Totals: Number Name Gross Discount No-Pay Net										
	C1325 CARDINAL HEALTH 414, INC.						795.76	0.00	0.00	795.76
8003416590	SUPPLIES	01/31/202	01/21/202	02/15/202			623.56	0.00	0.00	623.56
Vendor Totals: Number Name Gross Discount No-Pay Net										
	C1992 CDW GOVERNMENT, INC.						3,078.92	0.00	0.00	3,078.92
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
NW29311	SUPPLIES	01/31/202	01/05/202	02/04/202			3,078.92	0.00	0.00	3,078.92
Vendor Totals: Number Name Gross Discount No-Pay Net										
	C1992 CDW GOVERNMENT, INC.						3,078.92	0.00	0.00	3,078.92
Vendor#	Vendor Name				Class	Pay Code				
13000	CLEARFLY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV579707	TELEPHONE	02/07/202	02/01/202	02/15/202			1,207.79	0.00	0.00	1,207.79
Vendor Totals: Number Name Gross Discount No-Pay Net										
	13000 CLEARFLY						1,207.79	0.00	0.00	1,207.79
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OE-QT-25412-1	SUPPLIES	01/31/202	01/29/202	02/08/202			926.00	0.00	0.00	926.00
Vendor Totals: Number Name Gross Discount No-Pay Net										
	C1166 COASTAL OFFICE SOLUTONS						926.00	0.00	0.00	926.00
Vendor#	Vendor Name				Class	Pay Code				
11030	COMBINED INSURANCE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011524	PAYROLL DEDUCT	01/31/202	01/15/202	02/14/202			524.56	0.00	0.00	524.56
Vendor Totals: Number Name Gross Discount No-Pay Net										
	11030 COMBINED INSURANCE						524.56	0.00	0.00	524.56
Vendor#	Vendor Name				Class	Pay Code				
13232	COMPADRES DESIGN INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45196	TROUBLE SHOOT	02/08/202	02/09/202	02/09/202			316.23	0.00	0.00	316.23
Vendor Totals: Number Name Gross Discount No-Pay Net										
	13232 COMPADRES DESIGN INC						316.23	0.00	0.00	316.23
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
10448711	SUPPLIES	01/31/202	01/03/202	01/08/202			373.62	0.00	0.00	373.62
10470325	SUPPLIES	01/31/202	01/26/202	02/07/202			351.43	0.00	0.00	351.43
Vendor Totals: Number Name Gross Discount No-Pay Net										
	C1970 CONMED CORPORATION						725.05	0.00	0.00	725.05
Vendor#	Vendor Name				Class	Pay Code				
10060	DETAR HOSPITAL				ICP					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2401024	LAB SERV	02/08/202	02/02/202	02/29/202			116.20	0.00	0.00	116.20

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		10060	DE TAR HOSPITAL	116.20	0.00	0.00	116.20			
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
744300-0 ✓		01/31/202	01/24/202	02/18/202			228.54	0.00	0.00	228.54 ✓
	SUPPLIES									
744300-1 ✓		01/31/202	01/26/202	02/20/202			77.44	0.00	0.00	77.44 ✓
	SUPPLIES									
742317-0 ✓		01/31/202	01/26/202	02/20/202			79.62	0.00	0.00	79.62 ✓
	SUPPLIES									
744300-2 ✓		01/31/202	01/30/202	02/24/202			61.20	0.00	0.00	61.20 ✓
	SUPPLIES									
744642-0 ✓		01/31/202	01/31/202	02/25/202			233.26	0.00	0.00	233.26 ✓
	SUPPLIES									
744938-0 ✓		01/31/202	02/02/202	02/27/202			97.44	0.00	0.00	97.44 ✓
	SUPPLIES									
744880-0 ✓		02/02/202	02/02/202	02/27/202			129.34	0.00	0.00	129.34 ✓
	SUPPLIES									

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		10368	DEWITT POTH & SON	906.84	0.00	0.00	906.84			
Vendor#	Vendor Name	Class	Pay Code							
11011	DIAMOND HEALTHCARE CORP ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056084 ✓		02/07/202	02/01/202	02/26/202			31,144.58	0.00	0.00	31,144.58 ✓
	JAN BEHAV HEALTH									
IN20056085 ✓		02/07/202	02/01/202	02/26/202			19,166.67	0.00	0.00	19,166.67 ✓
	JAN CPR									

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		11011	DIAMOND HEALTHCARE CORP	50,311.25	0.00	0.00	50,311.25			
Vendor#	Vendor Name	Class	Pay Code							
G0501	DR JEANNINE GRIFFIN ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011724		01/31/202	01/17/202	02/01/202			1,000.00	0.00	0.00	1,000.00 ✓
	PEDIATRIC CALL (12/22-12/23/23)									
020624		01/31/202	01/28/202	02/06/202			3,000.00	0.00	0.00	3,000.00 ✓
	PEDIATRIC CALL (1/5/24-1/7/24) (1/24-1/25/24)									

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		G0501	DR JEANNINE GRIFFIN	4,000.00	0.00	0.00	4,000.00			
Vendor#	Vendor Name	Class	Pay Code							
14832	DR JOHN CLINTON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112723		01/31/202	12/13/202	12/15/202			2,000.00	0.00	0.00	2,000.00 ✓
	PEDIATRIC CALL (11/10-11/12/23) (11/27/23)									
011724		01/31/202	01/17/202	02/01/202			1,800.00	0.00	0.00	1,800.00 ✓
	PEDIATRIC CALL (12/4/23) (12/8/23-12/10/23)									

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		14832	DR JOHN CLINTON	3,800.00	0.00	0.00	3,800.00			
Vendor#	Vendor Name	Class	Pay Code							
W1372	DR. JOHN WRIGHT ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112623		01/31/202	12/13/202	12/14/202			3,000.00	0.00	0.00	3,000.00 ✓
	PEDIATRIC CALL (11/3-11/5/23) (11/24-11/24/23)									
011724		01/31/202	01/17/202	01/18/202			6,000.00	0.00	0.00	6,000.00 ✓
	PEDIATRIC CALL (12/1-12/3/23) (12/15-12/17/23) (12/24-12/26/23) (12/29-12/31/23)									
020624		01/31/202	02/06/202	02/06/202			1,500.00	0.00	0.00	1,500.00 ✓

PEDIATRIC CALL (1119-1121124)

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1372	DR. JOHN WRIGHT	10,500.00	0.00	0.00	10,500.00 ✓

Vendor#	Vendor Name	Class	Pay Code
14924	DR. TIMU KWI ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
013124		01/31/202	02/06/202	02/15/202			2,000.00	0.00	0.00	2,000.00 ✓

PEDIATRIC CALL (1112-1114124) (11131124)

112324		01/31/202	12/13/202	01/13/202			3,500.00	0.00	0.00	3,500.00 ✓
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PEDIATRIC CALL (111171-11114123) (1122-1123124)

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI	5,500.00	0.00	0.00	5,500.00

Vendor#	Vendor Name	Class	Pay Code
12044	DRIESSEN WATER INC. (CULLIGAN) ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
01312024		01/31/202	01/31/202	02/22/202			760.20	0.00	0.00	760.20 ✓

WATER

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12044	DRIESSEN WATER INC. (CULLIGAN)	760.20	0.00	0.00	760.20

Vendor#	Vendor Name	Class	Pay Code
14508	EITAN GROUP NORTH AMERICA, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN-10-47154 ✓		01/31/202	01/22/202	02/22/202			321.26	0.00	0.00	321.26 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14508	EITAN GROUP NORTH AMERICA, INC	321.26	0.00	0.00	321.26

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
42934 ✓		01/31/202	01/31/202	02/10/202			175.00	0.00	0.00	175.00 ✓

THOMPSON (1213123)

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	175.00	0.00	0.00	175.00

Vendor#	Vendor Name	Class	Pay Code
14708	EQUALIZE RCM SERVICES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
534473 ✓		02/07/202	02/01/202	03/01/202			5,500.00	0.00	0.00	5,500.00 ✓

KPI/REVENUE CYCLE/AR PERSO

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14708	EQUALIZE RCM SERVICES	5,500.00	0.00	0.00	5,500.00

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP. ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8-354-99996 ✓		01/31/202	12/21/202	01/15/202			105.30	0.00	0.00	105.30 ✓

FREIGHT

8-375-03009 ✓		01/31/202	01/11/202	02/05/202			43.69	0.00	0.00	43.69 ✓
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FREIGHT

8-381-39267 ✓		01/31/202	01/18/202	02/12/202			81.02	0.00	0.00	81.02 ✓
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FREIGHT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	230.01	0.00	0.00	230.01

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3097610 ✓		01/01/202	05/18/202	06/12/202			3,157.20	0.00	0.00	3,157.20 ✓

SUPPLIES

6530067 ✓		01/01/202 09/27/202 10/22/202	361.41	0.00	0.00	361.41 ✓
	SUPPLIES					
8314302 ✓		01/02/202 12/07/202 01/01/202	15,154.36	0.00	0.00	15,154.36 ✓
	SUPPLIES					
8819891 ✓		01/25/202 01/03/202 01/28/202	426.23	0.00	0.00	426.23 ✓
	SUPPLIES					
9146686 ✓		01/25/202 01/17/202 02/11/202	127.22	0.00	0.00	127.22 ✓
	SUPPLIES					
8988190 ✓		01/31/202 01/10/202 02/04/202	682.80	0.00	0.00	682.80 ✓
	SUPPLIES					
9249469 ✓		01/31/202 01/22/202 02/16/202	203.50	0.00	0.00	203.50 ✓
	SUPPLIES					
9287117 ✓		01/31/202 01/23/202 02/17/202	356.00	0.00	0.00	356.00 ✓
	SUPPLIES					
9287116 ✓		01/31/202 01/23/202 02/17/202	1,972.36	0.00	0.00	1,972.36 ✓
	SUPPLIES					
9287115 ✓		01/31/202 01/23/202 02/17/202	356.00	0.00	0.00	356.00 ✓
	SUPPLIES					
9326121 ✓		01/31/202 01/24/202 02/18/202	260.13	0.00	0.00	260.13 ✓
	SUPPLIES					
9364140 ✓		01/31/202 01/25/202 02/19/202	3,687.53	0.00	0.00	3,687.53 ✓
	SUPPLIES					
9364141 ✓		01/31/202 01/25/202 02/19/202	612.56	0.00	0.00	612.56 ✓
	SUPPLIES					
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net
	F1400 FISHER HEALTHCARE		27,357.30	0.00	0.00	27,357.30

Vendor#	Vendor Name		Class	Pay Code						
10599	FORVIS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1974657 ✓		01/31/202	01/29/202	02/23/202			6,116.25	0.00	0.00	6,116.25 ✓
	OB /BEHAV HEALTH SERV									
1973913 ✓		01/31/202	01/31/202	02/25/202			3,150.00	0.00	0.00	3,150.00 ✓
	AUDIT FEES									
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	10599 FORVIS		9,266.25	0.00	0.00	9,266.25				

Vendor#	Vendor Name		Class	Pay Code						
11183	FRONTIER ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012324		01/31/202	01/23/202	02/16/202			25.83	0.00	0.00	25.83 ✓
	PHONE									
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	11183 FRONTIER		25.83	0.00	0.00	25.83				

Vendor#	Vendor Name		Class	Pay Code						
12404	GE PRECISION HEALTHCARE, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002594114 ✓		02/07/202	02/01/202	03/01/202			3,588.58	0.00	0.00	3,588.58 ✓
	IMAGING CONTRACT									
6002594121 ✓		02/07/202	02/01/202	03/01/202			5,665.83	0.00	0.00	5,665.83 ✓
	IMAGING CONTRACT									
6002594117 ✓		02/07/202	02/01/202	03/01/202			61.67	0.00	0.00	61.67 ✓
	IMAGING CONTRACT									
6002594437 ✓		02/07/202	02/01/202	03/01/202			998.34	0.00	0.00	998.34 ✓
	IMAGING CONTRACT									
6002594116 ✓		02/07/202	02/01/202	03/01/202			2,422.50	0.00	0.00	2,422.50 ✓
	IMAGING CONTRACT									
6002594115 ✓		02/07/202	02/01/202	03/01/202			86.67	0.00	0.00	86.67 ✓

IMAGING CONTRACT

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		12404	GE PRECISION HEALTHCARE, LLC		12,823.59	0.00	0.00	12,823.59		
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
9975195695 ✓		01/31/202	01/25/202	02/19/202			178.24	0.00	0.00	178.24 ✓
SUPPLIES										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		W1300	GRAINGER		178.24	0.00	0.00	178.24		
Vendor#	Vendor Name		Class	Pay Code						
G0401	GULF COAST DELIVERY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
013124		01/31/202	01/19/202	02/18/202			25.00	0.00	0.00	25.00 ✓
SLIDES 1/19/24										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		G0401	GULF COAST DELIVERY		25.00	0.00	0.00	25.00		
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
2496500 ✓		01/31/202	01/30/202	02/29/202			883.11	0.00	0.00	883.11 ✓
SUPPLIES										
2496496 ✓		01/31/202	01/30/202	02/29/202			197.12	0.00	0.00	197.12 ✓
SUPPLIES										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		G1210	GULF COAST PAPER COMPANY		1,080.23	0.00	0.00	1,080.23		
Vendor#	Vendor Name		Class	Pay Code						
H0032	H + H SYSTEM, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042771 ✓		01/31/202	01/24/202	02/07/202			64.62	0.00	0.00	64.62 ✓
SUPPLIES										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		H0032	H + H SYSTEM, INC.		64.62	0.00	0.00	64.62		
Vendor#	Vendor Name		Class	Pay Code						
12380	HEALTH SOLUTIONS DIETETICS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012624		01/31/202	01/31/202	02/29/202			3,400.00	0.00	0.00	3,400.00 ✓
DIETICIAN SERV (115-1128124)										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		12380	HEALTH SOLUTIONS DIETETICS		3,400.00	0.00	0.00	3,400.00		
Vendor#	Vendor Name		Class	Pay Code						
11552	HEALTHCARE FINANCIAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100852384 ✓		02/07/202	01/26/202	03/01/202			4,610.52	0.00	0.00	4,610.52 ✓
LEASE										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11552	HEALTHCARE FINANCIAL SERVICES		4,610.52	0.00	0.00	4,610.52		
Vendor#	Vendor Name		Class	Pay Code						
14916	HEWLETT-PACKARD ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
601020978 ✓		02/01/202	02/01/202	03/01/202			573.53	0.00	0.00	573.53 ✓
RENTAL										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14916	HEWLETT-PACKARD		573.53	0.00	0.00	573.53		
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
EZ23660		01/31/202	01/26/202	02/10/202			6,537.73	0.00	0.00	6,537.73
FUEL SYSTEM TEST										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12868 HOLT CAT							6,537.73	0.00	0.00	6,537.73
Vendor#	Vendor Name	Class		Pay Code						
11200	IRON MOUNTAIN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
JDRV240		01/31/202	01/31/202	02/25/202			1,343.17	0.00	0.00	1,343.17
SHRED										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11200 IRON MOUNTAIN							1,343.17	0.00	0.00	1,343.17
Vendor#	Vendor Name	Class		Pay Code						
11285	ITA RESOURCES INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC022024		01/31/202	01/31/202	02/20/202			28,871.72	0.00	0.00	28,871.72
RESPIRATORY SERV										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11285 ITA RESOURCES INC							28,871.72	0.00	0.00	28,871.72
Vendor#	Vendor Name	Class		Pay Code						
11108	ITERSOURCE CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711728		01/31/202	01/31/202	02/01/202			3,911.46	0.00	0.00	3,911.46
XIQ PILOT										
711734		02/06/202	02/01/202	02/02/202			250.00	0.00	0.00	250.00
MONTHLY PHONE SUPPORT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11108 ITERSOURCE CORPORATION							4,161.46	0.00	0.00	4,161.46
Vendor#	Vendor Name	Class		Pay Code						
L1288	LANGUAGE LINE SERVICES	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11212941		01/31/202	01/31/202	02/25/202			75.68	0.00	0.00	75.68
INTEREPRETATION SERV										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
L1288 LANGUAGE LINE SERVICES							75.68	0.00	0.00	75.68
Vendor#	Vendor Name	Class		Pay Code						
11141	MEDICAL DATA SYSTEMS, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
188956		01/31/202	01/31/202	02/25/202			47.93	0.00	0.00	47.93
BUSINESS SERV										
189309		01/31/202	01/31/202	02/25/202			61.49	0.00	0.00	61.49
COLLECTION FEES										
189308		01/31/202	01/31/202	02/25/202			1,196.87	0.00	0.00	1,196.87
COLLECTION FEES										
198307		01/31/202	01/31/202	02/25/202			782.49	0.00	0.00	782.49
COLLECTION FEES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11141 MEDICAL DATA SYSTEMS, INC.							2,088.78	0.00	0.00	2,088.78
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
2291292134		01/01/202	10/25/202	11/19/202			15.54	0.00	0.00	15.54
SUPPLIES										
2300330090		01/02/202	12/27/202	01/21/202			726.92	0.00	0.00	726.92
SUPPLIES										
2300673344		01/02/202	12/29/202	01/23/202			35.03	0.00	0.00	35.03

2300935249	SUPPLIES	12.28 Supplies 22.75 Freight	01/02/202	12/30/202	01/24/202	29.61	0.00	0.00	29.61	✓
2301023712	SUPPLIES	4.57 supplies 25.02 Freight	01/02/202	12/31/202	01/25/202	50.58	0.00	0.00	50.58	✓
2301023713	SUPPLIES		01/02/202	12/31/202	01/25/202	959.47	0.00	0.00	959.47	✓
2301023714	SUPPLIES		01/02/202	12/31/202	01/25/202	4.47	0.00	0.00	4.47	✓
2301023710	SUPPLIES		01/02/202	12/31/202	01/25/202	45.12	0.00	0.00	45.12	✓
2301189791	SUPPLIES		01/10/202	01/03/202	01/28/202	31.05	0.00	0.00	31.05	✓
2302267027	SUPPLIES		01/17/202	01/09/202	02/03/202	-125.22	0.00	0.00	-125.22	✓
2302397719	CREDIT		01/17/202	01/10/202	02/04/202	1,709.43	0.00	0.00	1,709.43	✓
2302397721	SUPPLIES		01/17/202	01/10/202	02/04/202	22.56	0.00	0.00	22.56	✓
2302644479	SUPPLIES		01/17/202	01/11/202	02/05/202	469.76	0.00	0.00	469.76	✓
2302644478	SUPPLIES		01/17/202	01/11/202	02/05/202	1,332.74	0.00	0.00	1,332.74	✓
2302806521	SUPPLIES		01/17/202	01/12/202	02/06/202	564.94	0.00	0.00	564.94	✓
2304589609	SUPPLIES		01/31/202	01/24/202	02/18/202	1,002.81	0.00	0.00	1,002.81	✓
2304589608	SUPPLIES		01/31/202	01/24/202	02/18/202	22.56	0.00	0.00	22.56	✓
2304764908	SUPPLIES		01/31/202	01/25/202	02/19/202	55.53	0.00	0.00	55.53	✓
2304968660	SUPPLIES		01/31/202	01/26/202	02/20/202	420.24	0.00	0.00	420.24	✓
2305401708	SUPPLIES		01/31/202	01/30/202	02/24/202	25.11	0.00	0.00	25.11	✓
2305401709	SUPPLIES	1.14 supplies 23.97 Freight	01/31/202	01/30/202	02/24/202	19.68	0.00	0.00	19.68	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	7,417.93	0.00	0.00	7,417.93

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
CM87431 ✓		01/31/202	01/18/202	01/28/202			-2.66	0.00	0.00	-2.66 ✓
	CREDIT									
1575617 ✓		01/31/202	01/29/202	02/08/202			39.41	0.00	0.00	39.41 ✓
	INVENTORY									
1579728 ✓		01/31/202	01/29/202	02/08/202			109.40	0.00	0.00	109.40 ✓
	INVENTORY									
1574248 ✓		01/31/202	01/29/202	02/08/202			9.53	0.00	0.00	9.53 ✓
	INVENTORY									
1574249 ✓		01/31/202	01/29/202	02/08/202			87.34	0.00	0.00	87.34 ✓
	INVENTORY									
1579729 ✓		01/31/202	01/30/202	02/09/202			1,058.73	0.00	0.00	1,058.73 ✓
	INVENTORY									
1577478 ✓		01/31/202	01/30/202	02/09/202			41.22	0.00	0.00	41.22 ✓
	INVENTORY									

1584916	✓		01/31/202	01/31/202	02/10/202		191.70	0.00	0.00	191.70	✓
		INVENTORY									
1584018	✓		01/31/202	01/31/202	02/10/202		67.76	0.00	0.00	67.76	✓
		INVENTORY									
1584779	✓		01/31/202	01/31/202	02/10/202		78.59	0.00	0.00	78.59	✓
		INVENTORY									
1582972	✓		01/31/202	01/31/202	02/10/202		115.41	0.00	0.00	115.41	✓
		INVENTORY									
1584780	✓		01/31/202	01/31/202	02/10/202		88.05	0.00	0.00	88.05	✓
		INVENTORY									
1585455	✓		01/31/202	01/31/202	02/10/202		466.25	0.00	0.00	466.25	✓
		INVENTORY									
1584121	✓		01/31/202	01/31/202	02/10/202		323.85	0.00	0.00	323.85	✓
		INVENTORY									
1588216	✓		02/01/202	02/01/202	02/11/202		68.32	0.00	0.00	68.32	✓
		INVENTORY									
1589993	✓		02/01/202	02/01/202	02/11/202		56.06	0.00	0.00	56.06	✓
		INVENTORY									
1589992	✓		02/01/202	02/01/202	02/11/202		405.36	0.00	0.00	405.36	✓
		INVENTORY									
1588217	✓		02/01/202	02/01/202	02/11/202		0.19	0.00	0.00	0.19	✓
		INVENTORY									
1596182	✓		02/01/202	02/04/202	02/14/202		583.48	0.00	0.00	583.48	✓
		INVENTORY									
1597017	✓		02/01/202	02/04/202	02/14/202		8,492.35	0.00	0.00	8,492.35	✓
		INVENTORY									
1596180	✓		02/01/202	02/04/202	02/14/202		8.11	0.00	0.00	8.11	✓
		INVENTORY									
1596179	✓		02/01/202	02/04/202	02/14/202		376.59	0.00	0.00	376.59	✓
		INVENTORY									
1596181	✓		02/01/202	02/04/202	02/14/202		246.80	0.00	0.00	246.80	✓
		INVENTORY									
1601725	✓		02/07/202	02/05/202	02/15/202		116.86	0.00	0.00	116.86	✓
		INVENTORY									
CM91971	✓		02/07/202	02/06/202	02/16/202		-180.47	0.00	0.00	-180.47	✓
		CREDIT									
1604390	✓		02/07/202	02/06/202	02/16/202		7,242.61	0.00	0.00	7,242.61	✓
		INVENTORY									
1605048	✓		02/07/202	02/06/202	02/16/202		463.43	0.00	0.00	463.43	✓
		INVENTORY									
1608957	✓		02/07/202	02/06/202	02/16/202		3,168.02	0.00	0.00	3,168.02	✓
		INVENTORY									
CM91972	✓		02/07/202	02/06/202	02/16/202		-7,244.83	0.00	0.00	-7,244.83	✓
		CREDIT									
1608956	✓		02/07/202	02/06/202	02/16/202		146.14	0.00	0.00	146.14	✓
		INVENTORY									
1604391	✓		02/07/202	02/06/202	02/16/202		15,246.44	0.00	0.00	15,246.44	✓
		INVENTORY									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC		31,870.04	0.00	0.00	31,870.04

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
8801111690	✓	01/31/202	01/30/202	02/29/202			173.73	0.00	0.00	173.73
	SUPPLIES									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
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M2659	MXR IMAGING, INC						173.73	0.00	0.00	173.73
Vendor#	Vendor Name						Class	Pay Code		
13548	NACOGDOCHES TRANSCRIPTION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8255 ✓		01/31/202	01/24/202	02/03/202			193.03	0.00	0.00	193.03 ✓
	TRANSCRIPTION <i>Late Fee of 9.13 and 9.18 included (12/23-1/5/24)</i>									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION					193.03	0.00	0.00	193.03

Vendor#	Vendor Name						Class	Pay Code		
11198	NORTH COAST MEDICAL INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5063731 ✓		01/31/202	01/25/202	02/24/202			95.30	0.00	0.00	95.30 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11198	NORTH COAST MEDICAL INC					95.30	0.00	0.00	95.30

Vendor#	Vendor Name						Class	Pay Code		
11472	OCCUPRO LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
34316 ✓		02/08/202	02/07/202	03/01/202			472.50	0.00	0.00	472.50 ✓
	MONTHLY LICENSE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC					472.50	0.00	0.00	472.50

Vendor#	Vendor Name						Class	Pay Code		
O1416	ORTHO CLINICAL DIAGNOSTICS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1853368059 ✓		01/31/202	01/26/202	02/25/202			190.04	0.00	0.00	190.04 ✓
	SUPPLIES									
1853370157 ✓		01/31/202	01/29/202	02/28/202			752.16	0.00	0.00	752.16 ✓
	SUPPLIES									
1853374154 ✓		01/31/202	01/30/202	02/29/202			279.62	0.00	0.00	279.62 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS					1,221.82	0.00	0.00	1,221.82

Vendor#	Vendor Name						Class	Pay Code		
P2200	POWER HARDWARE ✓						W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020524		02/08/202	02/05/202	02/15/202			131.90	0.00	0.00	131.90
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE					131.90	0.00	0.00	131.90

Vendor#	Vendor Name						Class	Pay Code		
11932	PRESS GANEY ASSOCIATES, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000632755 ✓		01/31/202	01/31/202	02/29/202			2,729.72	0.00	0.00	2,729.72 ✓
	CONTRACT FEES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASSOCIATES, INC.					2,729.72	0.00	0.00	2,729.72

Vendor#	Vendor Name						Class	Pay Code		
10936	SIEMENS FINANCIAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382400024029 ✓		01/31/202	01/24/202	02/13/202			4,038.24	0.00	0.00	4,038.24 ✓
	RENTAL <i>late charge 62.50</i>									
56382400025141 ✓		01/31/202	01/30/202	02/19/202			1,333.33	0.00	0.00	1,333.33 ✓
	RENTAL									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					5,371.57	0.00	0.00	5,371.57

Vendor#	Vendor Name	Class	Pay Code							
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116490025 ✓		01/31/202	01/16/202	02/10/202			2,451.95	0.00	0.00	2,451.95 ✓
	SYMBIA EVO CONTRACT									
116492739 ✓		01/31/202	01/24/202	02/18/202			3,402.25	0.00	0.00	3,402.25 ✓
	CONTRACT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					5,854.20	0.00	0.00	5,854.20

Vendor#	Vendor Name	Class	Pay Code							
10699	SIGN AD, LTD. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
296833 ✓		02/08/202	02/01/202	02/11/202			410.00	0.00	0.00	410.00 ✓
	ADVERTISING									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.					410.00	0.00	0.00	410.00

Vendor#	Vendor Name	Class	Pay Code							
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
107032761 ✓		01/31/202	06/30/202	07/25/202			2,430.00	0.00	0.00	2,430.00 ✓
	BLOOD 6/30/23									
CM10513 ✓		01/31/202	09/15/202	10/10/202			-1,056.00	0.00	0.00	-1,056.00 ✓
	CREDIT 11/15/23									
107034519 ✓		01/31/202	09/15/202	10/10/202			2,376.00	0.00	0.00	2,376.00 ✓
	BLOOD 9/15/23									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					3,750.00	0.00	0.00	3,750.00

Vendor#	Vendor Name	Class	Pay Code							
C1010	SPARKLIGHT ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012624		01/31/202	01/26/202	01/27/202			1,842.00	0.00	0.00	1,842.00 ✓
	INTERNET									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT					1,842.00	0.00	0.00	1,842.00

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
1240000067 ✓		01/31/202	01/19/202	02/19/202			3,610.00	0.00	0.00	3,610.00 ✓
	AMBER HELZER (115-11/7/24) ER RN									
1240000099 ✓		01/31/202	01/26/202	02/15/202			3,728.75	0.00	0.00	3,728.75 ✓
	AMBER HELZER (116-1/18/24) ER RN									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL					7,338.75	0.00	0.00	7,338.75

Vendor#	Vendor Name	Class	Pay Code							
10094	ST DAVIDS HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCP2023-12 ✓		01/31/202	01/25/202	02/25/202			420.00	0.00	0.00	420.00 ✓
	DEC CONNECTIVITY									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE					420.00	0.00	0.00	420.00

Vendor#	Vendor Name	Class	Pay Code							
10845	STAPLES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3556032525 ✓		01/02/202	12/31/202	01/30/202			379.84	0.00	0.00	379.84 ✓
	SUPPLIES									
3556032533 ✓		01/02/202	12/31/202	01/30/202			107.32	0.00	0.00	107.32 ✓

SUPPLIES										
Vendor#	Vendor Name	Class	Pay Code							
3556032534				01/02/202	12/31/202	01/31/202	18.39	0.00	0.00	18.39
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10845	STAPLES					505.55	0.00	0.00	505.55
Vendor#	Vendor Name	Class	Pay Code							
S3960	STERICYCLE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8005947103		02/06/202	01/18/202	02/17/202			2,495.69	0.00	0.00	2,495.69
WASTE DISPOSAL										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC					2,495.69	0.00	0.00	2,495.69
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
911474		01/31/202	01/31/202	02/29/202			12,620.42	0.00	0.00	12,620.42
PHYSICIAN TRACKING/HOSTING										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC					12,620.42	0.00	0.00	12,620.42
Vendor#	Vendor Name	Class	Pay Code							
T0420	TELEFLEX MEDICAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9507718477		01/02/202	11/20/202	12/20/202			541.00	0.00	0.00	541.00
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	T0420	TELEFLEX MEDICAL					541.00	0.00	0.00	541.00
Vendor#	Vendor Name	Class	Pay Code							
14856	TEXAS A&M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
H182134		01/31/202	01/30/202	02/05/202			6,825.00	0.00	0.00	6,825.00
INTERQUAL SERVICES YR 2										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	14856	TEXAS A&M					6,825.00	0.00	0.00	6,825.00
Vendor#	Vendor Name	Class	Pay Code							
15252	TEXAS DEPARTMENT OF STATE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020124		02/08/202	02/01/202	02/15/202			250.00	0.00	0.00	250.00
NEONATAL DESIGNATION FEE										
02012024		02/08/202	02/01/202	02/15/202			250.00	0.00	0.00	250.00
MATERNAL DESIGNATION FEE										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	15252	TEXAS DEPARTMENT OF STATE					500.00	0.00	0.00	500.00
Vendor#	Vendor Name	Class	Pay Code							
10765	TEXAS HOSPITAL ASSOCIATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020124		01/31/202	02/01/202	02/02/202			8,310.75	0.00	0.00	8,310.75
COMPASS -2024										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10765	TEXAS HOSPITAL ASSOCIATION					8,310.75	0.00	0.00	8,310.75
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
0023511		02/07/202	02/01/202	02/02/202			8,167.50	0.00	0.00	8,167.50
B BATES/ M MARITN										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC					8,167.50	0.00	0.00	8,167.50

Vendor#	Vendor Name	Class	Pay Code							
10985	THE COMPLIANCE TEAM, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00041172 ✓		01/31/202	01/24/202	01/24/202			1,115.99	0.00	0.00	1,115.99
	TRAVEL G NIZNIK 12/1/23									
00041173		01/31/202	01/24/202	01/25/202			336.08	0.00	0.00	336.08
	TRAVEL - S. DAY 1/9/24									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10985 THE COMPLIANCE TEAM, INC							1,452.07	0.00	0.00	1,452.07

Vendor#	Vendor Name	Class	Pay Code							
15120	TIGER SUPPLIES INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
000112986 ✓		01/31/202	01/08/202	02/08/202			901.00	0.00	0.00	901.00 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15120 TIGER SUPPLIES INC.							901.00	0.00	0.00	901.00

Vendor#	Vendor Name	Class	Pay Code							
T2250	TK ELEVATOR CORPORATION ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3007724214 ✓		02/07/202	02/01/202	02/02/202			1,534.62	0.00	0.00	1,534.62 ✓
	OIL/GREASE 2/4-4/30/23									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
T2250 TK ELEVATOR CORPORATION							1,534.62	0.00	0.00	1,534.62

Vendor#	Vendor Name	Class	Pay Code							
S1801	TRACI SHEFCIK ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020724		02/07/202	02/07/202	02/08/202			888.00	0.00	0.00	888.00 ✓
	DEA RENEWAL									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
S1801 TRACI SHEFCIK							888.00	0.00	0.00	888.00

Vendor#	Vendor Name	Class	Pay Code							
T3130	TRI-ANIM HEALTH SERVICES INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
600146236 ✓		01/31/202	01/22/202	02/16/202			416.51	0.00	0.00	416.51 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
T3130 TRI-ANIM HEALTH SERVICES INC							416.51	0.00	0.00	416.51

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
INV1796907317 ✓	4884	01/31/202	01/26/202	02/26/202			3,467.50	0.00	0.00	3,467.50 ✓
	STEVEN SHAW 1-14-1/20/24 1/5-1/7/24 CT Tech									
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							
13616	TRIOSE, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI173257 ✓		01/31/202	01/03/202	01/18/202			51.56	0.00	0.00	51.56 ✓
	FREIGHT									
TRI173973 ✓		01/31/202	01/10/202	01/25/202			77.72	0.00	0.00	77.72 ✓
	FREIGHT									
TRI174531 ✓		01/31/202	01/17/202	02/01/202			224.57	0.00	0.00	224.57 ✓
	FREIGHT									
TRI175128 ✓		01/31/202	01/23/202	02/07/202			256.90	0.00	0.00	256.90 ✓
	FREIGHT									
TRI175718 ✓		01/31/202	01/30/202	02/14/202			90.79	0.00	0.00	90.79 ✓

		FREIGHT								
0800019164		01/31/202	01/31/202	02/15/202		9.15	0.00	0.00	9.15	
		LATE FEE								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		13616	TRIOSE, INC			710.69	0.00	0.00	710.69	
Vendor#	Vendor Name		Class	Pay Code						
11001	ULINE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
173333623		01/31/202	01/18/202	02/17/202			1,117.95	0.00	0.00	1,117.95
		SUPPLIES								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		11001	ULINE			1,117.95	0.00	0.00	1,117.95	
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
2921023749		01/31/202	01/25/202	02/19/202			124.40	0.00	0.00	124.40
		LAUNDRY								
2921023747		01/31/202	01/25/202	02/19/202			254.19	0.00	0.00	254.19
		LAUNDRY								
2921023748		01/31/202	01/25/202	02/19/202			228.21	0.00	0.00	228.21
		LAUNDRY								
2921023743		01/31/202	01/25/202	02/19/202			162.58	0.00	0.00	162.58
		LAUNDRY								
2921023746		01/31/202	01/25/202	02/19/202			299.51	0.00	0.00	299.51
		LAUNDRY								
2921023745		01/31/202	01/25/202	02/19/202			29.95	0.00	0.00	29.95
		LAUNDRY								
2921023744		01/31/202	01/25/202	02/19/202			2,522.03	0.00	0.00	2,522.03
		LAUNDRY								
2921023742		01/31/202	01/25/202	02/19/202			123.11	0.00	0.00	123.11
		LAUNDRY								
2921023941		01/31/202	01/29/202	02/23/202			2,542.00	0.00	0.00	2,542.00
		LAUNDRY								
2921023942		01/31/202	01/29/202	02/23/202			91.80	0.00	0.00	91.80
		LAUNDRY								
291024257		02/07/202	02/01/202	02/26/202			308.55	0.00	0.00	308.55
		LAUNDRY								
2921024255		02/07/202	02/01/202	02/26/202			2,266.15	0.00	0.00	2,266.15
		LAUNDRY								
2921024258		02/07/202	02/01/202	02/26/202			254.19	0.00	0.00	254.19
		LAUNDRY								
2921024253		02/07/202	02/01/202	02/26/202			120.82	0.00	0.00	120.82
		LAUNDRY								
2921024256		02/07/202	02/01/202	02/26/202			29.95	0.00	0.00	29.95
		LAUNDRY								
2921024260		02/07/202	02/01/202	02/26/202			116.70	0.00	0.00	116.70
		LAUNDRY								
2921024254		02/07/202	02/01/202	02/26/202			182.25	0.00	0.00	182.25
		LAUNDRY								
2921024259		02/07/202	02/01/202	02/26/202			238.72	0.00	0.00	238.72
		LAUNDRY								
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		U1064	UNIFIRST HOLDINGS INC			9,895.11	0.00	0.00	9,895.11	
Vendor#	Vendor Name		Class	Pay Code						
12400	UPDOX LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

INV00477388 ✓ 01/31/202 01/31/202 02/25/202 1,269.18 0.00 0.00 1,269.18 ✓

FAX

Vendor Totals: Number Name Gross Discount No-Pay Net
12400 UPDOX LLC 1,269.18 0.00 0.00 1,269.18

Vendor# Vendor Name Class Pay Code

11280 VICTORIA ADVOCATE ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
0326005 01/31/202 01/31/202 02/28/202 27.10 0.00 0.00 27.10 ✓

NEWSPAPER

Vendor Totals: Number Name Gross Discount No-Pay Net
11280 VICTORIA ADVOCATE 27.10 0.00 0.00 27.10 ✓

Vendor# Vendor Name Class Pay Code

12548 WAGeworks, INC ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
TR116685 01/31/202 01/01/202 02/01/202 131.25 0.00 0.00 131.25 ✓

COBRA JAN 24

Vendor Totals: Number Name Gross Discount No-Pay Net
12548 WAGeworks, INC 131.25 0.00 0.00 131.25

Vendor# Vendor Name Class Pay Code

11110 WERFEN USA LLC ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
9111441732 ✓ 01/31/202 01/15/202 02/09/202 1,571.67 0.00 0.00 1,571.67 ✓

CONTRACT

9111447052 ✓ 01/31/202 01/23/202 02/17/202 2,306.99 0.00 0.00 2,306.99 ✓

9111449176 ✓ 01/31/202 01/29/202 02/23/202 1,678.76 0.00 0.00 1,678.76 ✓

SUPPLIES

9111449175 ✓ 01/31/202 01/29/202 02/23/202 432.36 0.00 0.00 432.36 ✓

SUPPLIES

9111450206 ✓ 01/31/202 01/30/202 02/24/202 810.36 0.00 0.00 810.36 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
11110 WERFEN USA LLC 6,800.14 0.00 0.00 6,800.14

Vendor# Vendor Name Class Pay Code

W1270 WISCONSIN STATE LABORATORY ✓ W

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
30021446 ✓ 01/02/202 09/01/202 10/31/202 604.00 0.00 0.00 604.00 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
W1270 WISCONSIN STATE LABORATORY 604.00 0.00 0.00 604.00

Report Summary

Grand Totals: Gross Discount No-Pay Net
550,238.90 0.00 0.00 550,238.90

pg 14 correction - wrong amount picked up

{ < 2495.69
{ + 2795.69
550, 938.90

APPROVED ON

FEB 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 202770-202872

550 + 238 + 90 +
2 + 495 + 69 -
2 + 795 + 69 =
550 + 938 + 90 *

FEB 08 2024

CALHOUN COUNTY, TEXAS

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ROSHANDA S THOMAS



Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX-9457

Summary of Account Activity

Total Activity \$2,386.38

Not an invoice. For your records only.

Credit Limit	\$15,000
Cash Advance Limit	\$0
Statement Closing Date	02/03/2024
Days in Billing Period	31

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

Pd. 2-20-24

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
01/08	01/05	9399	05134374006600036595179	1 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N103341932	✓
01/08	01/05	9399	05134374006600036595252	2 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N103366698	✓
01/08	01/05	9399	05134374006600036595336	3 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N103366869	✓
01/08	01/05	9399	05134374006600036595419	4 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N103367033	✓
01/08	01/06	8999	55432864006205170278980	5 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	44.00 ✓
01/11	01/10	9399	05134374011600033646051	6 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N103512838	✓
01/11	01/10	9399	05134374011600033646135	7 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N103513081	✓
01/11	01/11	8999	55432864011206616265162	8 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	44.00 ✓
01/12	01/11	5912	55436874012160126608649	9 IMPRIMISRX 503B LEDGEWOOD NJ 1824819 USA	660.00 ✓
01/15	01/12	9399	05134374013600033846949	10 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N103591035	✓
01/15	01/12	9399	05134374013600033847020	11 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N103609309	✓
01/15	01/13	8999	55432864013207217958948	12 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	44.00 ✓
01/16	01/15	5968	55432864015207994401680	13 GoToCom*GoToMeeting golo.com MA USA	656.00 ✓
				51432ABF 56FD 491	✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

Account Number XXXX-XXXX-XXXX-9457
Statement Closing Date February 03, 2024

Not an invoice.
For your records only.

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

00007905040

Information About Your Citi Corporate Card Account

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

Account Inquiries

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

Account: XXXX-XXXX-XXXX-9457

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/18	01/16	5099	55458854017069205581678	14 PERSONNEL CONCEPTS ONTARIO CA 91761 USA	✓ 187.75 ✓
01/22	01/19	9399	05134374020600030942445	15 ANDRIEFLORES01/12/ NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	✓ 2.50 ✓
01/22	01/19	9399	05134374020600030942510	16 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	✓ 30.00 ✓
01/22	01/20	8999	55432864020209218879421	17 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	✓ 44.00 ✓
01/24	01/23	9399	55488724024091275005768	18 TXDPS CRIME RECS AUSTIN TX 78752 USA	✓ 153.63 ✓
01/26	01/25	9399	05134374026600033311253	19 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	✓ 2.50 ✓
01/29	01/26	9399	05134374027600034663438	20 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	✓ 2.50 ✓
01/29	01/27	8999	55432864027201257360374	21 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	✓ 88.00 ✓
01/30	01/29	8699	75418234029192524996456	22 ACHE - MEMBER SERVICES CHICAGO IL 60606 USA	✓ 345.00 ✓
02/01	01/31	9399	05134374032600031280916	23 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	✓ 2.50 ✓
***** TOTAL AMOUNT OF MEMO ITEM(S):					\$2,386.38

APPROVED ON

FEB 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account: XXXX-XXXX-XXXX-9457

" " " " "

1

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 2/7/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		NPOB - 1 provider enroll			2.50
2	-		NPOB - 1 provider enroll			2.50
3	-		" "			2.50
4	-		" "			2.50
5	-		AMA Credentialing - 1 phys			44.00
6			init + cont. Monitoring			
7	-		NPOB - 1 provider enroll			2.50
8	-		" "			2.50
9	-		AMA Credentialing - 1 phys			44.00
10			init + cont monitoring			

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

changes to Roshanda's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Jones 2/8/24</u>

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citi bank

Date: 2/7/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		NPDB - 1 provider enroll			2.50
2	-		" "			2.50
3	-		AMA Credentialing - 1 phy			44.00
4			Unit + Cont monitoring			
5	-		GoTo App Com * Go to Meeting			696.00
6			plan renewal 1-15-14-25			
7	-		Personnel Concepts - HR			187.75
8	-		NPDB - 1 provider enroll			2.50
9	-		NPDB - 12 Renewals			30.00
10	-		AMA Credentialing - 1 phy Unit + Cont. monitoring			44.00

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

changes to Roshanda's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 2/8/24</u>

(3)

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 2/7/2024

Vendor Address: _____

P.O. # _____

Account # _____

Initiated By: _____

Form # 9401

Expense #	Department	Deliver To	Unit Cost	Unit Meas.	Extended Cost
2.50 +					
2.50 +					
2.50 +					
2.50 +					
44.00 +					
2.50 +					
2.50 +					
44.00 +					153.63
2.50 +					
2.50 +					
44.00 +					
696.00 +					2.50
187.75 +					2.50
2.50 +					
30.00 +					88.00
44.00 +					
153.63 +					
2.50 +					
2.50 +					345.00
88.00 +					
345.00 +					
2.50 +					
680.00 +					2.50
2,386.38 =					180.00

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$2,386.38

NOTES:

charges to Roshanda's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshanda Thomas 2/8/24</u>

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
C0001 CALHOUN COUNTY MMC



Account Inquiries:

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

Account Number: XXXX-XXXX-XXXX-2799
Invoice # 3653004067

Summary of Account Activity

Previous Balance		\$2,537.97
Payments	2,537.97	\$2,795.47
Credits		\$0.00
Purchases & Other Chrg	2,795.47	\$2,386.38
Cash Transactions		\$0.00
Cash Transaction Fees	257.50	\$0.00
Interest Charges		\$0.00

Payment Information

New Balance	\$2,128.88
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$2,128.88
Payment Due Date	02/28/2024
Statement Closing Date	02/03/2024
Days in Billing Period	31

Credit Limit	\$30,000
Available Credit Limit	\$27,871
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

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

Company Transactions

Account: XXXX-XXXX-XXXX-2799 C0001 CALHOUN COUNTY MMC Total Activity: (\$2,795.47)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/29	01/26	0000	75563974029029000029234	1 PAYMENT THANK YOU	2,795.47 PY

Cardholder Transactions

Account: XXXX-XXXX-XXXX-9457 ROSHANDA S THOMAS Total Activity: \$2,386.38

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

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/08	01/05	9399	05134374006600036595179	1 NPDB NPDB.HRSA.GOV FAIRFAX VA N103341932	22033 USA 2.50
01/08	01/05	9399	05134374006600036595252	2 NPDB NPDB.HRSA.GOV FAIRFAX VA N103366698	22033 USA 2.50
01/08	01/05	9399	05134374006600036595336	3 NPDB NPDB.HRSA.GOV FAIRFAX VA N103366869	22033 USA 2.50

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

Please detach and return lower portion with your payment to ensure proper credit. Retain upper portion for your records.

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

CITIBANK, N.A.
PO BOX 78025
PHOENIX AZ 85062-8025

Account Number XXXX-XXXX-XXXX-2799
Payment Due Date February 28, 2024
New Balance \$2,128.88
Past Due Amount* \$0.00
Minimum Payment Due \$2,128.88

Mail
Checks
To

Amount Enclosed
\$

*Past Due Amount is included in the Minimum Payment Due.

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

28000 0212888 0212888 0279547 05567090005272799 0303

Information About Your Citi[®] Corporate Card Account

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

Account Inquiries

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

Account: XXXX-XXXX-XXXX-2799

Cardholder Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/08	01/05	9399	05134374006600036595419	4 NPDB NPDB.HRSA.GOV FAIRFAX VA N103367033 22033 USA	2.50
01/08	01/06	8999	55432864006205170278980	5 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	44.00
01/11	01/10	9399	05134374011600033646051	6 NPDB NPDB.HRSA.GOV FAIRFAX VA N103512838 22033 USA	2.50
01/11	01/10	9399	05134374011600033646135	7 NPDB NPDB.HRSA.GOV FAIRFAX VA N103513081 22033 USA	2.50
01/11	01/11	8999	55432864011206616265162	8 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	44.00
01/12	01/11	5912	55436874012160126608649	9 IMPRIMSIX 503B LEDGEWOOD NJ 1824819 USA	680.00
01/15	01/12	9399	05134374013600033846949	10 NPDB NPDB.HRSA.GOV FAIRFAX VA N103591035 22033 USA	2.50
01/15	01/12	9399	05134374013600033847020	11 NPDB NPDB.HRSA.GOV FAIRFAX VA N103609309 22033 USA	2.50
01/15	01/13	8999	55432864013207217958948	12 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	44.00
01/16	01/15	5968	55432864015207994401680	13 GoToCom*GoToMeeling goto.com MA USA	696.00
01/18	01/16	5099	55458854017069205581678	14 PERSONNEL CONCEPTS ONTARIO CA ANDRIEFLORES01/12/ 91761 USA	187.75
01/22	01/19	9399	05134374020600030942445	15 NPDB NPDB.HRSA.GOV FAIRFAX VA N103829187 22033 USA	2.50
01/22	01/19	9399	05134374020600030942510	16 NPDB NPDB.HRSA.GOV FAIRFAX VA N103829539 22033 USA	30.00
01/22	01/20	8999	55432864020209218879421	17 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	44.00
01/24	01/23	9399	55488724024091275005768	18 TXDPS CRIME RECS AUSTIN TX 78752 USA	153.63
01/26	01/25	9399	05134374026600033311253	19 NPDB NPDB.HRSA.GOV FAIRFAX VA N104031514 22033 USA	2.50
01/29	01/26	9399	05134374027600034663438	20 NPDB NPDB.HRSA.GOV FAIRFAX VA N104073164 22033 USA	2.50
01/29	01/27	8999	55432864027201257360374	21 AMA*CREDENTIALING 800-621-8335 IL 60611 USA	88.00
01/30	01/29	8699	75418234029192524996456	22 ACHE - MEMBER SERVICES CHICAGO IL 60606 USA	345.00
02/01	01/31	9399	05134374032600031280916	23 NPDB NPDB.HRSA.GOV FAIRFAX VA N104249628 22033 USA	2.50

FINANCE CHARGE SUMMARY

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

Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges
PURCHASE AND FEES	10.50%	0.8750% (M)	\$0.00
CASH	10.50%	0.8750% (M)	\$0.00

* (D) Daily Rate
(M) Monthly Rate

Account: XXXX-XXXX-XXXX-2799

Wire Transfer

1 - COUNTY OF CALHOUN TEXAS



Wire Details

Transaction Number L
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 2,386.38
Debit Account *4357 - DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank (113122655)
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 02/20/2024

Originator Information

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

Beneficiary / Payee Information

ACCOUNT Name CBNA INCOMING SETTLEMENT
Beneficiary ID Type Account Number
Beneficiary ID
Address 1
Address 2
Address 3
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment

Additional Information For Beneficiary

Status History

Timestamp	Status	Initiator	Description
Feb 20, 2024 1:42:49 PM CST	Created	HONDA S. KOKENA)	Wire Created.

RECEIVED BY THE
COUNTY AUDITOR ON
02/12/2024
11:50
FEB 12 2024
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
12948	GREAT AMERICA FINANCIAL SVCS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35833073		01/31/202	01/31/202	02/29/202			10,525.69	0.00	0.00	10,525.69
	LEASE (12/8/23 - 01/27/24)									
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
12948	GREAT AMERICA FINANCIAL SVCS						10,525.69	0.00	0.00	10,525.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,525.69	0.00	0.00	10,525.69

APPROVED ON

FEB 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL # 202814

RECEIVED BY THE
COUNTY AUDITOR ON

02/12/2024
11:57

FEB 12 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

10789 DISCOVERY MEDICAL NETWORK INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC013124		01/31/202	01/31/202	02/01/202			221,499.34	0.00	0.00	221,499.34

PHYSICIAN SERV *January 16-31, 2024*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10789	DISCOVERY MEDICAL NETWORK INC	221,499.34	0.00	0.00	221,499.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	221,499.34	0.00	0.00	221,499.34

APPROVED ON

FEB 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 202798

RECEIVED BY THE
COUNTY AUDITOR ON
02/12/2024
11:45
FEB 12 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0
ap_open_invoice.template

Dates Through:

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name
L1640 LOWE'S BUSINESS ACCT/SYNCB

Class Pay Code
W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
013024		01/31/202	01/30/202	02/28/202			567.94	0.00	0.00	567.94

SUPPLIES + late fee 11.18

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
L1640	LOWE'S BUSINESS ACCT/SYNCB	567.94	0.00	0.00	567.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	567.94	0.00	0.00	567.94

APPROVED ON
FEB 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 202827

2/12/24 12:04 PM RECEIVED BY THE COUNTY AUDITOR ON

tmp_cw5report13560694375894271.html

FEB 12 2024

MEMORIAL MEDICAL CENTER

0

02/12/2024 12:04

AP Open Invoice List

ap_open_invoice.template

Dates Through:

CALHOUN COUNTY, TEXAS

Class Pay Code

Vendor# Vendor Name

T2204 TEXAS MUTUAL INSURANCE CO

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1005422725		02/12/202	02/02/202	02/22/202			4,684.00	0.00	0.00	4,684.00

INSURANCE

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
T2204	TEXAS MUTUAL INSURANCE CO	4,684.00	0.00	0.00	4,684.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,684.00	0.00	0.00	4,684.00

APPROVED ON

FEB 12 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK#202854

RECEIVED BY THE
COUNTY AUDITOR ON
02/12/2024
16:47
FEB 12 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0
ap_open_invoice.template

Dates Through:

Vendor# Vendor Name
11588 HHSC
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021224		02/12/202	02/12/202	02/12/202			326,650.15	0.00	0.00	326,650.15

DSH FUNDS

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11588	HHSC	326,650.15	0.00	0.00	326,650.15

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	326,650.15	0.00	0.00	326,650.15

APPROVED ON

FEB 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 202821

MEMORIAL MEDICAL CENTER
CHECK REQUEST

DATE REQUESTED: 2/12/13

P
A
Y
E
E

HHSC AR MC1470

4601 W. Guadalupe St.

Austin, TX 78751

APPROVED ON

FEB 13 2024

BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

AMOUNT: 326,650.15

G/L NUMBER: 60570000

EXPLANATION: Repayment of Uncompensated Care Demonstration Year 8
overpayment.

REQUESTED BY:

Andrew...

AUTHORIZED BY:

[Signature]

2/12/24



May 26, 2023

Email: janglin@mmcportlavaca.com

CC: janglin@mmcportlavaca.com

Investigation No: 672019057285301

Attention: Jason Anglin
Memorial Medical Center
815 N Virginia Street
Port Lavaca, TX 77979-0025

*was 70000
DISH Funds*

Subject: Notice of Overpayment of Demonstration Year 8 Uncompensated Care and Demand for Refund of Overpayment Amount for Memorial Medical Center (CCN 451356).

Dear Jason Anglin,

The Health and Human Services Commission (HHSC) annually completes a reconciliation of Section 1115 Transformation Waiver Uncompensated Care (UC) payments to confirm allowable costs for each hospital. The reconciliation is required under the Standard Terms and Conditions of the Waiver and ensures that UC payments to a hospital do not exceed the hospital's eligible uncompensated costs of providing services to Medicaid patients and the uninsured. If UC payments exceed eligible costs in the program year of reconciliation, HHSC must recoup the amount of the overpayment.

Notice of Overpayment of Demonstration Year 8 UC Funds

The independent audit for the UC Demonstration Year 8 (DY 8) indicates that Memorial Medical Center received payments in excess of allowable UC costs resulting in an overpayment of \$561,351.00.

Since Memorial Medical Center funded the state share of \$234,700.85, your hospital needs to return the federal share only amount of \$326,650.15.

All Funds Amount:	\$561,351.00
State Share:	\$234,700.85
Federal Share	\$326,650.15

*Amount returned
2/12/24*

The audit report and provider data summary are available for viewing on HHSC's Provider Finance website at:

<https://pfd.hhs.texas.gov/hospitals-clinic/hospital-services/disproportionate-share-hospitals-dsh-audit>

Remittance

Within thirty days of the receipt of this letter, your facility should send a check, payable to Texas HHSC, to one of the following addresses:

When responding, **please reference the Investigation number 672019057285301 .**

Regular Mail

HHSC AR MC1470
P.O. Box 149055
Austin, TX 78714-9055

Overnight Mail

HHSC AR MC1470
4601 W Guadalupe Street
Austin, TX 78751

If Memorial Medical Center is unable to refund the full amount of the current overpayment within 30 days of the date of this letter, Memorial Medical Center must contact HHSC Provider Finance Staff to discuss repayment options. If the provider is able to establish a good cause why it cannot refund the entire amount within 30 days, HHSC may enter into a written agreement with the hospital establishing repayment terms.

If within 30 days the hospital has not paid the full amount or entered into a written agreement with HHSC to do so, HHSC may withhold any or all future Medicaid payments until HHSC has recovered an amount equal to the current overpayment.

If you have questions about the information in this letter or if you wish to discuss repayment options, please contact Adam Brown at (737) 465-9992 or PFD_UC_Payments@hhs.texas.gov.

Sincerely,

Adam Brown

Manager, Provider Finance Payments
Health and Human Services Commission

From: HHSC PFD RAD UC Payments <PFD_UC_Payments@hhs.texas.gov>
Sent: Wednesday, February 7, 2024 10:22 AM
To: Jason Anglin <JAnglin@mmcportlavaca.com>; Jason Anglin <JAnglin@mmcportlavaca.com>; Steve Brock <sbrock@mmcportlavaca.com>; audrey.yetter@forvis.com; Roshanda S. Thomas <rthomas@mmcportlavaca.com>
Cc: HHSC PFD RAD UC Payments <PFD_UC_Payments@hhs.texas.gov>
Subject: ACTION REQUIRED: UC DY 8 Recoupment Notification - Memorial Medical Center
Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

Memorial Medical Center has a past due overpayment for UC 2019.

Memorial Medical Center will be placed on TMHP **Vendor Hold** effective Monday, February 19, 2024 and **will not receive Medicaid payments** until the overpayment has been satisfied.

Providers that submit payment in full on or before Wednesday, February 14, 2024 will be unaffected.

Attached please find the original email/recoupment letter for your reference.

HHSC Provider Finance Payments

Texas Health and Human Services Commission
North Austin Complex
P.O. Box 149030, Mail Code H-400
4601 Guadalupe St
Austin, TX 78751



TEXAS
Health and Human
Services

Confidential: This transmission is confidential and intended solely for the use of the individual or entity to which it is addressed. If you receive this transmission in error please notify sender and remove all copies from your computer.

From: HHSC PFD RAD UC Payments <PFD_UC_Payments@hhs.texas.gov>
Sent: Friday, May 26, 2023 10:30 AM
To: Jason Anglin <janglin@mmcportlavaca.com>; Jason Anglin <janglin@mmcportlavaca.com>
Cc: Quintanilla, Sarah (HHSC) <Sarah.Quintanilla@hhs.texas.gov>; Brown, Adam (HHSC) <Adam.Brown04@hhs.texas.gov>; HHSC PFD RAD UC Payments <PFD_UC_Payments@hhs.texas.gov>
Subject: UC DY 8 Recoupment Notification - Memorial Medical Center

Good morning,

Attached is your notification of UC DY8 overpayment and demand for refund of overpayment amount.

For information about this letter or you wish to discuss repayment options, please refer to the contacts within the letter.

Thank you,

HHSC Provider Finance Payments

Texas Health and Human Services Commission
North Austin Complex
Mail Code 1470
4601 Guadalupe St
Austin, TX 78751



Confidential: This transmission is confidential and intended solely for the use of the individual or entity to which it is addressed. If you receive this transmission in error please notify sender and remove all copies from your computer.

MCKESSON

STATEMENT

As of: 02/09/2024

Page: 002

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

Company: 8000

DC: 8115
Customer INV SupplD:
Territory:

As of: 02/09/2024 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: 02/10/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 02/10/2024 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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,750.37 USD

Future Due: 0.00

If Paid By 02/13/2024,
Pay This Amount: ✓

Due If Paid On Time:
USD 5,635.35 ✓

Past Due: 0.00

Disc lost if paid late:
115.02

Last Payment 2,451.97
08/07/2017

If Paid After 02/13/2024,
Pay this Amount: 5,750.37 USD

Due If Paid Late:
USD 5,750.37

5,620.54 +
2.81 +
1.87 +
10.13 +
5,635.35 *

Andrew DeFoster
2/12/24

APPROVED ON

FEB 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 02/09/2024

Page: 001

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

Company: 8000

DC: 8115
Customer INV SupplID:
Territory: 7001

As of: 02/09/2024 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: 02/10/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/10/2024 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										
12/05/2024	02/13/2024	7475173281	104963000	115Invoice	0.02	0.98		0.96 ✓		7475173281
12/05/2024	02/13/2024	7475173284	105002048	115Invoice	1.21	60.32		59.11 ✓		7475173284
12/05/2024	02/13/2024	7475382444	105008196	195Invoice	5.23	261.50		256.27 ✓		7475382444
12/05/2024	02/13/2024	7475382445	104929028	195Invoice	0.04	1.90		1.86 ✓		7475382445
12/06/2024	02/13/2024	7475535960	105173663	115Invoice		0.03		0.03 ✓		7475535960
12/06/2024	02/13/2024	7475689384	105085135	115Invoice	0.02	0.95		0.93 ✓		7475689384
12/06/2024	02/13/2024	7475689385	105186085	115Invoice	0.03	1.27		1.24 ✓		7475689385
12/07/2024	02/13/2024	7475814102	105395121	115Invoice	0.01	0.65		0.64 ✓		7475814102
12/07/2024	02/13/2024	7475981015	105335699	195Invoice	0.82	41.16		40.34 ✓		7475981015
12/08/2024	02/13/2024	7476073268	105465358	115Invoice	1.21	60.32		59.11 ✓		7476073268
12/08/2024	02/13/2024	7476083186	105531178	115Invoice	1.21	60.53		59.32 ✓		7476083186
12/08/2024	02/13/2024	7476083187	105546830	115Invoice	6.05	302.65		296.60 ✓		7476083187
12/08/2024	02/13/2024	7476261872	105471880	195Invoice	57.74	2,887.10		2,829.36 ✓		7476261872
12/09/2024	02/13/2024	7476345340	105585303	115Invoice	41.09	2,054.62		2,013.53 ✓		7476345340
12/09/2024	02/13/2024	7476513128	105591829	195Invoice	0.03	1.27		1.24 ✓		7476513128

*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: 5,735.25 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,180.13
12/05/2024

If Paid By 02/13/2024,
Pay This Amount: 5,620.54 USD

If Paid After 02/13/2024,
Pay this Amount: 5,735.25 USD

Due If Paid On Time:
USD 5,620.54 ✓

Disc lost if paid late:
114.71

Due If Paid Late:
USD 5,735.25

APPROVED ON

FEB 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeFalco
2/12/24

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

MCKESSON

STATEMENT

As of: 02/09/2024

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: 02/09/2024 Page: 001
Mail to: Comp: 8000

CVS PHCY 10356/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 835430
Date: 02/10/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 PLEASE CHECK ANY
Date: 02/10/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	632536 Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835430 CVS PHCY 10356/MEM MC PHS												
02/07/2024	02/13/2024	7475800711		3021819	115Invoice	0.06	2.87		2.81	✓	7475800711	

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

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

Subtotals: 2.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,276.76
01/15/2024

If Paid By 02/13/2024,
Pay This Amount: 2.81 USD

If Paid After 02/13/2024,
Pay this Amount: 2.87 USD

Due If Paid On Time:
USD 2.81 ✓

Disc lost if paid late: 0.06

Due If Paid Late:
USD 2.87

Andrew De la Santa
2/12/24

APPROVED ON

FEB 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 02/09/2024

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: 02/09/2024 Page: 001
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 835434
Date: 02/10/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 02/10/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	632536	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434	CVS PHCY 8923/MEM MC PHS											
02/07/2024	02/13/2024	7475876194	3022542	115	Invoice	0.04	1.91		1.87	✓	7475876194	

*F 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: 1.91 USD

Future Due:	0.00			Due If Paid On Time:	USD	1.87 ✓
Past Due:	0.00		If Paid By 02/13/2024, Pay This Amount:	1.87	USD	
Last Payment	3,180.13		If Paid After 02/13/2024, Pay this Amount:	1.91	USD	Disc lost if paid late: 0.04
02/05/2024						Due If Paid Late: USD 1.91

Andrew DeF...
2/12/24

APPROVED ON

FEB 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 02/09/2024

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: 02/09/2024 Page: 001
Mail to: Comp: 8000

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 835437
Date: 02/10/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 02/10/2024 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 835437 CVS PHCY 7416/MEM MC PHS											
12/07/2024	02/13/2024	7475998841	632536 3020712	115Invoice	0.21	10.34		10.13	✓	7475998841	

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

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

Subtotals: 10.34 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,268.32
11/29/2024

If Paid By 02/13/2024,
Pay This Amount: 10.13 USD

If Paid After 02/13/2024,
Pay this Amount: 10.34 USD

Due If Paid On Time: 10.13 ✓
USD

Disc lost if paid late: 0.21

Due If Paid Late: 10.34
USD

APPROVED ON

FEB 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeFas Santos
2/12/24

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

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER ✓ 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days
Remit To:	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223			Summary	
				Not Yet Due:	0.00
				Current:	601.87
				Past Due:	0.00
				Total Due:	601.87
				Account Balance:	601.87

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
02-05-2024	02-16-2024	3163456836	7005575708	Invoice	80.46		0.00	80.46 ✓
02-05-2024	02-16-2024	3163456837	7005587357	Invoice	12.51		0.00	12.51 ✓
02-05-2024	02-16-2024	3163556992	7005599471	Invoice	144.82		0.00	144.82 ✓
02-06-2024	02-16-2024	3163731024	7005605459	Invoice	14.13		0.00	14.13 ✓
02-07-2024	02-16-2024	3163896043	7005617282	Invoice	37.05		0.00	37.05 ✓
02-08-2024	02-16-2024	3164022085	7005626241	Invoice	6.05		0.00	6.05 ✓
02-09-2024	02-16-2024	3164173066	7005635952	Invoice	118.18		0.00	118.18 ✓
02-09-2024	02-16-2024	3164173067	7005636298	Invoice	67.60		0.00	67.60 ✓
02-09-2024	02-16-2024	3164173068	7005636875	Invoice	121.07		0.00	121.07 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
601.87	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
02-16-2024	601.87
Total Due:	601.87

Under Date 2/12/24

APPROVED ON
FEB 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FREE PHONE NUMBER: 1-800-555-3453

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	<input type="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941 #"/>
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="23"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		<input type="text" value="03"/>
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		<input type="text" value="\$ 115,981.52 #"/>
	"1 TO CONFIRM"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		<input type="text" value="\$ 61,840.14 #"/>
	"ENTER W/CENTS AMOUNT OF MEDICARE"			<input type="text" value="\$ 14,462.56 #"/>
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 39,678.82 #"/>
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		<input type="text"/>
	"1 TO CONFIRM"			<input type="text" value="1"/>
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>

CALLED IN BY:	<input type="text"/>
CALLED IN DATE:	<input type="text"/>
CALLED IN TIME:	<input type="text"/>

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

	1/26/2024	2/8/2024	2/16/2024	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN								
PAY PERIOD: END								
PAY DATE:								
GROSS PAY:	\$	538,143.96				\$	-	\$ 538,143.96
DEDUCTIONS:								
A/R	\$	211.44						\$ 211.44
ADVANC								-
BOOTS								-
MUTUAL CRITICAL ILLNESS								-
MUTUAL ACCIDENT								-
IRS TAX								-
MUTUAL SHORT TERM DIS								-
MUTUAL VISION	\$	888.72						\$ 888.72
CAFÉ-D	\$	1,263.40						\$ 1,263.40
CAFÉ-H	\$	30,955.39						\$ 30,955.39
	\$	-						-
	\$	-						-
CAFÉ-P								-
CANCER								-
CHILD	\$	570.69						\$ 570.69
CLINIC	\$	45.00						\$ 45.00
COMBIN	\$	250.86						\$ 250.86
CREDUN	\$	-						-
DENTAL	\$	-						-
DEP-LF								-
MUTUAL TERM LIFE	\$	1,362.33						\$ 1,362.33
MUTUAL HOSP INDEM	\$	606.50						\$ 606.50
FED TAX	\$	39,678.82						\$ 39,678.82
FICA-M	\$	7,231.28						\$ 7,231.28
FICA-O	\$	30,920.07						\$ 30,920.07
FICA-M ADDITIONAL								-
FIRST C								-
FLEX S	\$	5,185.48						\$ 5,185.48
FLX-FE	\$	-						-
GIFT S	\$	143.09						\$ 143.09
MUTUAL CRITICAL ILLNESS	\$	1,091.08						\$ 1,091.08
MUTUAL ACCIDENT	\$	765.77						\$ 765.77
MUTUAL SHORT TERM DIS	\$	2,037.88						\$ 2,037.88
LEGAL	\$	1,205.26						\$ 1,205.26
OTHER	\$	1,888.13						\$ 1,888.13
NATIONAL FARM LIFE	\$	1,321.05						\$ 1,321.05
MED SURCHARGE	\$	315.00						\$ 315.00
Blank								-
RELAY								-
REPAY								-
STONEDF	\$	1,140.86						\$ 1,140.86
STONE								-
STONE 2								-
STUDEN								-
TSA-R	\$	36,964.53						\$ 36,964.53
UW/HOS	\$	-						-
TOTAL DEDUCTIONS:	\$	166,042.63		\$ -	\$ -	\$ -	\$ -	\$ 166,042.63
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	\$	372,101.33		\$ -	\$ -	\$ -	\$ -	\$ 372,101.33
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: \$ 39,433.85

Less Exempt:

TAXABLE PAY: \$ 498,710.11

\$ 498,710.11

Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,231.30		
FICA - MED (EE)	1.45%	\$ 7,231.30	\$ 7,231.28	\$ 0.02
FICA - SOC SEC (ER)	6.20%	\$ 30,920.03		
FICA - SOC SEC (EE)	6.20%	\$ 30,920.03	\$ 30,920.07	\$ (0.04)
FED WITHHOLDING		\$ 39,678.82	\$ 39,678.82	

Employees over FICA-SS Cap:
Roshanda Thomas
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: \$ -

TAX DEPOSIT:	\$	115,981.48	\$	115,981.52
FICA - MEDICARE	2.90%	\$ 14,462.60	\$	14,462.56
FICA - SOCIAL SECURITY	12.40%	\$ 61,840.06	\$	61,840.14
FED WITHHOLDING		\$ 39,678.82	\$	39,678.82
TOTAL TAX:	\$	115,981.48	\$	115,981.52

PREPARED BY:

Andrie Flores

PREPARED DATE:

2/12/2024

(0.04)

Run Date: 02/09/24
Time: 15:58

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 01/26/24 - 02/08/24 Run# 1

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Final Summary

*-- Pay Code Summary				*-- Deductions Summary			
PayCd	Description	Hrs	OT SH WE HO CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9860.00	N N N	232589.68	A/R	211.44	A/R2 A/R3
1	REGULAR PAY-S1	2001.50	N N N N	97893.10	ADVANC		AWARDS BCBSVI
1	REGULAR PAY-S1	406.00	Y N N	13101.53	BOOTS		CAPE H CAFE-1
2	REGULAR PAY-S2	2687.50	N N N	73222.96	CAPE-2		CAPE-3 CAFE-4
2	REGULAR PAY-S2	22.50	N N N N	28.13	CAPE-5		CAPE-C CAFE-D 1263.40 ✓
2	REGULAR PAY-S2	150.75	Y N N	6641.50	CAPE-F		CAPE-H 30955.39 CAFE-I
3	REGULAR PAY-S3	1639.50	N N N	56862.41	CAPE-L		CAPE-P CANCER
3	REGULAR PAY-S3	48.75	N N N N	60.94	CHILD	570.69	CLINIC 45.00 COMBIN 250.86 ✓
3	REGULAR PAY-S3	80.75	Y N N	3505.76	CREDUN		DD ADV DENTAL
4	CALL BACK PAY	32.50	N 1 N N Y	1469.03	DEP-LF		DIS-LF EAT
4	CALL BACK PAY	49.25	N 2 N N Y	2260.38	EATCSH		FEDTAX 39678.82 FICA-M 7231.28 ✓
4	CALL BACK PAY	6.00	N 3 N N Y	299.82	FICA-O	30920.07	FIRSTC FLEX S 4580.90 ✓
4	CALL BACK PAY	.75	Y 2 N N Y	49.32	FLX FE		FORT D FUTA
C	CALL PAY	2303.00	N 1 N N	4606.00	GIFT S	143.09	GRANT GRP-IN
D	DOUBLE TIME	7.25	N 2 N N	658.98	GTL		HOSP-I HSA 604.58 ✓
D	DOUBLE TIME	15.75	N 3 N N	1460.16	ID TFT		IRSTAX LEAF
E	EXTRA WAGES		N N N N	-100.00	LEGAL	306.76	MASA 898.50 MEALS 1888.13 ✓
E	EXTRA WAGES		N 1 N N N	2594.75	METVIS		MISC MISC/
F	FUNERAL LEAVE	48.00	N 1 N N	614.16	MMCSHR		MCOACC 765.77 MOOILL 1091.08 ✓
I	INSERVICE	87.75	N 1 N N	3229.01	MCOIND	606.50	MCOOLIF 1362.33 MOOSTD 2037.88 ✓
I	INSERVICE	11.25	Y 1 N N	637.62	MCOVIS	888.72	NATEML 1321.05 OTHER
J	JURY LEAVE	12.00	N 1 N N	216.12	PHI		PHI+++ PR FIN
K	EXTENDED-ILLNESS-BANK	487.00	N 1 N N	13676.37	RELAY		REPAY SAMS
P	PAID-TIME-OFF	897.00	N 1 N N	22380.83	SCRUBS		SIGNON ST-TX
X	CALL PAY 2	144.00	N 1 N N	288.00	STONDF	1140.86	STONE STONE2
Y	YMCA/CURVES		N N N N	75.00	STUDEN		SUNACC SUNILL
Z	CALL PAY 3	48.00	N 1 N N	144.00	SUNIND		SUNLIF SUNSTD
p	PAID TIME OFF - PROBATION	-24.00	N N N N	-321.60	SUNVIS		SURCHG 315.00 TSA-1
					TSA-2		TSA-C TSA-P
					TSA-R	36964.53	TUTION UNIFOR
					UW/HOS		

----- Grand Totals: 21022.75 ----- (Gross: 538143.96 ✓ Deductions: 166042.63 ✓ Net: 372101.33 ✓)
Checks Count:- FT 210 PT 15 Other 41 Female 239 Male 26 Credit OverAmt 10 ZeroNet Term Total: 265

Andrew Datas Santos
2112124

Run Date: 02/12/24
Time: 10:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 01/26/24--02/08/24 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02136	TAMMY ESQUIVEL	463.87	00063387	02/16/24
20857	JOSHUA LOPEZ	312.09	00063388	02/16/24
65745	MARIA LUISA RODRIGUEZ	925.50	00063389	02/16/24
00041	CARL LEE KING	1070.75	DD	02/16/24
00083	SYLVIA A VARGAS	1051.99	DD	02/16/24
00113	JACLYN CARREON	1291.47	DD	02/16/24
00132	SANDRA A BRAUN	828.07	DD	02/16/24
00192	BRENDA D PENA	1763.35	DD	02/16/24
00387	BILLIE F DUCKWORTH	1764.46	DD	02/16/24
00392	MONICA T CARR	1267.88	DD	02/16/24
00399	LINDA J TIJERINA	2931.05	DD	02/16/24
00401	VELMA J PINA	2646.03	DD	02/16/24
00417	SHERRY L KING	2361.09	DD	02/16/24
00423	DONN V STRINGO	1977.68	DD	02/16/24
00482	PAM FIKAC	1533.36	DD	02/16/24
00581	CYNTHIA L RUSHING	1659.93	DD	02/16/24
00681	RILLA RENEE WOOD	1752.66	DD	02/16/24
00692	DEBORAH E WITTNEBERT	348.22	DD	02/16/24
00697	MARIA C FARIAS	1116.67	DD	02/16/24
00707	KIMBERLY RESENDEZ	1620.54	DD	02/16/24
00895	EMILIE DIANE WILKEY	707.68	DD	02/16/24
01178	PATRICIA LAUREN HERMES	450.59	DD	02/16/24
01191	SHARON M SPARKS	518.02	DD	02/16/24
01234	JENISE N SVETLIK	2347.51	DD	02/16/24
01241	MANDY MACE	1887.11	DD	02/16/24
01367	MARILYN A SANDERS	106.10	DD	02/16/24
01451	JENNIFER L ZISSA	801.43	DD	02/16/24
01791	RAUSHANAH J MONDAY	2609.90	DD	02/16/24
02011	ERIN R CLEVENGER	3907.15	DD	02/16/24
02014	AGAPITA C CANTU	680.36	DD	02/16/24
02021	ERIKA OSORNIA-SANCHEZ	2808.52	DD	02/16/24
02022	AMANDA J GRIGGS	2549.64	DD	02/16/24
02064	ANNA LAURA GARCIA	1588.07	DD	02/16/24
02099	TRACI M SHEFCIK	2890.83	DD	02/16/24
02112	LESLIE THOMAS	2414.77	DD	02/16/24
02132	JASMINE RUIZ	1967.84	DD	02/16/24
02135	NORMA ALLISON	1097.05	DD	02/16/24
02154	JUSTINE STRELCHYK	1350.10	DD	02/16/24
02156	AUBREY S HOLT	68.34	DD	02/16/24
02162	MIRIAM PALUKA	2441.00	DD	02/16/24
02168	JENSICA KNIGHT	2424.87	DD	02/16/24
02193	TIKI VENGLAR	2038.70	DD	02/16/24
02201	CORRINE VILLEGAS	1170.06	DD	02/16/24
02271	DAWN J BUBENIK	2294.56	DD	02/16/24
02301	NICOLAS TIJERINA	1935.07	DD	02/16/24
02302	CATHERINE MARIE DECILOS	152.10	DD	02/16/24
02303	CONNIE M PADIERNA	3000.25	DD	02/16/24
02312	HANNAH M GOOD	462.85	DD	02/16/24
02315	NINA M GREEN	2337.87	DD	02/16/24
02346	JEANETTE L FALCON	1028.64	DD	02/16/24
02416	JANELLE SCOTT	1940.08	DD	02/16/24
02435	SAMANTHA TANTON	1090.45	DD	02/16/24
02511	MAGDALENA SEPULVEDA	363.30	DD	02/16/24

Run Date: 02/12/24
Time: 10:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 01/26/24--02/08/24 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02552	VERONICA RAGUSIN	1895.46	DD	02/16/24
02612	MEGHAN ODELL	447.84	DD	02/16/24
02622	JESUSA MARIE BENAVIDES	1121.47	DD	02/16/24
02678	MELISSA NESLONEY	2223.16	DD	02/16/24
02701	RONDA GOHLKE	2294.06	DD	02/16/24
02719	DAWN M MCCLELLAND	1978.18	DD	02/16/24
02720	ELDA M LUERA	1589.77	DD	02/16/24
02733	ROBIN N PLEDGER	2454.18	DD	02/16/24
02735	ZANDRA A GARCIA	388.83	DD	02/16/24
02794	HEATHER L MUTCHLER	1967.42	DD	02/16/24
02812	BRITTANY N RUDDICK	2593.37	DD	02/16/24
02907	MARIA F LONGORIA	1298.90	DD	02/16/24
02927	MICHAEL L GAINES	2798.36	DD	02/16/24
02963	DOROTHY J RENDON	1065.41	DD	02/16/24
02970	DIAMNE G ATKINSON	2204.66	DD	02/16/24
03864	JACQUELINE R HERRERA	1430.57	DD	02/16/24
05003	COURTNE D THURLKILL	2859.25	DD	02/16/24
05006	REGINA A MARTINEZ	2899.42	DD	02/16/24
05007	JAMIE K NEVLAND	2289.37	DD	02/16/24
05122	MARISSA RANGEL	397.94	DD	02/16/24
05264	SARA WHITE	408.88	DD	02/16/24
05345	ERICA NGUYEN	959.71	DD	02/16/24
05641	AMANDA R KEY	1972.50	DD	02/16/24
07123	CYNTHIA GUERRA	1614.94	DD	02/16/24
07147	CHAD A VORCE	2143.51	DD	02/16/24
07878	DIANA C SAUCEDA	1162.72	DD	02/16/24
11197	CATHERINE A SAENZ	3715.37	DD	02/16/24
11412	COURTNEY L MORKOVSKY	1549.06	DD	02/16/24
12011	KIMBERLY J REYNA	997.91	DD	02/16/24
12115	LISA J HINOJOSA	949.04	DD	02/16/24
12129	MICHAEL HERMES	1729.29	DD	02/16/24
12609	RAELIN R LUNA	566.37	DD	02/16/24
15097	KYLE L DANIEL	2962.55	DD	02/16/24
15131	SAVANNAH HARLEY	1527.93	DD	02/16/24
15139	KRISTEN NICOLE BALLARD	1724.50	DD	02/16/24
15163	KELSEY HEINOLD	2982.59	DD	02/16/24
15171	JESSICA BARRON	414.80	DD	02/16/24
15236	YESSSENIA L GRANADOS	964.02	DD	02/16/24
15286	DAWN M MAREK	2006.62	DD	02/16/24
15909	JULIE NGUYEN	2131.13	DD	02/16/24
15915	BRIANNE J KEY	2979.87	DD	02/16/24
20012	ALEXIS LOREDO	301.29	DD	02/16/24
20112	YULMA PATRICA RODRIGUEZ	386.20	DD	02/16/24
20144	SOPHIE M PECENA	615.84	DD	02/16/24
20156	ERIN ASHLEY WISDOM	1692.96	DD	02/16/24
20168	JOSHUA PEPPERS	1432.97	DD	02/16/24
20184	MELISSA ZAMORANO	786.77	DD	02/16/24
20206	KELLI B GOFF	1820.45	DD	02/16/24
20207	SHAWNA G HARTL	3150.32	DD	02/16/24
20243	MELANIE CORTEZ	1073.36	DD	02/16/24
20272	ANGELA YEAGER	2270.26	DD	02/16/24
20294	JESSICA D WALTHER	977.76	DD	02/16/24
20324	PATRICIA STRIBLEY	2510.48	DD	02/16/24
20343	SAVANNAH N SOCARRAS	564.26	DD	02/16/24

Run Date: 02/12/24
Time: 10:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 01/26/24--02/08/24 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
20456	SAYDI A ST CLAIR	173.15	DD	02/16/24
20484	BRIANNA S PASSMORE	434.15	DD	02/16/24
20759	JAMIE SADLER	1405.34	DD	02/16/24
20788	JAYLIN RAMIREZ	514.66	DD	02/16/24
20797	BETHANN M DIGGS	2309.63	DD	02/16/24
20977	CHERYL L TESCH	1631.48	DD	02/16/24
20980	SAVANA LENTO	859.79	DD	02/16/24
21450	DIANA E LEAL	1537.01	DD	02/16/24
21629	JACOBY R CRAWFORD	1324.20	DD	02/16/24
22493	BRITTANY E NAVARRO	2186.80	DD	02/16/24
22618	HEATHER L LOPEZ	1090.23	DD	02/16/24
25022	AMBER L LOYA	472.21	DD	02/16/24
28034	KRISTINA A BUENGER	1100.28	DD	02/16/24
28120	JESSICA V SELVERA	874.23	DD	02/16/24
29199	KELLY A SCHOTT	1973.80	DD	02/16/24
31035	STACIE L EPLEY	1624.84	DD	02/16/24
31054	LORA L LAMBDEN	911.34	DD	02/16/24
31099	ARACELY Z GARCIA	1072.39	DD	02/16/24
31219	LAUREN PHILLIPS	1475.71	DD	02/16/24
31251	CYNTHIA L BIAS	1798.30	DD	02/16/24
31313	KATHERINE LYNN JIMENEZ	1919.77	DD	02/16/24
31319	STACY L FARMER	1689.78	DD	02/16/24
31463	EDWARD E MATULA	2598.00	DD	02/16/24
31508	RACHEL A HEFFNER	2081.07	DD	02/16/24
31821	KAYLA M ALVAREZ	1699.58	DD	02/16/24
38118	KRYSTELLA F KISIAH	1024.63	DD	02/16/24
38188	MADELINE ANDERSON	877.45	DD	02/16/24
38428	JULIAN HEYSQUIERDO	943.14	DD	02/16/24
41062	CHEYENNE NESSA	498.05	DD	02/16/24
41112	ANASTASIA L PEREZ	651.14	DD	02/16/24
41171	TOMMIE M TREVINO	626.12	DD	02/16/24
41219	GUADALUPE OLANDEZ	648.35	DD	02/16/24
41225	LESLIE A CRAIGEN	1288.88	DD	02/16/24
41236	PAMELA K VANNOY	1523.28	DD	02/16/24
41251	SARA YBARBO	710.21	DD	02/16/24
41261	BERNICE AGUILAR	947.91	DD	02/16/24
41269	BERENICE LUGO	752.40	DD	02/16/24
41274	KAREN GAMN	1083.29	DD	02/16/24
41279	PAMELA R HARMON	828.23	DD	02/16/24
41347	ADRIANNA D STRAKOS	740.18	DD	02/16/24
41418	ANGEL M CASSEL	932.32	DD	02/16/24
41426	TASHA NORMAN	3440.73	DD	02/16/24
41506	JOSEFAT LUGO TORRES	863.91	DD	02/16/24
41546	SHANMEI MARTINEZ	3216.57	DD	02/16/24
41612	SONJA A GUAJARDO	1085.71	DD	02/16/24
41617	JACQUELINE M MARTINEZ	872.45	DD	02/16/24
41705	KELSEY R TAYLOR	717.46	DD	02/16/24
41896	RENAE MICHELLE EMERY	596.05	DD	02/16/24
41897	ROXANNA MUNOZ	725.49	DD	02/16/24
41901	JUANITA R MILLER	1097.06	DD	02/16/24
41953	KAYLENN TREVINO	141.47	DD	02/16/24
42106	CHRISTY SILVAS	893.95	DD	02/16/24
42112	SOCORRO C GONZALES	1065.46	DD	02/16/24
42122	LET ANA CHAVANA	1728.57	DD	02/16/24

Run Date: 02/12/24
Time: 10:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 01/26/24--02/08/24 Run: 1
Type-NET 10000001 OPERATING - PROSPERITY

Page 4
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
42125	MARIA LUCY CALZADA	732.58	DD	02/16/24
42304	MIMI T NGUYEN	2188.84	DD	02/16/24
42536	MARIAH A SOCARRAS	675.79	DD	02/16/24
42820	MARIA D CHAVEZ	819.55	DD	02/16/24
42842	SHANNA S O DONNELL	3254.37	DD	02/16/24
48680	JESSICA BUSH	254.78	DD	02/16/24
50148	PENNY GOULDEN	3388.15	DD	02/16/24
50161	BRITTNEY MICHELLE ZAMORA	259.26	DD	02/16/24
50250	SUMMER E NICHOLSON	130.75	DD	02/16/24
50282	JACOB W HAMILTON	2530.40	DD	02/16/24
50310	JASMINE GRIGSBY	861.70	DD	02/16/24
50546	MELANIE K SAMAYOA	2109.09	DD	02/16/24
50573	DEANA R DAVIS	1822.78	DD	02/16/24
50596	BETTY S DAVIS	2132.17	DD	02/16/24
50719	DEBRA K MUSTERED	2225.93	DD	02/16/24
50928	ADINA GERDES	789.21	DD	02/16/24
53541	JACLYN B HARTL	1531.61	DD	02/16/24
54024	MONICA A ESCALANTE	1279.07	DD	02/16/24
55025	LEA C RESENDEZ	1356.74	DD	02/16/24
55026	IRENE B PEREZ	805.64	DD	02/16/24
55127	APRIL N KUBALA	69.41	DD	02/16/24
55234	ELOIZA SOTO	571.28	DD	02/16/24
55371	BLANCA HERNANDEZ	467.62	DD	02/16/24
55382	SHANNON JACILDO	576.30	DD	02/16/24
55658	LAJUAN WILKE	828.82	DD	02/16/24
58115	BECKY MARIE SEE	979.86	DD	02/16/24
58510	RITA L POLENSKY	657.54	DD	02/16/24
60112	ROBERT A RODRIQUEZ	2012.20	DD	02/16/24
60131	NORA OVALLE	520.87	DD	02/16/24
60145	REGINA ZAMORA	1870.73	DD	02/16/24
60156	DANIELLE M KALISEK	1436.31	DD	02/16/24
60165	TERESA A BENITEZ	2322.94	DD	02/16/24
60262	IRA R SHARP	735.10	DD	02/16/24
60589	JASON J LOYA	1207.40	DD	02/16/24
60616	DOROTHY A LONGORIA	721.33	DD	02/16/24
62322	ALAN KNIGHT	1568.98	DD	02/16/24
63193	MICHAEL SOCARRAS	1096.80	DD	02/16/24
63458	VIRGINIA C BERNARDINO	919.16	DD	02/16/24
65100	FELICITA BONUZ	634.44	DD	02/16/24
65125	MARTHA CUMPEAN	836.12	DD	02/16/24
65127	VERONICA ORTIZ	939.41	DD	02/16/24
65136	TINA KORANEK	991.08	DD	02/16/24
65148	MARTA INIGUEZ	836.59	DD	02/16/24
65151	ELIA OLACHIA	638.31	DD	02/16/24
65189	ELVIRA SANCHEZ	645.51	DD	02/16/24
65205	JUANA SANTILLAN	769.36	DD	02/16/24
65213	LEE SIMERLY	1135.92	DD	02/16/24
65247	DIANA CASTILLO	681.57	DD	02/16/24
65269	NATALIE BAREFIELD	970.77	DD	02/16/24
65315	ELVA RODRIGUEZ	942.26	DD	02/16/24
65393	RAMONA A PEREZ	1204.35	DD	02/16/24
65453	AMALIA L FLORES	1494.00	DD	02/16/24
65463	MARIA I VELOZ	926.52	DD	02/16/24
65486	ROSA RODRIGUEZ	694.57	DD	02/16/24

Run Date: 02/12/24
Time: 10:18

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 01/26/24--02/08/24 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 5
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
65513	MARIA MORALES	1208.41	DD	02/16/24
65705	DOMITILA HERRERA	759.72	DD	02/16/24
65715	MARIA R GOMEZ	970.77	DD	02/16/24
65865	MARIA F LEDEZMA	815.56	DD	02/16/24
68368	DOMITILA GARCIA	395.55	DD	02/16/24
68568	CHRISTOPHER RUTHERFORD	808.95	DD	02/16/24
68792	NAZARIO DIAZ HERNANDEZ	2055.29	DD	02/16/24
70119	SARA N BLEDSOE	2391.27	DD	02/16/24
72727	CHRISANDRA LYNN KOVAREK	102.42	DD	02/16/24
73749	GLORIA N REID	2429.08	DD	02/16/24
74159	CAROL VILLARREAL	1141.71	DD	02/16/24
75190	RIKA MILLER	2106.76	DD	02/16/24
76076	ALEXANDRIA Y KNISLEY	470.25	DD	02/16/24
76115	JENNIFER R CARLOCK	598.74	DD	02/16/24
76120	RACHEL CANALES	1238.56	DD	02/16/24
76138	KAREN D GARCIA	712.54	DD	02/16/24
76210	ZOE VILLARREAL	396.44	DD	02/16/24
76300	AIDA JIMENEZ	949.74	DD	02/16/24
76313	PAMELA L BARTON	805.22	DD	02/16/24
76403	KATRINA A POKLUDA	1248.98	DD	02/16/24
76647	CHERYL A SEE	957.79	DD	02/16/24
76706	GREGORY E MORALES	768.27	DD	02/16/24
76854	MARY PATTERSON	814.02	DD	02/16/24
76985	VANESSA TRISTAN	418.85	DD	02/16/24
77646	FAREN A GONZALES	1040.45	DD	02/16/24
78020	MISTY R PASSMORE	1552.36	DD	02/16/24
78058	KYANN J POWER	582.89	DD	02/16/24
78072	DONNA M RAWLINGS	1366.69	DD	02/16/24
78128	ALEXA QUINTANILLA	795.03	DD	02/16/24
78287	MARISSA D ALMANZAR	2176.95	DD	02/16/24
78336	JESSICA L GLOVER	1765.84	DD	02/16/24
78566	MELISSA K GEE	626.89	DD	02/16/24
78764	ASHLEY D HADLEY	2191.25	DD	02/16/24
78781	KRISTEN R MACHICEK	2276.47	DD	02/16/24
78787	FARAH I JANAK	2569.70	DD	02/16/24
78897	DAYLE J ROBINSON	726.85	DD	02/16/24
80008	ADAM D BESIO	2423.34	DD	02/16/24
80141	JEANNIE ORTA	1473.04	DD	02/16/24
80928	BRYAN HOBGOOD	1834.54	DD	02/16/24
82227	CAITLIN A CLEVINGER	1226.75	DD	02/16/24
86482	MEGAN M HARPER	835.93	DD	02/16/24
86576	ELSA HERRERA	875.77	DD	02/16/24
88125	LISA M TREVINO	1159.65	DD	02/16/24
88148	MICHELLE CUMBERLAND	1897.38	DD	02/16/24
88321	ANDREW DE LOS SANTOS	2636.82	DD	02/16/24
88435	JOE GARCIA	1794.86	DD	02/16/24
90320	ROSHANDA S THOMAS	5505.34	DD	02/16/24
90929	STEVE BROCK	4809.87	DD	02/16/24
93231	ANDRIE M FLORES	1842.74	DD	02/16/24
93241	SARIAH N RUBIO	1258.05	DD	02/16/24
98756	ADRIANNA M GALVAN	1598.63	DD	02/16/24

372101.33

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Feb 5, 2024 - Feb 11, 2024**

Date	Bank Description	MMC Notes	Amount	CPSI "Ha Che
2/9/2024	PAY PLUS ACHTrans 000000014399946 1010006923	- 3rd Party Payor Fee	358.89	358.89 +
2/9/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,203.66 *	25.12 +
2/8/2024	WIRE OUT HEALTHEQUITY	-Wageworks	16,126.93 *	56.77 +
2/8/2024	PAY PLUS ACHTrans 000000014338902 1010006914	- 3rd Party Payor Fee	25.12	7.56 +
2/7/2024	PAY PLUS ACHTrans 000000014166461 1010006902	- 3rd Party Payor Fee	56.77	18.31 +
2/7/2024	CLEARGAGE LLC CLEARGAGE, A7XVLW76IPCP150 242	- Patient Financing Service	117.37	466.65 *
2/6/2024	PAY PLUS ACHTrans 000000014072605 1010006989	- 3rd Party Payor Fee	7.56	Clearance
2/6/2024	MCKESSON DRUG AUTO ACH ACH05854873 910000151	- 340B Drug Program Expense	3,180.13 *	117.37 +
2/6/2024	FDMS FDMS PYMT 052-1601830-000 4100012405587	- Credit Card Processing Fee	32.45	CC Fees
2/5/2024	PAY PLUS ACHTrans 000000013965711 1010006976	- 3rd Party Payor Fee	18.31	32.45 +
2/5/2024	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	19.95 +
2/5/2024	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	297.96	297.96 +
2/5/2024	MERCHANT BANKCD FEE 971160913887 91000010940	- Credit Card Processing Fee	171.71	171.71 +
2/5/2024	MERCHANT BANKCD FEE 971160910883 91000010940	- Credit Card Processing Fee	9.95	9.95 +
2/5/2024	MERCHANT BANKCD INTERCHNG 971160913887 910000	- Credit Card Processing Fee	156.37	9.95 +
2/5/2024	IRS USATAXPYMT 270443613143654 6103601000530	- Payroll Taxes	2,226.37 *	156.37 +
2/5/2024	IRS USATAXPYMT 270443634040620 6103601001154	- Payroll Taxes	133,435.18 *	75.67 +
2/5/2024	FDMS FDMS PYMT 052-2000500-000 4100012897879	- Credit Card Processing Fee	75.67	75.67 +
			157,520.35	764.06 *

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

February 12, 2024

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

* Approved 02.07.24 CC
* Approved 01.31.24 CC


Date	Description	MMC Notes	Amount	
2/19/2024	- WEBFILE TAX PYMT DD	- Sales Tax	1,875.13 ✓	1,875.13 -
2/14/2024	HEALTH EQUITY - HEALTH SAVING CONTRIBUTIONS	- EmpDeduct/Employer Contribut	1,367.83 ✓	1,367.83 -
				3,180.13 -
				2,226.37 -
				133,435.18 -
				1,348.08 *

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

February 12, 2024

1,348.08 +
1,348.08 -
0.00 *

 Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 01/31/2024 (2401)

Taxpayer ID:	Taxpayer Name:	Entered By: Sarah Henderson
User ID:	MEMORIAL MEDICAL CENTER	Email Address:
Reference Number: 3924117986	Taxpayer Address:	
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	Telephone Number: (361) 552-0342
02/08/2024, 10:48:27 AM	77979-3025	
	IP Address:	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number:	Type of Bank Account: Checking
State Amount: \$1,420.55	Trace Number:	Accountholder Name:
Local Amount: \$454.58		Memorial Medical Center Operating
Amount to Pay: \$1,875.13		Bank Routing Number:
Electronic Check: \$1,875.13		Bank Account Number:
		Payment Effective Date: 02/19/2024

CREDIT SUMMARY

Credits Taken


Are you taking credit to reduce taxes due on this return? No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	22843	22843	0	22843	1427.69	22843	0.02	456.86
SubTotal	22843	22843	0	22843	1427.69	22843		456.86
Total Tax for Locations								\$1,884.55

Total Tax Due:	\$1,884.55
Timely Filing Discount:	- \$9.42
Balance Due:	\$1,875.13
Pending Payments:	- \$0.00
Total Amount Due and Payable:	\$1,875.13 

(State amount due is \$1,420.55) (Local amount due is \$454.58)

Start Date	Benefit	EE Per Pay Cost	ER Per Pay Cost
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$100.00	\$25.00
1/1/2024	Health Savings Account	\$147.91	\$25.00
1/1/2024	Health Savings Account	\$41.67	\$25.00
1/1/2024	Health Savings Account	\$60.00	\$25.00
1/1/2024	Health Savings Account	\$10.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
2/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
2/1/2024	Health Savings Account	\$163.25	\$25.00
1/1/2024	Health Savings Account	\$50.00	\$25.00
2/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$100.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$20.00	\$25.00
2/1/2024	Health Savings Account	\$0.00	\$25.00
		\$767.83	\$600.00

Total Contributions: \$1,367.83

Memorial Medical Center
Transfer Request

Amount: 60,284.00

From Account: Operating- *4357

To Account: COMERICA BANK ATTN: CAPTIVE INSURANCE

APPROVED ON

FEB 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Number: 1853450201

Routing Number: 7200096

Explanation: .

PREMIUM FUNDING REQUIREMENT-COLLATERAL

Requested by: Caitlin Clevenger

Date: 2/13/2024

Authorized by: 

Date: 2-13-2024

Memorial Medical Center
Transfer Request

Amount: 60,284.00

From Account: Operating- *4357

To Account: COMERICA BANK ATTN: CAPTIVE INSURANCE

Account Number: 1853450201

Routing Number: 72000096

APPROVED ON

FEB 13 2024

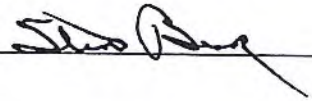
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

PREMIUM FUNDING REQUIREMENT-COLLATERAL

Requested by: Caitlin Clevenger

Date: 2/13/2024

Authorized by: 

Date: 2-13-2024

✓
①W 2/15/24

COMMUNITY HOSPITAL INSURANCE COALITION RECIPROCAL IC

c/o Strategic Risk Solutions (VT), Ltd.
159 Bank Street, Fourth Floor
Burlington, Vermont 05401

Invoice No: 2024-Feb. 02
Invoice Date: 2/13/2024
Due Date: 2/27/2024

Member Name Memorial Medical Center
Contact Name Roshanda Thomas, CEO
E-mail rthomas@mmcportlavaca.com

Required Non-Premium Funding 2023-24 Program Year	\$ 60,284.00
--	---------------------

NOTE: Please do not mail your payment. All payments must be made via wire or ACH, per below instructions.

PAYMENT BY WIRE / ACH

Comerica Bank
Attn: Captive Insurance
411 West Lafayette, 5th Floor M/C 3331
Detroit, MI 48226
Routing # 072000096
Acct #1853450201
Credit to Account: Community Hospital Insurance Coalition Reciprocal IC

Please direct questions to Samii Labadie (512) 607-4282 / samanthal@healthsure.com

Erica Perez

From: rhonda.kokena@calhouncotx.org (rhonda kokena) <rhonda.kokena@calhouncotx.org>
Sent: Tuesday, February 13, 2024 3:28 PM
To: Erica.Perez@calhouncotx.org
Subject: FW: MMC - Fully Executed CHIC Participation Agreement and Collateral Invoice
Attachments: CHIC Collateral Invoice 2024- Memorial Medical.pdf; CHIC Form W-9.pdf

Here you go ma'am.

See Below.

From: sbrock@mmcportlavaca.com (Steve Brock) [mailto:sbrock@mmcportlavaca.com]
Sent: Tuesday, February 13, 2024 3:19 PM
To: Rhonda Kokena (rhonda.kokena@calhouncotx.org) <rhonda.kokena@calhouncotx.org>
Cc: Roshanda S. Thomas <rthomas@mmcportlavaca.com>
Subject: FW: MMC - Fully Executed CHIC Participation Agreement and Collateral Invoice

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Rhonda:

I know that we can't get this in tomorrow's approvals.
Is there any way to pay it before the 28th?

Steve.

From: Samantha Labadie <SamanthaL@healthsure.com>
Sent: Tuesday, February 13, 2024 3:00 PM
To: Steve Brock <sbrock@mmcportlavaca.com>; Roshanda S. Thomas <rthomas@mmcportlavaca.com>
Cc: Andrie Flores <aflores@mmcportlavaca.com>; Sariah Rubio <Sariah.Rubio@mmcportlavaca.com>; Jennifer Fudge <jenniferf@healthsure.com>; georgia.reis@strategicrisks.com
Subject: MMC - Fully Executed CHIC Participation Agreement and Collateral Invoice

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Steve & Roshanda,

Attached is the fully executed CHIC Captive Participation Agreement for your records and the CHIC Collateral Invoice.

Next Steps

The next step to secure your membership in the Community Hospital Insurance Coalition ("CHIC") medical stop-loss insurance program is to finalize the non-premium funding requirement we have referred to as "collateral". As a reminder, the collateral remains in your member account with Comerica Bank to be used by Berkley, the reinsurance partner, and funds are only drawn if the combined claims experience of the group is higher than the expected amount that is funded through premiums.

All members are required to provide Collateral funding to the Program in the form of cash. For collateral funding to be paid in cash, such payments must be made in one annual lump sum at the beginning of the policy year. An invoice for collateral funding is enclosed. **Collateral must be remitted electronically via ACH.**

The deadline for posting collateral is **due by 2/16/2024**. Please reply to confirm receipt and indicate if you wish to further discuss the process.

ACH Information:

PAYMENT BY WIRE / ACH

Comerica Bank

Attn: Captive Insurance

411 West Lafayette, 5th Floor M/C 3331

Detroit, MI 48226

Routing # 072000096

Acct #1853450201

Credit to Account: Community Hospital Insurance Coalition Reciprocal IC

Thank you,

Samii Labadie

Account Executive

Upcoming OOO:



5900 Southwest Parkway | Building 2 Suite 200 | Austin TX 78735

Office: (512) 607-4282 SamanthaL@healthsure.com | healthsure.com

CA License NO: 6011029

Calhoun County Texas

Wire Transfer

COUNTY OF CALHOUN TEXAS



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Amount USD 60,284.00
Debit Account *4357 - DDA (MEMORIAL MEDICAL CENTER - OPERATING) -
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 02/15/2024

Originator Information

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

Beneficiary / Payee Information

Name CAPTIVE INSURANCE
Beneficiary ID Type Account Number
Beneficiary ID
Address 1 4 E
Address 2
Address 3
Beneficiary Country
Contact Name
Phone Number

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment INV# 2024-FEB.02

Additional Information For Beneficiary CREDIT TO ACCOUNT: COMMUNITY HOSPITAL INSURANCE COALITION RECIPROCAL IC C/O STRATEGIC RISK SOLUTIONS

Status History

Timestamp	Status	Initiator	Description
Feb 15, 2024 9:13:07 AM CST	Created	mk (MELISSA McKISSACK)	Wire Created.

M 2/15/24

Wire Transfer

COUNTY OF CALHOUN TEXAS (COUNT1923)



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Amount USD 60,284.00
Debit Account *4357 - DDA (MEMORIAL MEDICAL CENTER - OPERATING)
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 02/15/2024

Originator Information

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

Beneficiary / Payee Information

Name CAPTIVE INSURANCE
Beneficiary ID Type Account Number
Beneficiary ID
Address 1
Address 2
Address 3
Beneficiary Country
Contact Name
Phone Number

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment INV# 2024-FEB.02

Additional Information For CREDIT TO ACCOUNT: COMMUNITY HOSPITAL INSURANCE COALITION RECIPROCAL IC C/O STRATEGIC RISK
SOULTIONS **Beneficiary**

Status History

Timestamp	Status	Initiator	Description
Feb 15, 2024 9:22:38 AM CST	Completed	SYSTEM	Confirmation Number: IMAD: 20240215MMQFMPUC000251
Feb 15, 2024 9:15:00 AM CST	Delivered	SYSTEM	Wire has been delivered to the bank.
Feb 15, 2024 9:13:07 AM CST	Created	MCKISSACK, (MELISSA	Wire Created.

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02/08/2024

11:28

FEB 08 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS
Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020124		02/07/202	02/01/202	03/02/202			13,327.67	0.00	0.00	13,327.67

TRANSFER *NT insurance pymt deposited into MMC operating*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	13,327.67	0.00	0.00	13,327.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,327.67	0.00	0.00	13,327.67

APPROVED ON

FEB 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 202874

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AP Open Invoice List

Dates Through:

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Vendor# Vendor Name
11824 THE CRESCENT
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
020124A		02/07/202	02/01/202	03/02/202			4,200.00	0.00	0.00	4,200.00 ✓	
	TRANSFER	<i>NH insurance pymt deposited into mmc operating</i>									
020124C		02/07/202	02/01/202	03/02/202			2,800.00	0.00	0.00	2,800.00 ✓	
	TRANSFER	"									
020124		02/07/202	02/01/202	03/02/202			9,120.00	0.00	0.00	9,120.00 ✓	
	TRANSFER	"									
020124B		02/07/202	02/01/202	03/02/202			600.00	0.00	0.00	600.00 ✓	
	TRANSFER	"									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
11824 THE CRESCENT							16,720.00	0.00	0.00	16,720.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,720.00	0.00	0.00	16,720.00

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CALHOUN COUNTY, TEXAS

CK# 202877

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MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
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Vendor# Vendor Name

Class Pay Code

11836 GOLDEN CREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012924D		01/31/202	01/29/202	03/02/202			0.25	0.00	0.00	0.25 ✓
	TRANSFER									
012924C		01/31/202	01/29/202	03/02/202			2,697.83	0.00	0.00	2,697.83 ✓
	TRANSFER									
012924		01/31/202	01/29/202	03/02/202			4,224.15	0.00	0.00	4,224.15 ✓
	TRANSFER									
012924B		01/31/202	01/29/202	03/02/202			16.69	0.00	0.00	16.69 ✓
	TRANSFER									
012924A		01/31/202	01/29/202	03/02/202			729.56	0.00	0.00	729.56 ✓
	TRANSFER									
013124		01/31/202	01/31/202	03/02/202			674.85	0.00	0.00	674.85 ✓
	TRANSFER									
020124		02/07/202	02/01/202	03/02/202			587.23	0.00	0.00	587.23 ✓
	TRANSFER									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11836 GOLDEN CREEK HEALTHCARE							8,930.56	0.00	0.00	8,930.56

NH insurance pymt deposited into mmc operating

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,930.56	0.00	0.00	8,930.56

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#202874

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FEB 08 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
013124		01/31/202	01/31/202	03/02/202			200.28	0.00	0.00	200.28 ✓	
	TRANSFER	<i>NH insurance pymt deposited into name operating</i>									
020924		02/06/202	02/09/202	03/09/202			21,907.82	0.00	0.00	21,907.82 ✓	
	Y6 IGT REFUND										

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA	22,108.10	0.00	0.00	22,108.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	22,108.10	0.00	0.00	22,108.10

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLH 202875

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02/08/2024

FEB 08 2024

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
020924		02/06/202	02/09/202	03/09/202			25,274.10	0.00	0.00	25,274.10 ✓

Y6 IGT REFUND

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	25,274.10	0.00	0.00	25,274.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	25,274.10	0.00	0.00	25,274.10

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CVH 102878

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FEB 08 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

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ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING
CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012924		01/31/202	01/29/202	03/02/202			61.39	0.00	0.00	61.39 ✓
	TRANSFER									
012924A		01/31/202	01/29/202	03/02/202			2,384.17	0.00	0.00	2,384.17 ✓
	TRANSFER									
013124A		01/31/202	01/31/202	03/02/202			226.87	0.00	0.00	226.87 ✓
	TRANSFER									
013124		01/31/202	01/31/202	03/02/202			4,000.00	0.00	0.00	4,000.00 ✓
	TRANSFER									
020924		02/06/202	02/09/202	03/09/202			21,292.02	0.00	0.00	21,292.02 ✓
	Y6 IGT REFUND									

Net insurance pymt deposited in b mmc operating

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	27,964.45	0.00	0.00	27,964.45

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27,964.45	0.00	0.00	27,964.45

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 22873

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RUN DATE:02/14/24
 TIME:10:06

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	202770	02/14/24	1,791.00	3WON, LLC
A/P	202771	02/14/24	2,585.67	ACE HARDWARE 15521
A/P	202772	02/14/24	1,400.00	ACUTE CARE INC
A/P	202773	02/14/24	149.00	ALAMO SCIENTIFIC, INC
A/P	202774	02/14/24	1,700.00	ALCOR SCIENTIFIC
A/P	202775	02/14/24	280.96	AMAZON CAPITAL SERVICES
A/P	202776	02/14/24	82.99	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	202777	02/14/24	5,487.75	AYA HEALTHCARE INC
A/P	202778	02/14/24	594.00	AZALEA HEALTH
A/P	202779	02/14/24	337.25	BAXTER HEALTHCARE
A/P	202780	02/14/24	1,380.10	BAYER HEALTHCARE
A/P	202781	02/14/24	9,433.10	BECKMAN COULTER INC
A/P	202782	02/14/24	3,383.65	BEYER MECHANICAL LTD
A/P	202783	02/14/24	773.00	BOSTON SCIENTIFIC CORPORATION
A/P	202784	02/14/24	305.80	BRIGGS HEALTHCARE
A/P	202785	02/14/24	5,563.27	BRIGHTLY SOFTWARE INC.
A/P	202786	02/14/24	357.72	C R BARD INC
A/P	202787	02/14/24	183,981.40	CALHOUN COUNTY
A/P	202788	02/14/24	795.76	CARDINAL HEALTH 414, INC.
A/P	202789	02/14/24	3,078.92	CDW GOVERNMENT, INC.
A/P	202790	02/14/24	1,207.79	CLEARFLY
A/P	202791	02/14/24	926.00	COASTAL OFFICE SOLUTONS
A/P	202792	02/14/24	524.56	COMBINED INSURANCE
A/P	202793	02/14/24	316.23	COMPADRES DESIGN INC
A/P	202794	02/14/24	725.05	CONMED CORPORATION
A/P	202795	02/14/24	116.20	DETAR HOSPITAL
A/P	202796	02/14/24	906.84	DEWITT POTHS & SON
A/P	202797	02/14/24	50,311.25	DIAMOND HEALTHCARE CORP
A/P	202798	02/14/24	221,499.34	DISCOVERY MEDICAL NETWORK INC
A/P	202799	02/14/24	4,000.00	DR JEANNINE GRIFFIN
A/P	202800	02/14/24	3,800.00	DR JOHN CLINTON
A/P	202801	02/14/24	10,500.00	DR. JOHN WRIGHT
A/P	202802	02/14/24	5,500.00	DR. TIMU KWI
A/P	202803	02/14/24	760.20	DRIESSEN WATER INC. (CULLIGAN)
A/P	202804	02/14/24	321.26	EITAN GROUP NORTH AMERICA, INC
A/P	202805	02/14/24	175.00	EMERGENCY STAFFING SOLUTIONS
A/P	202806	02/14/24	5,500.00	EQUALIZE RCM SERVICES
A/P	202807	02/14/24	230.01	FEDERAL EXPRESS CORP.
A/P	202808	02/14/24	.00	VOIDED
A/P	202809	02/14/24	27,357.30	FISHER HEALTHCARE
A/P	202810	02/14/24	9,266.25	FORVIS
A/P	202811	02/14/24	25.83	FRONTIER
A/P	202812	02/14/24	12,823.59	GE PRECISION HEALTHCARE, LLC
A/P	202813	02/14/24	178.24	GRAINGER
A/P	202814	02/14/24	10,525.69	GREAT AMERICA FINANCIAL SVCS
A/P	202815	02/14/24	25.00	GULF COAST DELIVERY
A/P	202816	02/14/24	1,080.23	GULF COAST PAPER COMPANY
A/P	202817	02/14/24	64.62	H + H SYSTEM, INC.
A/P	202818	02/14/24	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	202819	02/14/24	4,610.52	HEALTHCARE FINANCIAL SERVICES

RUN DATE:02/14/24
TIME:10:06

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/14/24 THRU 02/14/24

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	202820	02/14/24	573.53	HEWLETT-PACKARD
A/P	202821	02/14/24	326,650.15	HHSC
A/P	202822	02/14/24	6,537.73	HOLT CAT
A/P	202823	02/14/24	1,343.17	IRON MOUNTAIN
A/P	202824	02/14/24	28,871.72	ITA RESOURCES INC
A/P	202825	02/14/24	4,161.46	ITERSOURCE CORPORATION
A/P	202826	02/14/24	75.68	LANGUAGE LINE SERVICES
A/P	202827	02/14/24	567.94	LOWE'S BUSINESS ACCT/SYNCB
A/P	202828	02/14/24	2,088.78	MEDICAL DATA SYSTEMS, INC.
A/P	202829	02/14/24	.00	VOIDED
A/P	202830	02/14/24	.00	VOIDED
A/P	202831	02/14/24	7,417.93	MEDLINE INDUSTRIES INC
A/P	202832	02/14/24	.00	VOIDED
A/P	202833	02/14/24	.00	VOIDED
A/P	202834	02/14/24	31,870.04	MORRIS & DICKSON CO, LLC
A/P	202835	02/14/24	173.73	MXR IMAGING, INC
A/P	202836	02/14/24	193.03	NACOGDOCHES TRANSCRIPTION
A/P	202837	02/14/24	95.30	NORTH COAST MEDICAL INC
A/P	202838	02/14/24	472.50	OCCUPRO LLC
A/P	202839	02/14/24	1,221.82	ORTHO CLINICAL DIAGNOSTICS
A/P	202840	02/14/24	131.90	POWER HARDWARE
A/P	202841	02/14/24	2,729.72	PRESS GANEY ASSOCIATES, INC.
A/P	202842	02/14/24	5,371.57	SIEMENS FINANCIAL SERVICES
A/P	202843	02/14/24	5,854.20	SIEMENS MEDICAL SOLUTIONS INC
A/P	202844	02/14/24	410.00	SIGN AD, LTD.
A/P	202845	02/14/24	3,750.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	202846	02/14/24	1,842.00	SPARKLIGHT
A/P	202847	02/14/24	7,338.75	SPECIALTY PROFESSIONAL
A/P	202848	02/14/24	420.00	ST DAVIDS HEALTHCARE
A/P	202849	02/14/24	505.55	STAPLES
A/P	202850	02/14/24	2,795.69	STERICYCLE, INC
A/P	202851	02/14/24	12,620.42	T-SYSTEM, INC
A/P	202852	02/14/24	541.00	TELEPLEX MEDICAL
A/P	202853	02/14/24	6,825.00	TEXAS A&M
A/P	202854	02/14/24	500.00	TEXAS DEPARTMENT OF STATE
A/P	202855	02/14/24	8,310.75	TEXAS HOSPITAL ASSOCIATION
A/P	202856	02/14/24	4,684.00	TEXAS MUTUAL INSURANCE CO
A/P	202857	02/14/24	8,167.50	TEXAS SELECT STAFFING, LLC
A/P	202858	02/14/24	1,452.07	THE COMPLIANCE TEAM, INC
A/P	202859	02/14/24	901.00	TIGER SUPPLIES INC.
A/P	202860	02/14/24	1,534.62	TK ELEVATOR CORPORATION
A/P	202861	02/14/24	888.00	TRACI SHEFCIK
A/P	202862	02/14/24	416.51	TRI-ANIM HEALTH SERVICES INC
A/P	202863	02/14/24	3,467.50	TRIAGE, LLC
A/P	202864	02/14/24	710.69	TRIOSE, INC
A/P	202865	02/14/24	1,117.95	ULINE
A/P	202866	02/14/24	.00	VOIDED
A/P	202867	02/14/24	9,895.11	UNIFIRST HOLDINGS INC
A/P	202868	02/14/24	1,269.18	UPDOX LLC
A/P	202869	02/14/24	27.10	VICTORIA ADVOCATE
A/P	202870	02/14/24	131.25	WAGeworks, INC

RUN DATE:02/14/24
TIME:10:06

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/14/24 THRU 02/14/24

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	202871	02/14/24	6,800.14	WERFEN USA LLC
A/P	202872	02/14/24	604.00	WISCONSIN STATE LABORATORY
A/P	202873	02/14/24	27,964.45	BETHANY SENIOR LIVING
A/P	202874	02/14/24	8,930.56	GOLDENCREEK HEALTHCARE
A/P	202875	02/14/24	22,108.10	GULF POINTE PLAZA
A/P	202876	02/14/24	13,327.67	SOLERA WEST HOUSTON
A/P	202877	02/14/24	16,720.00	THE CRESCENT
A/P	202878	02/14/24	25,274.10	TUSCANY VILLAGE
TOTALS:			1,228,790.90	

Payables 550,538.90 +
567.94 +
criticals { 221,499.34 +
10,525.69 +
4,684.00 +
326,650.15 +
NH Transfer 114,324.88 +
1,228,790.90 *

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 2/12/2024

Nursing Home	Account Number	Previous			ACH	Pending	Today's	Amount to Be Transferred to Nursing Home
		Beginning Balance	Transfer-Out	Transfer-In				
Ashford Gardens		214,022.30	213,630.98	120,962.48		121,353.80	120,962.48	
	Bank Balance					121,353.80		
	Variance					-		
	Leave in Balance					100.00		

Routing Information for Ashford Gardens:

	January Interest		291.32				
	Adjust Balance/Transfer Amt		120,962.48				
Broadmoor		132,910.08	132,589.11	74,677.58		74,998.55	74,677.58
	Bank Balance					74,998.55	
	Variance					-	
	Leave in Balance					100.00	

	January Interest		220.97				
	Adjust Balance/Transfer Amt		74,677.58				
Crescent		133,791.86	133,349.13	245,296.38		245,739.11	245,296.38
	Bank Balance					245,739.11	
	Variance					-	
	Leave in Balance					100.00	

	January Interest		342.73				
	Adjust Balance/Transfer Amt		245,296.38				
Fort Bend		74,094.38	73,893.01	87,459.41		87,660.78	87,459.41
	Bank Balance					87,660.78	
	Variance					-	
	Leave in Balance					100.00	

	January Interest		101.37				
	Adjust Balance/Transfer Amt		87,459.41				
Solera at W Houston		149,462.73	149,085.95	86,889.97		87,266.75	86,889.97
	Bank Balance					87,266.75	
	Variance					-	
	Leave in Balance					100.00	

120,962.48 +
 74,677.58 +
 245,296.38 +
 87,459.41 +
 86,889.97 +
 615,285.82 *

Fort Bend / Broadmoor:

ing home
 ... suited to open account

APPROVED ON
 FEB 12 2024

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 86,889.97

January Interest 276.78

TOTAL TRANSFERS 615,285.82

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 2/12/2024

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
2/9/2024 Check #1230	34,181.19	-	-	-	-	-	-	-
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	21,549.29	-	-	-	-	-	21,549.29
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,563.48	-	-	-	-	-	4,563.48
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	58,349.37	-	-	-	-	-	58,349.37
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,198.12	-	-	-	-	-	6,198.12
2/8/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	147,099.96	-	-	-	-	-	-	-
2/8/2024 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	12,060.00	-	-	-	-	-	12,060.00
2/7/2024 Check #1229	32,349.83	-	-	-	-	-	-	-
2/7/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,898.71	-	-	-	-	-	3,898.71
2/6/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,782.49	-	-	-	-	-	1,782.49
2/5/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,049.14	-	-	-	-	-	3,049.14
2/5/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000121	-	9,511.88	-	-	-	-	-	9,511.88
	213,630.98	120,962.48	-	-	-	-	-	120,962.48

Breadmoor

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
2/9/2024 Check #256	12,645.12	-	-	-	-	-	-	-
2/9/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	12,865.00	-	-	-	-	-	12,865.00
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	15,602.38	-	-	-	-	-	15,602.38
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,499.63	-	-	-	-	-	1,499.63
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,947.24	-	-	-	-	-	24,947.24
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,069.93	-	-	-	-	-	5,069.93
2/9/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	2,916.01	-	-	-	-	-	2,916.01
2/8/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	107,888.43	-	-	-	-	-	-	-
2/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000295452	-	1,321.40	-	-	-	-	-	1,321.40
2/8/2024 AARP Supplementa HCCLAIMPMT 746003411 124384	-	197.54	-	-	-	-	-	197.54
2/7/2024 Check #265	12,055.56	-	-	-	-	-	-	-
2/7/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	184.33	-	-	-	-	-	184.33
2/7/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	690.72	-	-	-	-	-	690.72
2/6/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	443.43	-	-	-	-	-	443.43
2/5/2024 HNB - ECHO HCCLAIMPMT 746003411 440000260304	-	8,116.22	-	-	-	-	-	8,116.22
2/5/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	544.67	-	-	-	-	-	544.67
2/5/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	279.08	-	-	-	-	-	279.08
	132,589.11	74,677.58	-	-	-	-	-	74,677.58

Crescent

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
2/9/2024 Check #326	18,900.00	-	-	-	-	-	-	-
2/9/2024 Check #324	9,432.20	-	-	-	-	-	-	-
2/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000232357	-	8,624.88	-	-	-	-	-	8,624.88
2/9/2024 UnitedHealthcare HCCLAIMPMT 746003411 910000	-	13.00	-	-	-	-	-	13.00
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	16,237.72	-	-	-	-	-	16,237.72
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,709.12	-	-	-	-	-	3,709.12
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	20,746.10	-	-	-	-	-	20,746.10
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,849.28	-	-	-	-	-	1,849.28
2/9/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000182	-	186.42	-	-	-	-	-	186.42
2/9/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	1,432.38	-	-	-	-	-	1,432.38
2/8/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	96,095.97	-	-	-	-	-	-	-
2/8/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021534865	-	1,800.00	-	-	-	-	-	1,800.00
2/8/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021534863	-	67,738.00	-	-	-	-	-	67,738.00
2/8/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021534861	-	9,511.00	-	-	-	-	-	9,511.00
2/8/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021534859	-	5,400.00	-	-	-	-	-	5,400.00
2/8/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021534857	-	5,285.00	-	-	-	-	-	5,285.00
2/8/2024 DEVOTED HEALTH P HCCLAIMPMT 21000021534855	-	14,082.00	-	-	-	-	-	14,082.00
2/8/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000157	-	368.17	-	-	-	-	-	368.17
2/7/2024 Check #323	8,920.95	-	-	-	-	-	-	-
2/7/2024 Deposit	-	8,740.00	-	-	-	-	-	8,740.00
2/7/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000129	-	9,016.31	-	-	-	-	-	9,016.31
2/7/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026658708	-	6,750.00	-	-	-	-	-	6,750.00
2/7/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026658706	-	20,443.00	-	-	-	-	-	20,443.00
2/7/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026658704	-	27,900.00	-	-	-	-	-	27,900.00
2/7/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026658710	-	9,247.00	-	-	-	-	-	9,247.00
2/6/2024 HNB - ECHO HCCLAIMPMT 746003411 440000217905	-	637.00	-	-	-	-	-	637.00
2/5/2024 HUMANA INS CO HCCLAIMPMT 40628187 8300005848	-	5,580.00	-	-	-	-	-	5,580.00
	133,349.13	245,296.38	-	-	-	-	-	245,296.38

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
2/9/2024 Check #238	10,670.52	-	-	-	-	-	-	-
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,384.38	-	-	-	-	-	1,384.38
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	20,339.98	-	-	-	-	-	20,339.98
2/9/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	17,208.49	-	-	-	-	-	17,208.49
2/8/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	52,853.08	-	-	-	-	-	-	-
2/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000295452	-	14,480.86	-	-	-	-	-	14,480.86
2/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000296091	-	13,208.83	-	-	-	-	-	13,208.83
2/8/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000157	-	600.42	-	-	-	-	-	600.42
2/7/2024 Check #237	10,369.41	-	-	-	-	-	-	-
2/7/2024 Deposit	-	2,400.00	-	-	-	-	-	2,400.00
2/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000259125	-	11,913.75	-	-	-	-	-	11,913.75
2/7/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	4,775.94	-	-	-	-	-	4,775.94
2/6/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	550.79	-	-	-	-	-	550.79
2/5/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	429.51	-	-	-	-	-	429.51
2/5/2024 AARP Supplementa HCCLAIMPMT 746003411 124384	-	166.46	-	-	-	-	-	166.46
	73,893.01	87,459.41	-	-	-	-	-	87,459.41

Solars at West Houston

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
2/9/2024 Check #1291	10,233.12	-	-	-	-	-	-	-
2/9/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	10,440.00	-	-	-	-	-	10,440.00
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,383.12	-	-	-	-	-	24,383.12
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.36	-	-	-	-	-	0.36
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	23,513.14	-	-	-	-	-	23,513.14
2/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	786.90	-	-	-	-	-	786.90
2/9/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000182	-	611.04	-	-	-	-	-	611.04
2/8/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	129,129.94	-	-	-	-	-	-	-
2/8/2024 MANAGEANDNET1718 MNS PMNT 0000000000002482 41	-	2,030.00	-	-	-	-	-	2,030.00
2/7/2024 Check #1290	9,722.89	-	-	-	-	-	-	-
2/7/2024 PNC-ECHO HCCLAIMPMT 746003411 41000120957999	-	1,960.20	-	-	-	-	-	1,960.20
2/7/2024 HUMANA INS CO HCCLAIMPMT 40801597 8300005228	-	11,455.00	-	-	-	-	-	11,455.00
2/7/2024 HUMANA INS CO HCCLAIMPMT 40801596 8300005228	-	7,905.00	-	-	-	-	-	7,905.00

2/7/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000129
 2/6/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 2/5/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

TOTALS

-	2,436.91	-	2,436.91
-	65.99	-	65.99
-	1,302.31	-	1,302.31
149,085.95	86,889.97	-	86,889.97
702,548.18	615,285.82	-	615,285.82

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,940,303.45	\$2,042,623.66	\$1,940,303.45	\$1,652,825.05
*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	\$121,353.80 ✓	\$122,842.83	\$121,353.80	\$64,874.73
*4403 MEMORIAL MEDICAL CENTER / ✓ NH BROADMOOR	\$74,998.55 ✓	\$76,671.48	\$74,998.55	\$24,743.48
*4411 MEMORIAL MEDICAL CENTER / ✓ NH CRESCENT	\$245,739.11 ✓	\$288,309.94	\$245,739.11	\$221,272.41
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$87,266.75 ✓	\$89,795.43	\$87,266.75	\$37,765.31
*4446 MEMORIAL MEDICAL CENTER / ✓ NH FORT BEND	\$87,660.78 ✓	\$87,704.00	\$87,660.78	\$59,398.45
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$35,326.78	\$35,665.96	\$35,326.78	\$40,423.40
*4551 CAL CO INDIGENT HEALTHCARE	\$10,427.52	\$10,427.52	\$10,427.52	\$10,427.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$14,034.88	\$14,034.88	\$14,034.88	\$14,034.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$46,908.95	\$46,908.95	\$46,908.95	\$45,674.04
*5506 MMC -NH BETHANY SENIOR LIVING	\$70,283.14	\$72,205.84	\$70,283.14	\$71,303.56
*3407 MMC -NH TUSCANY VILLAGE	\$33,629.69	\$33,629.69	\$33,629.69	\$14,425.69
*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
Total Balance	\$3,375,616.66	\$3,528,503.44	\$3,375,616.66	\$2,864,851.78

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		198,585.88	198,239.00	34,979.90		35,326.78	34,979.90
						Bank Balance	35,326.78
						Variance	-
						Leave in Balance	100.00
						January Interest	246.88
						Adjust Balance/Transfer Amt	34,979.90

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 2/12/2024

APPROVED ON
FEB 12 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Cross

2/9/2024 Check #205
 2/9/2024 TSYS/TRANSFIRST CR CD DEP 54368455876917 91
 2/9/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001841
 2/9/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 2/8/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 2/8/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001475
 2/7/2024 Check #204
 2/7/2024 Deposit
 2/7/2024 TSYS/TRANSFIRST CR CD DEP 54368455876917 91
 2/7/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001377
 2/6/2024 Check #203
 2/6/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001677
 2/6/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001677
 2/5/2024 TSYS/TRANSFIRST CR CD DEP 54368455876917 91
 2/5/2024 TSYS/TRANSFIRST CR CD DEP 54368455876917 91
 2/5/2024 HNB - ECHO HCCLAIMPMT 746003411 440000260304

		MMC PORTION					
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4 &Lapse	QJPP TI	NH PORTION
24,759.09	-	-	-	-	-	-	-
-	751.64	-	-	-	-	-	751.64
-	475.00	-	-	-	-	-	475.00
-	18,435.83	-	-	-	-	-	18,435.83
141,013.98	-	-	-	-	-	-	-
-	1,389.00	-	-	-	-	-	1,389.00
10,224.35	-	-	-	-	-	-	-
-	2,076.97	-	-	-	-	-	2,076.97
-	3,610.04	-	-	-	-	-	3,610.04
-	1,204.00	-	-	-	-	-	1,204.00
22,241.58	-	-	-	-	-	-	-
-	2,778.00	-	-	-	-	-	2,778.00
-	1,549.03	-	-	-	-	-	1,549.03
-	1,497.00	-	-	-	-	-	1,497.00
-	668.50	-	-	-	-	-	668.50
-	544.89	-	-	-	-	-	544.89
198,239.00	34,979.90	-	-	-	-	-	34,979.90

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,940,303.45	\$2,042,623.66	\$1,940,303.45	\$1,652,825.05
*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	\$121,353.80	\$122,842.83	\$121,353.80	\$64,874.73
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$74,998.55	\$76,671.48	\$74,998.55	\$24,743.48
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$245,739.11	\$288,309.94	\$245,739.11	\$221,272.41
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$87,266.75	\$89,795.43	\$87,266.75	\$37,765.31
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$87,660.78	\$87,704.00	\$87,660.78	\$59,398.45
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$35,326.78	\$35,665.96	\$35,326.78	\$40,423.40
*4551 CAL CO INDIGENT HEALTHCARE	\$10,427.52	\$10,427.52	\$10,427.52	\$10,427.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$14,034.88	\$14,034.88	\$14,034.88	\$14,034.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$46,908.95	\$46,908.95	\$46,908.95	\$45,674.04
*5506 MMC -NH BETHANY SENIOR LIVING	\$70,283.14	\$72,205.84	\$70,283.14	\$71,303.56
*3407 MMC -NH TUSCANY VILLAGE	\$33,629.69	\$33,629.69	\$33,629.69	\$14,425.69
*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
Total Balance	\$3,375,616.66	\$3,528,503.44	\$3,375,616.66	\$2,864,851.78

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 2/12/2024

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza- Private Pay	1,537.80	-	12,497.08			14,034.88	13,934.88
					Bank Balance Variance	14,034.88	
					Leave in Balance	100.00	

Adjust Balance/Transfer Amt 13,934.88

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza-Medicare/Medicaid	7,081.89	6,981.89	46,808.95			46,908.95	46,808.95
					Bank Balance Variance	46,908.95	
					Leave in Balance	100.00	

Adjust Balance/Transfer Amt 46,808.95

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 60,743.83

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 2/12/2024

APPROVED ON

FEB 12 2024

**BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS**

Gulf Pointe Plaza-Private Pay

2/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000295238
 2/6/2024 NDC SWEEP FAC H261 21000022339521 SWEEP FR

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	78.41	-	-	-	-	-	78.41
-	12,418.67	-	-	-	-	-	12,418.67
-	12,497.08	-	-	-	-	-	12,497.08

Gulf Pointe Plaza-Medicare/Medicaid

2/9/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 2/8/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 2/8/2024 WPS-TMEP CONTRAC HCCLAIMPMT 2502559712 21000
 2/7/2024 Deposit
 2/5/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	1,234.91	-	-	-	-	-	1,234.91
6,981.89	-	-	-	-	-	-	-
-	80.00	-	-	-	-	-	80.00
-	224.25	-	-	-	-	-	224.25
-	45,269.79	-	-	-	-	-	45,269.79
6,981.89	46,808.95	-	-	-	-	-	46,808.95
6,981.89	59,306.03	-	-	-	-	-	59,306.03

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,940,303.45	\$2,042,623.66	\$1,940,303.45	\$1,652,825.05
*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	\$121,353.80	\$122,842.83	\$121,353.80	\$64,874.73
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$74,998.55	\$76,671.48	\$74,998.55	\$24,743.48
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$245,739.11	\$288,309.94	\$245,739.11	\$221,272.41
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$87,266.75	\$89,795.43	\$87,266.75	\$37,765.31
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$87,660.78	\$87,704.00	\$87,660.78	\$59,398.45
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$35,326.78	\$35,665.96	\$35,326.78	\$40,423.40
*4551 CAL CO INDIGENT HEALTHCARE	\$10,427.52	\$10,427.52	\$10,427.52	\$10,427.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$14,034.88 ✓	\$14,034.88 ✓	\$14,034.88	\$14,034.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$46,908.95 ✓	\$46,908.95 ✓	\$46,908.95	\$45,674.04
*5506 MMC -NH BETHANY SENIOR LIVING	\$70,283.14	\$72,205.84	\$70,283.14	\$71,303.56
*3407 MMC -NH TUSCANY VILLAGE	\$33,629.69	\$33,629.69	\$33,629.69	\$14,425.69
*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
Total Balance	\$3,375,616.66	\$3,528,503.44	\$3,375,616.66	\$2,864,851.78

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 2/12/2024

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		129,977.59	129,877.59	33,529.69	-	-	33,629.69	33,529.69
						Bank Balance Variance	33,629.69	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 33,529.69
 Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 2/12/2024

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.

APPROVED ON
FEB 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village ✓

MMC PORTION

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	
2/9/2024 Deposit	-	18,900.00	-	-	-	-	18,900.00
2/9/2024 MOLINA HEALTHCAR MOLINAACH 01256543 42000011	-	304.00	-	-	-	-	304.00
2/8/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	109,036.61 ✓	-	-	-	-	-	-
2/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000295452	-	465.87	-	-	-	-	465.87
2/7/2024 Check #1146	20,840.98 ✓	-	-	-	-	-	-
2/7/2024 Deposit	-	4,478.53	-	-	-	-	4,478.53
2/6/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000185	-	9,381.29	-	-	-	-	9,381.29
	129,877.59 ✓	33,529.69 ✓	-	-	-	-	33,529.69 ✓

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,940,303.45	\$2,042,623.66	\$1,940,303.45	\$1,652,825.05
*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	\$121,353.80	\$122,842.83	\$121,353.80	\$64,874.73
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$74,998.55	\$76,671.48	\$74,998.55	\$24,743.48
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$245,739.11	\$288,309.94	\$245,739.11	\$221,272.41
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$87,266.75	\$89,795.43	\$87,266.75	\$37,765.31
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$87,660.78	\$87,704.00	\$87,660.78	\$59,398.45
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$35,326.78	\$35,665.96	\$35,326.78	\$40,423.40
*4551 CAL CO INDIGENT HEALTHCARE	\$10,427.52	\$10,427.52	\$10,427.52	\$10,427.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$14,034.88	\$14,034.88	\$14,034.88	\$14,034.88
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$46,908.95	\$46,908.95	\$46,908.95	\$45,674.04
*5506 MMC -NH BETHANY SENIOR LIVING	\$70,283.14	\$72,205.84	\$70,283.14	\$71,303.56
*3407 MMC -NH TUSCANY VILLAGE ✓	\$33,629.69 ✓	\$33,629.69 ✓	\$33,629.69	\$14,425.69
*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
Total Balance	\$3,375,616.66	\$3,528,503.44	\$3,375,616.66	\$2,864,851.78

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 2/12/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		228,614.35	228,253.48	69,922.27			70,283.14	69,922.27
						Bank Balance	70,283.14	
						Variance	-	
						Leave in Balance	100.00	

January Interest 260.87

Adjust Balance/Transfer Amt 69,922.27

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

Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 2/12/2024

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Bethany Senior Living

2/9/2024 Check #1036
 2/9/2024 HOSPICE OF SOUTH Payments NF 113122650031760
 2/9/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 2/8/2024 WIRE OUT PORT LAVACA NH, LLC
 2/8/2024 Deposit
 2/8/2024 NDC SWEEP FAC K236 31316960005428 SWEEP FR
 2/7/2024 Deposit
 2/7/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 2/6/2024 Check #1034
 2/6/2024 Deposit
 2/6/2024 NDC SWEEP FAC K236 31316966416014 SWEEP FR
 2/5/2024 NDC SWEEP FAC K236 31316966935158 SWEEP FR
 2/5/2024 HNB - ECHO HCCLAIMPMT 746003411 440000260304

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
7,797.60	-	-	-	-	-	-	-
-	1,598.59	-	-	-	-	-	1,598.59
-	5,178.59	-	-	-	-	-	5,178.59
200,631.03	-	-	-	-	-	-	-
-	11,356.32	-	-	-	-	-	11,356.32
-	10,140.70	-	-	-	-	-	10,140.70
-	8,024.87	-	-	-	-	-	8,024.87
-	565.50	-	-	-	-	-	565.50
19,824.85	-	-	-	-	-	-	-
-	26,694.31	-	-	-	-	-	26,694.31
-	2,842.00	-	-	-	-	-	2,842.00
-	3,210.92	-	-	-	-	-	3,210.92
-	310.47	-	-	-	-	-	310.47
228,253.48	69,922.27	-	-	-	-	-	69,922.27

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