

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 06, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 303,963.37	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 45,680.09	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 1,651,296.45	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED March 06, 2024	\$ 2,000,939.91	✓

APPROVED

MAR 06 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 06, 2024

PAYABLES AND PAYROLL

2/29/2024 Weekly Payables	284,509.19
2/29/2024 Patient Refunds	11,638.46
3/1/2024 Capitalone-supplies	1,024.16
3/4/2024 Christopher Rutherford-payroll check to replace returned direct deposit	1,087.31
3/4/2024 Republic Services Inc.-waste	1,738.62
3/4/2024 Calhoun County-insurance premium for 1/1-12/31/24 hospital fleet	557.00
3/4/2024 Fusion-phone	876.81
3/4/2024 Frontier-phone	96.23
3/4/2024 McKesson-340B Prescription Expense	61.80
3/4/2024 Amerisource Bergen-340B Prescription Expense	719.95

Prosperity Electronic Bank Payments

2/26-3/1/24 Pay Plus-Patient Claims Processing Fee	1,083.15
3/1/2024 ExpertPay- child support	570.69

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **303,963.37**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

2/29/2024 MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating	9,483.35
2/29/2024 MMC Operating to Gulf Pointe Plaza - correction of nursing home insurance payment deposited into MMC Operating	119.02
2/29/2024 MMC Operating to Tuscany Village-correction of nursing home insurance payment deposited into MMC Operating	16,629.53
2/29/2024 MMC Operating to Bethany-correction of nursing home insurance payment deposited into MMC Operating	19,448.19

TOTAL TRANSFERS BETWEEN FUNDS \$ **45,680.09**

NURSING HOME UPL EXPENSES

3/4/2024 Nursing Home UPL-Cantex Transfer	782,693.78
3/4/2024 Nursing Home UPL-Nexion Transfer	224,429.62
3/4/2024 Nursing Home UPL-HMG Transfer	21,394.38
3/4/2024 Nursing Home UPL-Tuscany Transfer	143,969.29
3/4/2024 Nursing Home UPL-HSL Transfer	301,383.42

QIPP CHECKS TO MMC

3/4/2024 Ashford	21,489.58
3/4/2024 Broadmoor	18,816.40
3/4/2024 Crescent	11,874.85
3/4/2024 Fort Bend	8,414.28
3/4/2024 Solera	15,438.60
3/4/2024 Golden Creek	48,861.48
3/4/2024 Tuscany	16,516.14
3/4/2024 Bethany	36,014.63

TOTAL NURSING HOME UPL EXPENSES \$ **1,651,296.45**

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

GRAND TOTAL DISBURSEMENTS APPROVED March 06, 2024 \$ **2,000,939.91**

RECEIVED BY THE
02/29/2024 AUDITOR ON
11:57
FEB 29 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 03/22/2024

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

R1200 ADT COMMERCIAL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
153799155 ✓		02/27/202	02/05/202	03/01/202			53.61	0.00	0.00	53.61 ✓

FIRE MONITORING (21-2/21/24)

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

Vendor# Vendor Name Class Pay Code

13180 ADVANCED STERILIZATION PRODUCT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020624214 ✓		02/21/202	02/20/202	02/21/202			879.97	0.00	0.00	879.97 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13180	ADVANCED STERILIZATION PRODUCT	879.97	0.00	0.00	879.97

Vendor# Vendor Name Class Pay Code

A1705 ALIMED INC. ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004217156 ✓		02/27/202	01/12/202	03/12/202			126.36	0.00	0.00	126.36 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004218643 ✓		02/27/202	01/17/202	03/17/202			1,025.24	0.00	0.00	1,025.24 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1705	ALIMED INC.	1,151.60	0.00	0.00	1,151.60

Vendor# Vendor Name Class Pay Code

15272 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
262773 ✓		02/29/202	01/26/202	02/26/202			100.18	0.00	0.00	100.18 ✓

REFUND

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15272		100.18	0.00	0.00	100.18

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
111079941 ✓		02/01/202	01/07/202	02/01/202			493.05	0.00	0.00	493.05 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111149908 ✓		02/21/202	02/13/202	03/09/202			11,435.67	0.00	0.00	11,435.67 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4523420 ✓		02/27/202	02/21/202	03/17/202		43451	1,484.00	0.00	0.00	1,484.00 ✓

CONTRACT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5485056 ✓		02/27/202	02/21/202	03/17/202			1,935.15	0.00	0.00	1,935.15 ✓

CONTRACT

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC	15,347.87	0.00	0.00	15,347.87

Vendor# Vendor Name Class Pay Code

B1320 BEEKLEY CORPORATION ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIN0065114 ✓		02/27/202	01/04/202	03/04/202			796.00	0.00	0.00	796.00 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
B1320	BEEKLEY CORPORATION	796.00	0.00	0.00	796.00

Vendor# Vendor Name Class Pay Code

15304 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
261842	REFUND	02/29/202	01/30/202	03/01/202			120.00	0.00	0.00	120.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15304							120.00	0.00	0.00	120.00
Vendor#	Vendor Name	Class		Pay Code						
13892	BLUE CROSS BLUE SHIELD REFUND	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
263197	PT REFUND	02/29/202	02/21/202	03/01/202			61.13	0.00	0.00	61.13
180324	PT REFUND	02/29/202	02/21/202	03/01/202			132.83	0.00	0.00	132.83
267075	PT REFUND	02/29/202	02/23/202	03/01/202			106.53	0.00	0.00	106.53
268424	PT REFUNC	02/29/202	02/23/202	03/01/202			165.52	0.00	0.00	165.52
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13892 BLUE CROSS BLUE SHIELD REFUND							466.01	0.00	0.00	466.01
Vendor#	Vendor Name	Class		Pay Code						
15300	REFUND	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
241909	REFUND	02/29/202	01/29/202	02/29/202			40.00	0.00	0.00	40.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15300							40.00	0.00	0.00	40.00
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
022224	FUEL - Voyager	02/29/202	02/24/202	03/06/202			214.53	0.00	0.00	214.53
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1048 CALHOUN COUNTY							214.53	0.00	0.00	214.53
Vendor#	Vendor Name	Class		Pay Code						
14120	CALHOUN COUNTY EMS	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024-01	TRANSFERS	02/29/202	02/05/202	03/20/202			4,400.00	0.00	0.00	4,400.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14120 CALHOUN COUNTY EMS							4,400.00	0.00	0.00	4,400.00
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
8003426010	SUPPLIES	02/28/202	02/03/202	02/28/202			63.50	0.00	0.00	63.50
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1325 CARDINAL HEALTH 414, INC.							63.50	0.00	0.00	63.50
Vendor#	Vendor Name	Class		Pay Code						
12768	CHEMAQUA	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8568484	WATER TREATMENT	02/27/202	02/11/202	02/21/202			593.69	0.00	0.00	593.69
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12768 CHEMAQUA							593.69	0.00	0.00	593.69
Vendor#	Vendor Name	Class		Pay Code						
C2157	COOPER SURGICAL INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

6963147		02/21/202	01/26/202	02/21/202			839.86	0.00	0.00	839.86
SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C2157	COOPER SURGICAL INC				839.86	0.00	0.00	839.86
Vendor#	Vendor Name		Class	Pay Code						
14080	CORROHEALTH, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
911882		02/28/202	01/31/202	03/01/202			2,209.55	0.00	0.00	2,209.55
CODING										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14080	CORROHEALTH, INC.				2,209.55	0.00	0.00	2,209.55
Vendor#	Vendor Name		Class	Pay Code						
11368	CYRACOM LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024010697		02/28/202	01/31/202	03/01/202			428.15	0.00	0.00	428.15
INTERPRETATION (11/24-11/31/24)										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11368	CYRACOM LLC				428.15	0.00	0.00	428.15
Vendor#	Vendor Name		Class	Pay Code						
10368	DEWITT POTHS & SON									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
746672-0		02/21/202	02/16/202	03/12/202			106.06	0.00	0.00	106.06
SUPPLIES										
746801-0		02/21/202	02/19/202	03/15/202			543.89	0.00	0.00	543.89
SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTHS & SON				649.95	0.00	0.00	649.95
Vendor#	Vendor Name		Class	Pay Code						
11139	DIANNE ATKINSON									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022824		02/29/202	02/28/202	03/01/202			384.00	0.00	0.00	384.00
APIC TEXT RENEWAL -										
02282024		02/29/202	02/28/202	03/01/202			100.00	0.00	0.00	100.00
TSICP RENEWAL										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11139	DIANNE ATKINSON				484.00	0.00	0.00	484.00
Vendor#	Vendor Name		Class	Pay Code						
14800	DIRECTV ENTERTAINMENT HOLDINGS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
088862205X240212		02/27/202	02/12/202	03/02/202			489.85	0.00	0.00	489.85
SATELLITE 2/11-3/10/24 (1412 fee 6.25)										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14800	DIRECTV ENTERTAINMENT HOLDINGS				489.85	0.00	0.00	489.85
Vendor#	Vendor Name		Class	Pay Code						
11201	DOROTHY LONGORIA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022624		02/29/202	02/26/202	03/01/202			150.58	0.00	0.00	150.58
REIMBURSEMENT - sam's club - sam's card wasn't working 2/26/24										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11201	DOROTHY LONGORIA				150.58	0.00	0.00	150.58
Vendor#	Vendor Name		Class	Pay Code						
15284										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
265562		02/29/202	01/26/202	02/26/202			120.00	0.00	0.00	120.00
REFUND										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net

Vendor#	Vendor Name	Class	Pay Code							
	15284					120.00	0.00	0.00	120.00	
E1070	EDWARDS PLUMBING INC ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
67115		02/28/202	12/12/202	01/12/202			2,709.77	0.00	0.00	2,709.77 ✓
	LABOR/MATERIALS - boiler repair									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	E1070	EDWARDS PLUMBING INC					2,709.77	0.00	0.00	2,709.77
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
42993 ✓		02/27/202	02/29/202	03/10/202			40,062.50	0.00	0.00	40,062.50 ✓
	PHYSICIAN SERV (10-EDM)									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS					40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name	Class	Pay Code							
F1106	FDA-MQSA PROGRAM ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4500024773 ✓		02/28/202	02/21/202	02/28/202			548.00	0.00	0.00	548.00 ✓
	ANNUAL INSPECTION									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1106	FDA-MQSA PROGRAM					548.00	0.00	0.00	548.00
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
8-388-06952 ✓		02/27/202	01/25/202	02/19/202			80.33	0.00	0.00	80.33 ✓
	FREIGHT									
8-394-96505 ✓		02/27/202	02/01/202	02/26/202			81.12	0.00	0.00	81.12 ✓
	FREIGHT									
8-402-82170 ✓		02/27/202	02/08/202	03/04/202			49.02	0.00	0.00	49.02 ✓
	FREIGHT									
8-409-52529 ✓		02/27/202	02/15/202	03/11/202			50.04	0.00	0.00	50.04 ✓
	FREIGHT									
8-417-00000 ✓		02/27/202	02/21/202	03/17/202			270.93	0.00	0.00	270.93 ✓
	FREIGHT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.					531.44	0.00	0.00	531.44
Vendor#	Vendor Name	Class	Pay Code							
10003	FILTER TECHNOLOGY CO, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
121054 ✓		02/27/202	02/14/202	02/27/202			2,891.85	0.00	0.00	2,891.85 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC					2,891.85	0.00	0.00	2,891.85
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
9287114 ✓		02/01/202	01/23/202	02/17/202			15,913.66	0.00	0.00	15,913.66 ✓
	SUPPLIES									
9398934 ✓		02/21/202	01/26/202	02/20/202			56.11	0.00	0.00	56.11 ✓
	SUPPLIES									
9475159 ✓		02/21/202	01/30/202	02/24/202			1,478.47	0.00	0.00	1,478.47 ✓
	SUPPLIES									
9671657 ✓		02/21/202	02/06/202	03/02/202			2,652.34	0.00	0.00	2,652.34 ✓
	SUPPLIES									
9713630 ✓		02/21/202	02/07/202	03/03/202			43.75	0.00	0.00	43.75 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9713631	SUPPLIES	02/21/202	02/07/202	03/03/202			328.44	0.00	0.00	328.44
9753401	SUPPLIES	02/21/202	02/08/202	03/04/202			233.37	0.00	0.00	233.37
9791036	SUPPLIES	02/21/202	02/09/202	03/05/202			262.30	0.00	0.00	262.30
9791037	SUPPLIES	02/21/202	02/09/202	03/05/202			41.30	0.00	0.00	41.30
9865084	SUPPLIES	02/21/202	02/13/202	03/09/202			10.98	0.00	0.00	10.98
9865085	SUPPLIES	02/21/202	02/13/202	03/09/202			21.96	0.00	0.00	21.96
9941148	SUPPLIES	02/21/202	02/15/202	03/11/202			15,788.08	0.00	0.00	15,788.08
9941149	SUPPLIES	02/21/202	02/15/202	03/11/202			79.80	0.00	0.00	79.80
9976377	SUPPLIES	02/27/202	02/16/202	03/12/202			311.89	0.00	0.00	311.89
9976376	SUPPLIES	02/27/202	02/16/202	03/12/202			19.81	0.00	0.00	19.81
0010716	SUPPLIES	02/27/202	02/19/202	03/15/202			3,947.04	0.00	0.00	3,947.04

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE	41,189.30	0.00	0.00	41,189.30

Vendor#	Vendor Name	Class	Pay Code
14156	FUJI FILM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91447476	CONTRACT	02/28/202	02/25/202	03/20/202			7,908.33	0.00	0.00	7,908.33

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14156	FUJI FILM	7,908.33	0.00	0.00	7,908.33

Vendor#	Vendor Name	Class	Pay Code
11149	GBS ADMINISTRATORS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
164988453921	LTD	02/28/202	02/20/202	03/01/202			5,169.32	0.00	0.00	5,169.32

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11149	GBS ADMINISTRATORS, INC	5,169.32	0.00	0.00	5,169.32

Vendor#	Vendor Name	Class	Pay Code
10283	GE HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202906885	SUPPLIES	02/27/202	02/21/202	03/17/202			51.95	0.00	0.00	51.95

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10283	GE HEALTHCARE	51.95	0.00	0.00	51.95

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
2504276	SUPPLIES	02/21/202	02/20/202	03/21/202			782.19	0.00	0.00	782.19

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
G1210	GULF COAST PAPER COMPANY	782.19	0.00	0.00	782.19

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

309342108		02/27/202	02/21/202	03/17/202			308.00	0.00	0.00	308.00
	SUPPLIES									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	10334 HEALTH CARE LOGISTICS INC						308.00	0.00	0.00	308.00
Vendor#	Vendor Name						Class	Pay Code		
15208	HOSPITAL CARE CONSULTANTS INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020224		02/22/202	02/02/202	02/12/202			-3,000.00	0.00	0.00	-3,000.00
	CREDIT									
6437		02/27/202	02/29/202	03/10/202			26,663.00	0.00	0.00	26,663.00
	HOSPITALIST - 16-EDM									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	15208 HOSPITAL CARE CONSULTANTS INC.						23,663.00	0.00	0.00	23,663.00
Vendor#	Vendor Name						Class	Pay Code		
J0150	J & J HEALTH CARE SYSTEMS, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
937114754		02/01/202	01/22/202	02/21/202			820.36	0.00	0.00	820.36
	SUPPLIES									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	J0150 J & J HEALTH CARE SYSTEMS, INC						820.36	0.00	0.00	820.36
Vendor#	Vendor Name						Class	Pay Code		
15276										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
271663		02/29/202	02/23/202	03/01/202			120.00	0.00	0.00	120.00
	REFUND									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	15276						120.00	0.00	0.00	120.00
Vendor#	Vendor Name						Class	Pay Code		
15308										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
255316		02/29/202	01/31/202	03/01/202			37.46	0.00	0.00	37.46
	REFUND									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	15308						37.46	0.00	0.00	37.46
Vendor#	Vendor Name						Class	Pay Code		
15312										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
268418		02/29/202	02/19/202	03/01/202			120.00	0.00	0.00	120.00
	REFUND									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	15312						120.00	0.00	0.00	120.00
Vendor#	Vendor Name						Class	Pay Code		
10972	M G TRUST									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022624		02/27/202	02/26/202	03/01/202			1,140.86	0.00	0.00	1,140.86
	PAYROLL DEDUCT									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	10972 M G TRUST						1,140.86	0.00	0.00	1,140.86
Vendor#	Vendor Name						Class	Pay Code		
M1950	MARTIN PRINTING CO						W			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80046		02/28/202	02/12/202	03/13/202			470.00	0.00	0.00	470.00
	APPT CARDS									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	M1950 MARTIN PRINTING CO						470.00	0.00	0.00	470.00
Vendor#	Vendor Name						Class	Pay Code		

15292 \

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
266114		02/29/202	01/26/202	02/26/202			57.10	0.00	0.00	57.10

REFUND

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15292		57.10	0.00	0.00	57.10

Vendor# Vendor Name Class Pay Code

M2178 MCKESSON MEDICAL SURGICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20367915		02/16/202	02/28/202	03/15/202			280.35	0.00	0.00	280.35

SUPPLIES

20403106		02/16/202	03/09/202	03/24/202			820.59	0.00	0.00	820.59
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SUPPLIES

20492111		02/16/202	04/03/202	04/18/202			820.59	0.00	0.00	820.59
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SUPPLIES

20632839		02/16/202	05/10/202	05/25/202			152.57	0.00	0.00	152.57
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SUPPLIES

19758804		02/20/202	08/29/202	09/13/202			95.25	0.00	0.00	95.25
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SUPPLIES

20143667		02/20/202	12/19/202	01/03/202			45.06	0.00	0.00	45.06
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SUPPLIES

21544067		02/28/202	01/08/202	01/23/202			2,348.64	0.00	0.00	2,348.64
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SUPPLIES

21560305		02/28/202	01/09/202	01/24/202			151.64	0.00	0.00	151.64
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SUPPLIES

21580895		02/28/202	01/16/202	01/31/202			2,346.74	0.00	0.00	2,346.74
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SUPPLIES

21613407		02/28/202	01/22/202	02/06/202			272.81	0.00	0.00	272.81
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SUPPLIES

21639360		02/28/202	01/26/202	02/10/202			470.19	0.00	0.00	470.19
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SUPPLIES

21642758		02/28/202	01/29/202	02/13/202			135.88	0.00	0.00	135.88
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SUPPLIES

21654905		02/28/202	01/31/202	02/15/202			103.42	0.00	0.00	103.42
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SUPPLIES

21657825		02/28/202	01/31/202	02/15/202			116.83	0.00	0.00	116.83
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SUPPLIES

21679220		02/28/202	02/06/202	02/21/202			71.56	0.00	0.00	71.56
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SUPPLIES

21691435		02/28/202	02/08/202	02/23/202			45.02	0.00	0.00	45.02
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SUPPLIES

21708551		02/28/202	02/13/202	02/28/202			527.40	0.00	0.00	527.40
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SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	8,804.54	0.00	0.00	8,804.54

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
2304589611		02/01/202	01/24/202	02/18/202			3,010.07	0.00	0.00	3,010.07

SUPPLIES

2307412977		02/21/202	02/14/202	03/10/202			3,122.35	0.00	0.00	3,122.35
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SUPPLIES

2308256618		02/21/202	02/21/202	03/17/202			110.91	0.00	0.00	110.91
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SUPPLIES

2308256611		02/21/202	02/21/202	03/17/202			27.17	0.00	0.00	27.17
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SUPPLIES

2308256615	SUPPLIES	02/21/202	02/21/202	03/17/202	49.21	0.00	0.00	49.21
2308256617	SUPPLIES	02/21/202	02/21/202	03/17/202	21.36	0.00	0.00	21.36
2308256621	SUPPLIES	02/21/202	02/21/202	03/17/202	33.19	0.00	0.00	33.19
2308256610	SUPPLIES	02/21/202	02/21/202	03/17/202	358.00	0.00	0.00	358.00
2308256613	SUPPLIES	02/21/202	02/21/202	03/17/202	94.87	0.00	0.00	94.87
2308256616	SUPPLIES	02/21/202	02/21/202	03/17/202	593.97	0.00	0.00	593.97
2308256627	SUPPLIES	02/21/202	02/21/202	03/17/202	7.13	0.00	0.00	7.13
2308256623	SUPPLIES	02/21/202	02/21/202	03/17/202	2,314.59	0.00	0.00	2,314.59
2308256612	SUPPLIES	02/21/202	02/21/202	03/17/202	15.43	0.00	0.00	15.43
2308256620	SUPPLIES	02/21/202	02/21/202	03/17/202	33.19	0.00	0.00	33.19
2308256619	SUPPLIES	02/21/202	02/21/202	03/17/202	29.75	0.00	0.00	29.75
2308256614	SUPPLIES	02/21/202	02/21/202	03/17/202	109.68	0.00	0.00	109.68
2308256626	SUPPLIES	02/21/202	02/21/202	03/17/202	18,234.41	0.00	0.00	18,234.41
2308543437	SUPPLIES	02/27/202	02/23/202	03/19/202	269.89	0.00	0.00	269.89

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2470	MEDLINE INDUSTRIES INC	28,435.17	0.00	0.00	28,435.17

Vendor# Vendor Name Class Pay Code

10963	MEMORIAL MEDICAL CLINIC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022624		02/27/202	02/26/202	03/01/202			25.00	0.00	0.00	25.00
	PAYROLL DEDUCT									

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

Vendor# Vendor Name Class Pay Code

15288										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
268939		02/29/202	01/26/202	02/26/202			106.52	0.00	0.00	106.52
	REFUND									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15288		106.52	0.00	0.00	106.52

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
1664050		02/27/202	02/20/202	03/01/202			2,538.31	0.00	0.00	2,538.31
	INVENTORY									
1664049		02/27/202	02/20/202	03/01/202			7,128.74	0.00	0.00	7,128.74
	INVENTORY									
CM95465		02/27/202	02/20/202	03/01/202			-246.54	0.00	0.00	-246.54
	CREDIT									
1668443		02/27/202	02/21/202	03/02/202			24.36	0.00	0.00	24.36
	INVENTORY									
1668444		02/27/202	02/21/202	03/02/202			799.36	0.00	0.00	799.36

1668446	✓	INVENTORY	02/27/202	02/21/202	03/02/202	1,258.05	0.00	0.00	1,258.05	✓
1666261	✓	INVENTORY	02/27/202	02/21/202	03/02/202	180.47	0.00	0.00	180.47	✓
CM95756	✓	INVENTORY	02/27/202	02/21/202	03/02/202	-0.04	0.00	0.00	-0.04	✓
1666260	✓	CREDIT	02/27/202	02/21/202	03/02/202	617.91	0.00	0.00	617.91	✓
1668447	✓	INVENTORY	02/27/202	02/21/202	03/02/202	23.82	0.00	0.00	23.82	✓
1668445	✓	INVENTORY	02/27/202	02/21/202	03/02/202	70.96	0.00	0.00	70.96	✓
1668831	✓	INVENTORY	02/27/202	02/21/202	03/02/202	241.40	0.00	0.00	241.40	✓
1666262	✓	INVENTORY	02/27/202	02/21/202	03/02/202	1,263.48	0.00	0.00	1,263.48	✓
1673574	✓	INVENTORY	02/28/202	02/22/202	03/03/202	1,556.19	0.00	0.00	1,556.19	✓
1673573	✓	INVENTORY	02/28/202	02/22/202	03/03/202	39.14	0.00	0.00	39.14	✓
1682050	✓	INVENTORY	02/28/202	02/25/202	03/06/202	1,012.78	0.00	0.00	1,012.78	✓
1682051	✓	INVENTORY	02/28/202	02/25/202	03/06/202	747.25	0.00	0.00	747.25	✓
1682049	✓	INVENTORY	02/28/202	02/25/202	03/06/202	4.00	0.00	0.00	4.00	✓
1684863	✓	INVENTORY	02/28/202	02/26/202	03/07/202	12.07	0.00	0.00	12.07	✓
1684864	✓	INVENTORY	02/28/202	02/26/202	03/07/202	95.19	0.00	0.00	95.19	✓
1686833	✓	INVENTORY	02/28/202	02/26/202	03/07/202	419.32	0.00	0.00	419.32	✓
1686834	✓	INVENTORY	02/28/202	02/26/202	03/07/202	98.13	0.00	0.00	98.13	✓
1683689	✓	INVENTORY	02/28/202	02/26/202	03/07/202	14.22	0.00	0.00	14.22	✓
1685429	✓	INVENTORY	02/28/202	02/26/202	03/07/202	28.10	0.00	0.00	28.10	✓
1690873	✓	INVENTORY	02/28/202	02/27/202	03/08/202	74.50	0.00	0.00	74.50	✓
1690870	✓	INVENTORY	02/28/202	02/27/202	03/08/202	296.03	0.00	0.00	296.03	✓
1690871	✓	INVENTORY	02/28/202	02/27/202	03/08/202	4.49	0.00	0.00	4.49	✓
1690872	✓	INVENTORY	02/28/202	02/27/202	03/08/202	1,555.32	0.00	0.00	1,555.32	✓
1691040	✓	INVENTORY	02/28/202	02/27/202	03/08/202	81.33	0.00	0.00	81.33	✓
1691041	✓	INVENTORY	02/28/202	02/27/202	03/08/202	894.31	0.00	0.00	894.31	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	20,832.65	0.00	0.00	20,832.65

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net			
10868	NOVA BIOMEDICAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

91271022		02/01/202	01/26/202	02/07/202			2,961.57	0.00	0.00	2,961.57
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL					2,961.57	0.00	0.00	2,961.57
Vendor#	Vendor Name				Class	Pay Code				
O1500	OLYMPUS AMERICA INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35781248		02/21/202	02/21/202	03/17/202			0.00	0.00	0.00	0.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC					0.00	0.00	0.00	0.00
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PSI000932		02/28/202	02/12/202	03/08/202			1,791.67	0.00	0.00	1,791.67
CONTRACT AGREEMENT										
PSI000978		02/28/202	02/12/202	03/08/202			1,708.33	0.00	0.00	1,708.33
CONTRACT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11080	RADSOURCE					3,500.00	0.00	0.00	3,500.00
Vendor#	Vendor Name				Class	Pay Code				
15280										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
265010		02/29/202	01/26/202	02/26/202			120.00	0.00	0.00	120.00
REFUND										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	15280						120.00	0.00	0.00	120.00
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116505374		02/28/202	02/16/202	03/12/202			2,451.95	0.00	0.00	2,451.95
SYMBIA EVO CONTRACT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					2,451.95	0.00	0.00	2,451.95
Vendor#	Vendor Name				Class	Pay Code				
S2362	SMITH & NEPHEW, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
982713901		02/27/202	02/19/202	02/27/202			1,328.24	0.00	0.00	1,328.24
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.					1,328.24	0.00	0.00	1,328.24
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
I07038297		02/27/202	02/15/202	03/11/202			7,593.00	0.00	0.00	7,593.00
BLOOD										
CM11626		02/27/202	02/15/202	03/11/202			-3,168.00	0.00	0.00	-3,168.00
CREDIT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					4,425.00	0.00	0.00	4,425.00
Vendor#	Vendor Name				Class	Pay Code				
S2550	SOUTHWEST TEXAS REGIONAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00090		02/28/202	02/16/202	03/16/202			500.00	0.00	0.00	500.00
EVERBRIDGE MASS NOTIFICATIC										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net

Vendor#	Vendor Name	Class	Pay Code							
	S2550 SOUTHWEST TEXAS REGIONAL			500.00	0.00	0.00	500.00			
S3960	STERICYCLE, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8006256280 ✓		02/29/202	02/18/202	03/19/202			2,795.69	0.00	0.00	2,795.69 ✓
	DISPOSAL									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	S3960 STERICYCLE, INC						2,795.69	0.00	0.00	2,795.69
S3940	STERIS CORPORATION ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12059429 ✓		02/27/202	02/09/202	03/05/202			140.96	0.00	0.00	140.96 ✓
	SUPPLIES									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	S3940 STERIS CORPORATION						140.96	0.00	0.00	140.96
11772	STERIS INSTRUMENT MANAGEMENT ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2642977 ✓		02/01/202	07/10/202	08/04/202			66.72	0.00	0.00	66.72 ✓
	SUPPLIES									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	11772 STERIS INSTRUMENT MANAGEMENT						66.72	0.00	0.00	66.72
10758	TEXAS SELECT STAFFING, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0023637 ✓		02/29/202	02/22/202	02/23/202			4,070.00	0.00	0.00	4,070.00 ✓
	B BATES RN/ICU									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	10758 TEXAS SELECT STAFFING, LLC						4,070.00	0.00	0.00	4,070.00
10410	TRAVEL NURSE ACROSS AMERICA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22-875108 ✓		02/28/202	12/22/202	01/23/202			3,240.00	0.00	0.00	3,240.00 ✓
	DAVID COYLE RN/ER (12/24-12/25/23)									
22875110 ✓		02/28/202	01/04/202	02/04/202			3,127.50	0.00	0.00	3,127.50 ✓
	DAVID COYLE RN/ER (12/24-12/31/23)									
22-877206 ✓		02/28/202	01/11/202	02/11/202			3,195.00	0.00	0.00	3,195.00 ✓
	DAVID COYLE RN/ER (1/4-1/11/24)									
22-879992 ✓		02/28/202	01/18/202	02/18/202			3,217.50	0.00	0.00	3,217.50 ✓
	DAVID COYLE RN/ER (1/12-1/14/24)									
22-883914 ✓		02/28/202	01/25/202	02/25/202			3,172.50	0.00	0.00	3,172.50 ✓
	DAVID COYLE RN/ER (1/23-1/25/24)									
22-885047 ✓		02/28/202	01/26/202	02/26/202			3,150.00	0.00	0.00	3,150.00 ✓
	DAVID COYLE RN/ER (1/26-1/28/24)									
22-891904R ✓		02/28/202	02/08/202	03/08/202			3,217.50	0.00	0.00	3,217.50 ✓
	DAVID COYLE RN/ER (2/6-2/8/24)									
22-891203 ✓		02/28/202	02/16/202	03/15/202			3,307.50	0.00	0.00	3,307.50 ✓
	DAVID COYLE RN/ER (2/9-2/11/24)									
22-892001 ✓		02/28/202	02/16/202	03/15/202			3,262.50	0.00	0.00	3,262.50 ✓
	DAVID COYLE RN/ER (2/20-2/22/24)									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	10410 TRAVEL NURSE ACROSS AMERICA						28,890.00	0.00	0.00	28,890.00
T3130	TRI-ANIM HEALTH SERVICES INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
600186887 ✓		02/27/202	02/19/202	03/15/202			313.75	0.00	0.00	313.75 ✓

SUPPLIES

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		T3130	TRI-ANIM HEALTH SERVICES INC		313.75	0.00	0.00	313.75		
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
TRI177243 ✓		02/27/202	02/21/202	03/07/202			214.01	0.00	0.00	214.01 ✓

FREIGHT

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		13616	TRIOSE, INC		214.01	0.00	0.00	214.01		
Vendor#	Vendor Name		Class	Pay Code						
U1056	UNIFORM ADVANTAGE ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SIV-14807053 ✓		02/21/202	02/12/202	02/27/202			115.72	0.00	0.00	115.72 ✓

SUPPLIES

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		U1056	UNIFORM ADVANTAGE		115.72	0.00	0.00	115.72		
Vendor#	Vendor Name		Class	Pay Code						
15296	I ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
264161 ✓		02/29/202	01/26/202	02/26/202			120.00	0.00	0.00	120.00 ✓

REFUND

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net
		15296			120.00	0.00	0.00	120.00

Vendor#	Vendor Name		Class	Pay Code						
W1040	WATERMARK GRAPHICS INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2004-1 ✓		02/21/202	02/06/202	03/07/202			379.72	0.00	0.00	379.72 ✓
	UNIFORMS									
1881-1 ✓		02/21/202	02/06/202	03/07/202			1,070.03	0.00	0.00	1,070.03 ✓
	UNIFORMS									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		W1040	WATERMARK GRAPHICS INC		1,449.75	0.00	0.00	1,449.75		

Vendor#	Vendor Name		Class	Pay Code						
14624	WELLMED MEDICAL MANAGEMENT ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
259381 ✓		02/29/202	02/14/202	03/01/202			118.82	0.00	0.00	118.82 ✓

PT REFUND I

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net
		14624	WELLMED MEDICAL MANAGEMENT		118.82	0.00	0.00	118.82

Vendor#	Vendor Name		Class	Pay Code						
I1110	WERFEN USA LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111462360 ✓		02/27/202	02/22/202	03/18/202			430.80	0.00	0.00	430.80 ✓

SUPPLIES

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC		430.80	0.00	0.00	430.80

Vendor#	Vendor Name		Class	Pay Code						
11400	WEST COAST MEDICAL RESOURCES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV110041 ✓		02/27/202	02/19/202	02/27/202			1,487.00	0.00	0.00	1,487.00 ✓

SUPPLIES

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net
		11400	WEST COAST MEDICAL RESOURCES		1,487.00	0.00	0.00	1,487.00

Vendor#	Vendor Name		Class	Pay Code				
10556	WOUND CARE SPECIALISTS ✓							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00006519	✓	02/29/202	02/01/202	03/01/202			12,625.00	0.00	0.00	12,625.00 ✓
WOUND CARE SERV										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	12,625.00	0.00	0.00	12,625.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	284,509.19	0.00	0.00	284,509.19

APPROVED ON

FEB 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203156-203232

RUN DATE: 02/29/24 BY THE COUNTY AUDITOR ON
TIME: 08:57

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

FEB 29 2024

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
-----CALHOUN COUNTY, TEXAS-----							
1415882 ✓	01 UNITED HEALTHCARE OVERPAYMENTS	022924	88.50 ✓	✓	2	REFUND FOR	
1423253 ✓	01 UNITED HEALTHCARE OVERPAYMENTS	022924	88.50 ✓	✓	2	REFUND FOR	
1428516 ✓	01 UNITED HEALTHCARE OVERPAYMENTS	022924	1300.00 ✓	✓	2	REFUND FOR	
1433738 ✓	01 UNITED HEALTHCARE OVERPAYMENTS	022924	88.50 ✓	✓	2	REFUND FOR	
1565948 ✓	01 RAWLINGS	022924	4150.00 ✓	✓	1	REFUND FOR	
1568802 ✓	01 COTIVITI	022924	2719.74 ✓	✓	3	REFUND FOR	
1578156 ✓	01 HUMANA MILITARY	022924	1834.69 ✓	✓	2	REFUND FOR	
1584628 ✓	01 COTIVITI	022924	396.06 ✓	✓	3	REFUND FOR	
1587968 ✓	01 COTIVITI	022924	972.47 ✓	✓	3	REFUND FOR	

ARID=0001 TOTAL 11638.46

TOTAL 11638.46

APPROVED ON

FEB 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203246-203254

3/1/24 4:03 PM
RECEIVED BY THE
COUNTY AUDITOR ON

tmp_cw5report1683636326058311557.html

MAR 01 2024
16:03

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Dates Through:

Class Pay Code

Vendor# Vendor Name

14064 CAPITAL ONE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1653982096		02/29/202	02/19/202	03/16/202			1,024.16	0.00	0.00	1,024.16 ✓

SUPPLIES MISC and 75 inch Vizio TV @ 598.

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14064	CAPITAL ONE	1,024.16	0.00	0.00	1,024.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,024.16	0.00	0.00	1,024.16

APPROVED ON

MAR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 203168

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03/04/2024
12:54
MAR 04 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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ap_open_invoice.template

Dates Through:

CALHOUN COUNTY, TEXAS

Vendor Vendor Name

Class Pay Code

15316 CHRISTOPHER RUTHERFORD ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030424		03/04/202	03/04/202	03/04/202			1,087.31	0.00	0.00	1,087.31 ✓

PAYROLL - direct deposit returned - account closed

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15316	CHRISTOPHER RUTHERFORD	1,087.31	0.00	0.00	1,087.31

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,087.31	0.00	0.00	1,087.31

APPROVED ON

MAR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 203157

3/4/24 12:56 PM RECEIVED BY THE COUNTY AUDITOR ON

tmp_cw5report3455091729533896226.html

MAR 04 2024

MEMORIAL MEDICAL CENTER

03/04/2024

12:56

CALHOUN COUNTY, TEXAS

AP Open Invoice List

0
ap_open_invoice.template

Dates Through:

Vendor# Vendor Name
14920 REPUBLIC SERVICES, INC.

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
001322350	✓	02/29/202	02/26/202	03/15/202			1,738.62	0.00	0.00	1,738.62 ✓

WASTE

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

Report Summary

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

APPROVED ON

MAR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203213

3/4/24 12:54 PM
RECEIVED BY THE
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tmp__cw5report98270048935247095.html

MAR 04 2024
03/04/2024
12:54
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0
ap_open_invoice.template

AP Open Invoice List
Dates Through:

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
022224		02/29/202	02/24/202	03/06/202			214.53	0.00	0.00	214.53
030124	FUEL on original list	02/29/202	02/29/202	03/06/202			557.00	0.00	0.00	557.00
	INSURANCE PREMIUM									
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
C1048	CALHOUN COUNTY						771.53	0.00	0.00	771.53

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	771.53	0.00	0.00	771.53

APPROVED ON
MAR 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CIL#203166

RECEIVED BY THE
COUNTY AUDITOR ON

03/04/2024

MAR 04 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name
12636 FUSION CLOUD SERVICES, LLC
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029117183		02/29/202	02/16/202	03/15/202			876.81	0.00	0.00	876.81

PHONE

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12636	FUSION CLOUD SERVICES, LLC	876.81	0.00	0.00	876.81

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	876.81	0.00	0.00	876.81

APPROVED ON

MAR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203188

3/4/24 12:55 PM
RECEIVED BY THE
COUNTY AUDITOR ON

tmp_cw5report5392435443007760171.html

MAR 04 2024
03/04/2024
12:55

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

CALHOUN COUNTY TEXAS

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11183	FRONTIER									
021924	PHONE	02/29/202	02/19/202	03/14/202			56.40	0.00	0.00	56.40 ✓
022324	PHONE	02/29/202	02/23/202	03/18/202			39.83	0.00	0.00	39.83 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11183 FRONTIER							96.23	0.00	0.00	96.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	96.23	0.00	0.00	96.23

APPROVED ON

MAR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 203186

MCKESSON

STATEMENT

As of: 03/01/2024

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 03/02/2024

As of: 03/01/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 03/02/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	632536 Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
--------------	----------	-------------------	------------------	------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 63.06 USD

Future Due: 0.00

If Paid By 03/05/2024,
Pay This Amount:

61.80 USD

Due If Paid On Time:
USD

61.80 ✓

Past Due: 0.00

Disc lost if paid late:

1.26

Last Payment 2,451.97
08/07/2017

If Paid After 03/05/2024,
Pay this Amount:

63.06 USD

Due If Paid Late:
USD

63.06

Andrew Datas Santos
3/4/24

3 * 02 +
3 * 37 +
3 * 07 +
52 * 34 +
61 * 80 *

APPROVED ON

MAR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 03/01/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 03/02/2024

As of: 03/01/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
02/26/2024	03/05/2024	7479881162	107243013	195Invoice	0.02	0.95		0.93		7479881162	✓
03/01/2024	03/05/2024	7480946937	107889052	195Invoice	1.04	51.83		50.79		7480946937	✓
03/01/2024	03/05/2024	7480946938	107895128	115Invoice	0.01	0.63		0.62		7480946938	✓

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

TOTAL:

Subtotals: 53.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 02/26/2024 4,320.05

If Paid By 03/05/2024,
Pay This Amount: 52.34 USD

If Paid After 03/05/2024,
Pay this Amount: 53.41 USD

Due If Paid On Time:
USD 52.34 ✓

Disc lost if paid late: 1.07

Due If Paid Late:
USD 53.41

Andrew De Los Santos
3/4/24

APPROVED ON

MAR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

[Handwritten signature]

MCKESSON

STATEMENT

As of: 03/01/2024

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: 03/01/2024 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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 835434
Date: 03/02/2024

Cust: 835434 PLEASE CHECK ANY
Date: 03/02/2024 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 835434 CVS PHCY 8923/MEM MC PHS											
02/28/2024	03/05/2024	7480317925	3069607	115Invoice	0.06	3.08		3.02		7480317925	<input checked="" type="checkbox"/>

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

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

Subtotals: 3.08 USD

Future Due: 0.00

If Paid By 03/05/2024,
Pay This Amount:

3.02 USD

Due If Paid On Time:
USD

3.02 ✓

Past Due: 0.00

Disc lost if paid late:

0.06

Last Payment 4,320.05
02/26/2024

If Paid After 03/05/2024,
Pay this Amount:

3.08 USD

Due If Paid Late:
USD

3.08

Andrew De Los Santos
3/4/24

APPROVED ON

MAR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 03/01/2024

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: 03/01/2024 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: 03/02/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 03/02/2024 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	
02/28/2024	03/05/2024	7480440612	CVS PHCY 7416/MEM MC PHS	3067867	115Invoice	0.07	3.44		3.37		7480440612	<input checked="" type="checkbox"/>

PF 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: 3.44 USD

Future Due: 0.00

If Paid By 03/05/2024,
Pay This Amount:

3.37 USD

Due If Paid On Time:

USD 3.37 ✓ ✓

Past Due: 0.00

Disc lost if paid late: 0.07

Last Payment 4,320.05
02/26/2024

If Paid After 03/05/2024,
Pay this Amount:

3.44 USD

Due If Paid Late: 3.44
USD

Andrew De la Lenta
3/4/24

APPROVED ON

MAR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 03/01/2024

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: 03/01/2024 Page: 001
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 835438
Date: 03/02/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 03/02/2024 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	
02/28/2024	03/05/2024	7480439853	632536 3070247	115 Invoice	0.06	3.13		3.07		7480439853	✓

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

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

Subtotals: 3.13 USD

Future Due: 0.00

If Paid By 03/05/2024,
Pay This Amount:

3.07 USD

Due If Paid On Time:

USD

3.07 ✓

Past Due: 0.00

Disc lost if paid late:

0.06

Last Payment 4,320.05
02/26/2024

If Paid After 03/05/2024,
Pay this Amount:

3.13 USD

Due If Paid Late:

USD

3.13

Andrew De los Santos
3/4/24

APPROVED ON

MAR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Serviced By:
AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

DEA: RA0289276
866-451-9655

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

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

Customer Number	100135284 / 037028186
Terms	Sat - Fri Due in 7 days
Summary	
Not Yet Due:	0.00
Current:	719.95
Past Due:	0.00
Total Due:	719.95
Account Balance:	719.95

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
02-26-2024	03-08-2024	3165918975	7005781505	Invoice	423.49		0.00	423.49
02-26-2024	03-08-2024	3165918976	7005793531	Invoice	115.50		0.00	115.50
02-26-2024	03-08-2024	3165918977	7005802793	Invoice	60.07		0.00	60.07
02-27-2024	03-08-2024	3166079855	7005811307	Invoice	3.24		0.00	3.24
02-28-2024	03-08-2024	3166230419	7005817605	Invoice	19.59		0.00	19.59
02-29-2024	03-08-2024	3166389959	7005829660	Invoice	11.86		0.00	11.86
03-01-2024	03-08-2024	3166527709	7005838308	Invoice	86.20		0.00	86.20

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
719.95	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
03-08-2024	719.95
Total Due:	719.95

APPROVED ON
MAR 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeKas Santos
314124

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Feb 26, 2024 - March 3, 2024**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CI</u>
3/1/2024	PAY PLUS ACHTrans 000000016198319 1010006989	- 3rd Party Payor Fee	269.08	269.08 +
3/1/2024	HEALTH EQUITY INC HealthEqui 1356888 91000012	- EmpDeduct/Employer Contribut	1,392.83 *	33.34 +
3/1/2024	EXPERTPAY EXPERTPAY 746003411 91000011347996	- Child Support Payment	570.69	605.46 +
3/1/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	983.60 *	164.03 +
3/1/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	379,124.39 *	11.24 +
2/29/2024	PAY PLUS ACHTrans 000000016039657 1010006977	- 3rd Party Payor Fee	33.34	1,083.15 *
2/28/2024	PAY PLUS ACHTrans 000000015906154 1010006963	- 3rd Party Payor Fee	605.46	570.69 +
2/27/2024	PAY PLUS ACHTrans 000000015773002 1010006951	- 3rd Party Payor Fee	164.03	570.69 +
2/27/2024	MCKESSON DRUG AUTO ACH ACH05889685 910000133	- 340B Drug Program Expense	4,320.05 *	1,653.84 *
2/26/2024	PAY PLUS ACHTrans 000000015697511 1010006940	- 3rd Party Payor Fee	11.24	
			387,474.71	387,474.71 +

Pay Plus

269.08 +
33.34 +
605.46 +
164.03 +
11.24 +

1,083.15 *
Expert Pay
570.69 +
570.69 *

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

March 4, 2024

* Approved 02-28-24 cc

1,392.83 -
983.60 -
379,124.39 -
4,320.05 -
1,653.84 *

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
			1,653.84 +
			1,653.84 -
			0.00 *

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

March 4, 2024

0.00 ✓

**APPROVED ON
MAR 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RECEIVED BY THE
COUNTY AUDITOR ON
02/29/2024
10:54
FEB 29 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021624A		02/27/202	02/16/202	03/23/202			415.23	0.00	0.00	415.23 ✓
	TRANSFER									
021624		02/27/202	02/16/202	03/23/202			258.72	0.00	0.00	258.72 ✓
	TRANSFER									
022024A		02/27/202	02/20/202	03/23/202			3,892.26	0.00	0.00	3,892.26 ✓
	TRANSFER									
022024C		02/27/202	02/20/202	03/23/202			1,185.00	0.00	0.00	1,185.00 ✓
	TRANSFER									
022024B		02/27/202	02/20/202	03/23/202			2,142.73	0.00	0.00	2,142.73 ✓
	TRANSFER									
022124A		02/27/202	02/21/202	03/23/202			568.22	0.00	0.00	568.22 ✓
	TRANSFER									
022124		02/27/202	02/21/202	03/23/202			511.18	0.00	0.00	511.18 ✓
	TRANSFER									
022124B		02/27/202	02/21/202	03/23/202			510.01	0.00	0.00	510.01 ✓
	TRANSFER									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11836 GOLDENCREEK HEALTHCARE							9,483.35	0.00	0.00	9,483.35

All insurance pymt deposited into M.M.C. operating

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,483.35	0.00	0.00	9,483.35

APPROVED ON

FEB 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# W3234

RECEIVED BY THE COUNTY AUDITOR ON

FEB 29 2024

MEMORIAL MEDICAL CENTER

0

02/29/2024 10:55

AP Open Invoice List

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Dates Through:

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021624		02/27/202	02/16/202	03/23/202			119.02	0.00	0.00	119.02 ✓

TRANSFER *Net insurance pymt deposited into memc operating*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA	119.02	0.00	0.00	119.02

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	119.02	0.00	0.00	119.02

APPROVED ON

FEB 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#203235

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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Dates Through:

Class Pay Code

RECEIVED BY THE
 COUNTY AUDITOR ON
 02/29/2024
 11:01
FEB 29 2024
 Vendor# Vendor Name
 13004 TUSCANY VILLAGE
 CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
021624		02/27/202	02/16/202	03/23/202			69.53	0.00	0.00	69.53 ✓
	TRANSFER	<i>MH insurance pymt deposited into MMC operating</i>								
022124		02/27/202	02/21/202	03/23/202			16,560.00	0.00	0.00	16,560.00 ✓
	TRANSFER	"								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE							16,629.53	0.00	0.00	16,629.53

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,629.53	0.00	0.00	16,629.53

APPROVED ON

FEB 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKH 2/29/24

RECEIVED BY THE
COUNTY AUDITOR ON

02/29/2024

10:53 FEB 29 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING ✓									
021624A		02/27/202	02/16/202	03/23/202			14,066.87	0.00	0.00	14,066.87 ✓
	TRANSFER									
021624		02/27/202	02/16/202	03/23/202			470.15	0.00	0.00	470.15 ✓
	TRANSFER *							"		
022124		02/27/202	02/16/202	03/23/202			4,911.17	0.00	0.00	4,911.17 ✓
	TRANSFER "							"		
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12792 BETHANY SENIOR LIVING							19,448.19	0.00	0.00	19,448.19

With insurance point deposited into mmmc operating

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,448.19	0.00	0.00	19,448.19

APPROVED ON

FEB 29 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# W3233

☒

RUN DATE:03/04/24
TIME:14:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/24 THRU 03/06/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203156	03/04/24	1,087.31	[REDACTED]
A/P	203157	03/06/24	53.61	ADT COMMERCIAL
A/P	203158	03/06/24	879.97	ADVANCED STERILIZATION PRODUCT
A/P	203159	03/06/24	1,151.60	ALIMED INC.
A/P	203160	03/06/24	100.18	[REDACTED]
A/P	203161	03/06/24	15,347.87	BECKMAN COULTER INC
A/P	203162	03/06/24	796.00	BEEKLEY CORPORATION
A/P	203163	03/06/24	120.00	BLAKE JAY BULLER
A/P	203164	03/06/24	466.01	BLUE CROSS BLUE SHIELD REFUND
A/P	203165	03/06/24	40.00	[REDACTED]
A/P	203166	03/06/24	771.53	CALHOUN COUNTY
A/P	203167	03/06/24	4,400.00	CALHOUN COUNTY EMS
A/P	203168	03/06/24	1,024.16	CAPITAL ONE
A/P	203169	03/06/24	63.50	CARDINAL HEALTH 414, INC.
A/P	203170	03/06/24	593.69	CHEMAQUA
A/P	203171	03/06/24	839.86	COOPER SURGICAL INC
A/P	203172	03/06/24	2,209.55	CORROHEALTH, INC.
A/P	203173	03/06/24	428.15	CYRACOM LLC
A/P	203174	03/06/24	649.95	DEWITT POTH & SON
A/P	203175	03/06/24	484.00	DIANNE ATKINSON
A/P	203176	03/06/24	489.85	DIRECTV ENTERTAINMENT HOLDINGS
A/P	203177	03/06/24	150.58	[REDACTED]
A/P	203178	03/06/24	120.00	[REDACTED]
A/P	203179	03/06/24	2,709.77	EDWARDS PLUMBING INC
A/P	203180	03/06/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	203181	03/06/24	548.00	FDA-MQSA PROGRAM
A/P	203182	03/06/24	531.44	FEDERAL EXPRESS CORP.
A/P	203183	03/06/24	2,891.85	FILTER TECHNOLOGY CO, INC
A/P	203184	03/06/24	.00	VOIDED
A/P	203185	03/06/24	41,189.30	FISHER HEALTHCARE
A/P	203186	03/06/24	96.23	FRONTIER
A/P	203187	03/06/24	7,908.33	FUJI FILM
A/P	203188	03/06/24	876.81	FUSION CLOUD SERVICES, LLC
A/P	203189	03/06/24	5,169.32	GBS ADMINISTRATORS, INC
A/P	203190	03/06/24	51.95	GE HEALTHCARE
A/P	203191	03/06/24	782.19	GULF COAST PAPER COMPANY
A/P	203192	03/06/24	308.00	HEALTH CARE LOGISTICS INC
A/P	203193	03/06/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	203194	03/06/24	820.36	J & J HEALTH CARE SYSTEMS, INC
A/P	203195	03/06/24	120.00	[REDACTED]
A/P	203196	03/06/24	37.46	[REDACTED]
A/P	203197	03/06/24	120.00	[REDACTED]
A/P	203198	03/06/24	1,140.86	M G TRUST
A/P	203199	03/06/24	470.00	MARTIN PRINTING CO
A/P	203200	03/06/24	57.10	[REDACTED]
A/P	203201	03/06/24	.00	VOIDED
A/P	203202	03/06/24	.00	VOIDED
A/P	203203	03/06/24	8,804.54	MCKESSON MEDICAL SURGICAL INC
A/P	203204	03/06/24	.00	VOIDED
A/P	203205	03/06/24	.00	VOIDED

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203206	03/06/24	28,435.17	MEDLINE INDUSTRIES INC
A/P	203207	03/06/24	25.00	MEMORIAL MEDICAL CLINIC
A/P	203208	03/06/24	106.52	[REDACTED]
A/P	203209	03/06/24	.00	VOIDED
A/P	203210	03/06/24	20,832.65	MORRIS & DICKSON CO, LLC
A/P	203211	03/06/24	2,961.57	NOVA BIOMEDICAL
A/P	203212	03/06/24	3,500.00	RADSOURCE
A/P	203213	03/06/24	1,738.62	REPUBLIC SERVICES, INC.
A/P	203214	03/06/24	120.00	[REDACTED]
A/P	203215	03/06/24	2,451.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	203216	03/06/24	1,328.24	SMITH & NEPHEW, INC.
A/P	203217	03/06/24	4,425.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	203218	03/06/24	500.00	SOUTHWEST TEXAS REGIONAL
A/P	203219	03/06/24	2,795.69	STERICYCLE, INC
A/P	203220	03/06/24	140.96	STERIS CORPORATION
A/P	203221	03/06/24	66.72	STERIS INSTRUMENT MANAGEMENT
A/P	203222	03/06/24	4,070.00	TEXAS SELECT STAFFING, LLC
A/P	203223	03/06/24	28,890.00	TRAVEL NURSE ACROSS AMERICA
A/P	203224	03/06/24	313.75	TRI-ANIM HEALTH SERVICES INC
A/P	203225	03/06/24	214.01	TRIOSE, INC
A/P	203226	03/06/24	115.72	UNIFORM ADVANTAGE
A/P	203227	03/06/24	120.00	VIVIAN NGUYEN
A/P	203228	03/06/24	1,449.75	WATERMARK GRAPHICS INC
A/P	203229	03/06/24	118.82	WELLMED MEDICAL MANAGEMENT
A/P	203230	03/06/24	430.80	WERFEN USA LLC
A/P	203231	03/06/24	1,487.00	WEST COAST MEDICAL RESOURCES
A/P	203232	03/06/24	12,625.00	WOUND CARE SPECIALISTS
A/P	203233	03/06/24	19,448.19	BETHANY SENIOR LIVING
A/P	203234	03/06/24	9,483.35	GOLDENCREEK HEALTHCARE
A/P	203235	03/06/24	119.02	GULF POINTE PLAZA
A/P *	203236	03/06/24	16,629.53	TUSCANY VILLAGE
A/P	203246	03/06/24	2,719.74	COTIVITI
A/P	203247	03/06/24	396.06	COTIVITI
A/P	203248	03/06/24	972.47	COTIVITI
A/P	203249	03/06/24	1,834.69	HUMANA MILITARY
A/P	203250	03/06/24	4,150.00	RAWLINGS
A/P	203251	03/06/24	88.50	UNITED HEALTHCARE OVERP
A/P	203252	03/06/24	88.50	UNITED HEALTHCARE OVERP
A/P	203253	03/06/24	1,300.00	UNITED HEALTHCARE OVERP
A/P	203254	03/06/24	88.50	UNITED HEALTHCARE OVERP
TOTALS:			347,207.87	

Payables 284,500.00
Patient refunds 11,638.46 +
Outials { 1,024.16 +
 1,087.31 +
 1,738.62 +
 557.00 +
 876.81 +
 96.23 +
NI Transfers 45,680.09 +
 347,207.87 *

APPROVED ON
MAR 06 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Contex Transfer
Prosperity Accounts
3/4/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		168,181.61	366,972.68	201,842.43		203,051.36	180,182.34
						Bank Balance	203,051.36
						Variance	-
						Leave in Balance	100.00
						Molina Y6 Adjustment 1	817.61
						Molina Y7 Dec	12,815.08
						Molina Y7 Qtr 1	8,874.50
						January Interest	291.32
						February Interest	170.51
						Adjust Balance/Transfer Amt	180,182.34
Broadmoor		333,296.72	332,645.51	157,533.56		158,184.77	138,511.38
						Bank Balance	158,184.77
						Variance	-
						Leave in Balance	100.00
						Molina Y6 Adjustment 1	330.24
						Molina Y7 Dec	4,739.95
						Molina Y7 Qtr 1	4,118.51
						Molina Y6 Comp One Reconciliation	9,957.94
						January Interest	220.97
						February Interest	205.78
						Adjust Balance/Transfer Amt	138,511.38
Crescent		352,765.91	352,063.89	248,914.79		249,616.81	236,761.86
						Bank Balance	249,616.81
						Variance	-
						Leave in Balance	100.00
						Molina Y6 Adjustment 1	259.29
						Molina Y7 Dec	3,531.55
						Molina Y7 Qtr 1	3,057.95
						Molina Y6 Comp One Reconciliation	5,285.35
						January Interest	342.73
						February Interest	278.08
						Adjust Balance/Transfer Amt	236,761.86
Fort Bend		131,940.60	131,431.91	104,826.73		105,335.42	96,312.10
						Bank Balance	105,335.42
						Variance	-
						Leave in Balance	100.00
						Molina Y6 Adjustment 1	307.32
						Molina Y7 Dec	3,997.79
						Molina Y7 Qtr 1	3,473.33
						Molina Y6 Comp One Reconciliation	943.16
						January Interest	101.37
						February Interest	100.35
						Adjust Balance/Transfer Amt	96,312.10
Solera at W Houston		449,621.46	448,999.41	346,611.67		147,233.71	130,926.10
						Bank Balance	147,233.71
						Variance	-
						Leave in Balance	100.00
						Molina Y6 Adjustment 1	245.26
						Molina Y7 Dec	3,834.66
						Molina Y7 Qtr 1	3,323.09
						Molina Y6 Comp One Reconciliation	8,280.85
						January Interest	276.78
						February Interest	246.97
						Adjust Balance/Transfer Amt	130,926.10

180,182.34 +
138,511.38 +
236,761.86 + end / Broadmoor
96,312.10 +
130,926.10 +
782,693.78 *

APPROVED ON
MAR 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 782,693.78
Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 3/4/2024

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

		MMC PORTION							
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
Ashford Garden	3/1/2024 Deposit		84,028.28						84,028.28
	3/1/2024 MANAGEANDNET1718 MNS PMNT 00000000000093 41		292.50						292.50
	3/1/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,671.22						1,671.22
	2/29/2024 Added to Account		170.51						170.51
	2/29/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	166,972.68							
	2/28/2024 MANAGEANDNET1718 MNS PMNT 00000000000093 41		277.88						277.88
	2/28/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,915.17						2,915.17
	2/28/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000157		9,168.12						9,168.12
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01259631 42000016		15,084.86	11,842.32	3,242.54			12,815.08	2,269.78
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01259631 42000016		28,914.99			7,114.59	21,800.40	6,674.50	20,240.49
	2/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,858.69						6,858.69
	2/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,447.13						1,447.13
	2/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		51,013.08						51,013.08
		166,972.68	201,842.43	11,842.32	3,242.54	7,114.59	21,800.40	21,489.58	180,352.85

		MMC PORTION							
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
Broadmoor	3/1/2024 HUMANA INS CO HCCLAIMPMT 42663264 8300005064		2,370.00						2,370.00
	3/1/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		4,265.26						4,265.26
	2/29/2024 Added to Account		205.78						205.78
	2/29/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	332,645.51							
	2/28/2024 Deposit		38,931.28						38,931.28
	2/28/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000157		689.35						689.35
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01260379 42000016		33,193.12		33,193.12			9,957.94	29,235.18
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01260378 42000016		5,578.78	4,980.45	1,198.33			4,739.95	838.83
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01260377 42000016		13,728.36					8,455.02	9,609.85
	2/27/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		5,306.00			5,273.34		4,118.51	5,306.00
	2/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,054.40						2,054.40
	2/27/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000117		7,774.75						7,774.75
	2/26/2024 HNB - ECHO HCCLAIMPMT 746003411 440000280051		484.77						484.77
	2/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,008.80						5,008.80
	2/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		25,697.91						25,697.91
	2/26/2024 HUMANA INS CO HCCLAIMPMT 42255193 8300005219		12,245.00						12,245.00
		332,645.51	157,533.56	4,380.45	34,391.45	5,273.34	8,455.02	18,816.40	138,717.17

		MMC PORTION							
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
Crescent	3/1/2024 Check # 328	48,343.00							
	3/1/2024 MANAGEANDNET1718 MNS PMNT 000000000003268 41		1,088.75						1,088.75
	3/1/2024 DEVOTED HEALTH P HCCLAIMPMT 21000024325809		4,588.00						4,588.00
	3/1/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		8,556.97						8,556.97
	3/1/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000152		24,671.60						24,671.60
	2/29/2024 Added to Account		278.08						278.08
	2/29/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	303,720.89							
	2/29/2024 DEVOTED HEALTH P HCCLAIMPMT 21000024190801		17,100.00						17,100.00
	2/29/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		9,503.84						9,503.84
	2/28/2024 Deposit		28,511.69						28,511.69
	2/28/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000157		15,618.64						15,618.64
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01260313 42000016		10,193.16			3,918.18	6,274.98	3,057.95	7,135.21
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01260311 42000016		17,617.84	3,262.68	896.23			5,285.35	12,332.49
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01260312 42000016		4,158.91					3,531.55	627.36
	2/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,404.83						4,404.83
	2/27/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000117		79,669.06						79,669.06
	2/26/2024 HNB - ECHO HCCLAIMPMT 746003411 440000280159		98.01						98.01
	2/26/2024 DEVOTED HEALTH P HCCLAIMPMT 21000029491062		5,400.00						5,400.00
	2/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,785.96						1,785.96
	2/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		15,669.45						15,669.45
		352,063.89	248,914.79	3,262.68	18,514.07	3,918.18	6,274.98	11,874.85	237,039.94

		MMC PORTION							
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
Fort Bend	3/1/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		68.33						68.33
	2/29/2024 Added to Account		100.35						100.35
	2/29/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	131,431.91							
	2/29/2024 MANAGEANDNET1718 MNS PMNT 000000000004294 41		6,810.50						6,810.50
	2/29/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		2,752.00						2,752.00
	2/29/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		5,057.77						5,057.77
	2/28/2024 Deposit		33,565.59						33,565.59
	2/28/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		8,975.94						8,975.94
	2/28/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,234.72						4,234.72
	2/28/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000157		405.35						405.35
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01259837 42000016		4,702.89	3,695.69	1,007.00			3,997.79	704.90
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01259839 42000016		11,577.78			4,448.46	7,129.32	3,473.33	8,104.45
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01259838 42000016		3,143.68			3,143.88		943.16	2,200.52
	2/27/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		2,870.00						2,870.00
	2/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		17,865.30						17,865.30
	2/26/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000161		2,696.73						2,696.73
		131,431.91	104,826.73	3,695.69	4,150.88	4,448.46	7,129.32	8,414.28	96,412.44

		MMC PORTION							
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
Solera at West Houston	3/1/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		1,954.74						1,954.74
	3/1/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10.77						10.77
	3/1/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000152		1,902.96						1,902.96
	3/1/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		568.29						568.29
	2/29/2024 Added to Account		246.97						246.97
	2/29/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	448,999.41							
	2/29/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		2,580.00						2,580.00
	2/29/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000101		558.54						558.54
	2/28/2024 Deposit		31,331.02						31,331.02
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01260256 42000016		4,511.36	3,544.64	966.72			3,834.66	676.70
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01260255 42000016		11,076.96			4,242.24	6,834.72	3,323.09	7,753.87
	2/27/2024 MOLINA HEALTHCAR MOLINAACH 01260254 42000016		27,602.83		27,602.83			8,280.85	19,321.98
	2/27/2024 MANAGEANDNET1718 MNS PMNT 000000000002482 41		7,475.50						7,475.50
	2/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,062.50						2,062.50
	2/27/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000117		18,534.32						18,534.32
	2/27/2024 HUMANA CHA DISB HCCLAIMPMT 42491842 42000010		6,045.00						6,045.00
	2/27/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		4,912.80						4,912.80
	2/26/2024 HNB - ECHO HCCLAIMPMT 746003411 440000280051		1,780.45						1,780.45
	2/26/2024 HNB - ECHO HCCLAIMPMT 746003411 440000280051		1,098.86						1,098.86
	2/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		22,357.80						22,357.80
		448,999.41	146,611.67	3,544.64	28,569.55	4,242.24	6,834.72	15,438.60	131,173.08
TOTALS		1,432,113.40	859,729.18	26,725.78	88,868.49	24,996.81	50,494.44	76,033.71	783,695.48

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ✓	\$203,051.36 ✓✓	\$204,652.19	\$203,051.36	\$117,059.36
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ✓	\$158,184.77 ✓	\$235,964.23	\$158,184.77	\$151,549.51
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ✓	\$249,616.81 ✓	\$314,525.92	\$249,616.81	\$259,054.49
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ✓	\$147,233.71 ✓✓	\$220,780.97	\$147,233.71	\$142,796.95
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ✓	\$105,335.42 ✓✓	\$111,312.42	\$105,335.42	\$105,267.09
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$345,737.97	\$355,858.74	\$345,737.97	\$82,119.70
CAL CO INDIGENT HEALTHCARE *4551	\$9,740.22	\$9,740.22	\$9,740.22	\$5,585.91
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$401.25	\$401.25	\$401.25	\$401.25
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$21,494.38	\$26,181.06	\$21,494.38	\$19,091.33
MMC -NH BETHANY SENIOR LIVING *5506	\$407,060.69	\$407,060.69	\$407,060.69	\$197,696.23
MMC -NH TUSCANY VILLAGE *3407	\$161,119.60	\$161,119.60	\$161,119.60	\$112,776.60

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 3/4/2024

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		364,368.48	292,125.43	273,494.92		345,737.97	224,429.62
					Bank Balance	345,737.97	
					Variance	-	
					Leave In Balance	100.00	
					Year 6 Interim Allocation Payment	71,896.17	
					Superior Y7 Dec	22,458.37	
					Superior Y7 Qtr 1	26,403.11	
					January Interest	246.88	
					February Interest	203.82	
					Adjust Balance/Transfer Amt	224,429.62	

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

3/4/2024

APPROVED ON
 MAR 04 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek ✓

3/1/2024 Deposit
 3/1/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 3/1/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 3/1/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001447
 3/1/2024 NOVITAS SOLUTION HCCLAIMPMT 676097 420000152
 3/1/2024 Centene Managem ACH 008765433514 1110000280
 2/29/2024 Added to Account
 2/29/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 2/29/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001142
 2/29/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 2/28/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 2/28/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001303

Transfer-Out	Transfer-In	MMCPORION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	163,270.86						163,270.86
-	1,637.00						1,637.00
-	67.87						67.87
-	5,155.00						5,155.00
-	1,811.42						1,811.42
-	91,676.12	20,325.06	5,333.28	25,463.26	40,544.52	48,861.48	42,814.64
-	203.82						203.82
292,125.43	-						-
-	3,429.19						3,429.19
-	1,853.34						1,853.34
-	1,000.00						1,000.00
-	3,390.30						3,390.30
-	-						-
292,125.43	273,494.92	20,325.06	5,333.28	25,463.26	40,544.52	48,861.48	224,633.44

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$203,051.36	\$204,652.19	\$203,051.36	\$117,059.36
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$158,184.77	\$235,964.23	\$158,184.77	\$151,549.51
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$249,616.81	\$314,525.92	\$249,616.81	\$259,054.49
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$147,233.71	\$220,780.97	\$147,233.71	\$142,796.95
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$105,335.42	\$111,312.42	\$105,335.42	\$105,267.09
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ✓	\$345,737.97 ✓	\$355,858.74	\$345,737.97	\$82,119.70
CAL CO INDIGENT HEALTHCARE *4551	\$9,740.22	\$9,740.22	\$9,740.22	\$5,585.91
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$401.25	\$401.25	\$401.25	\$401.25
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$21,494.38	\$26,181.06	\$21,494.38	\$19,091.38
MMC -NH BETHANY SENIOR LIVING *5506	\$407,060.69	\$407,060.69	\$407,060.69	\$197,696.28
MMC -NH TUSCANY VILLAGE *3407	\$161,119.60	\$161,119.60	\$161,119.60	\$112,776.60

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 3/4/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		332.23	.	69.02			401.25	no transfer
						Bank Balance	401.25	
						Variance	.	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 301.25

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		121,286.18	121,186.18	21,394.38			21,494.38	21,394.38
						Bank Balance	21,494.38	
						Variance	.	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 21,394.38

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 21,695.63

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 DeLosSantos
 ANDREW DE LOS SANTOS 3/4/2024

APPROVED ON
MAR 04 2024
BY COUNTY AUDITOR,
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

2/29/2024 Added to Account
 2/26/2024 HNB - ECHO HCCLAIMPMT 746003411 440000280180

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	5.58	-	-	-	-	-	5.58
-	63.44	-	-	-	-	-	63.44
-	69.02	-	-	-	-	-	69.02

Gulf Pointe Plaza-Medicare/Medicaid

3/1/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 2/29/2024 Added to Account
 2/29/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 2/28/2024 Deposit
 2/28/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 2/26/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 2/26/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 2/26/2024 NORIDIAN J3A HCCLAIMPMT 675892 4200001562230

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	2,403.00	-	-	-	-	-	2,403.00
-	60.48	-	-	-	-	-	60.48
121,186.18	-	-	-	-	-	-	-
-	4,524.69	-	-	-	-	-	4,524.69
-	1,515.72	-	-	-	-	-	1,515.72
-	1,665.00	-	-	-	-	-	1,665.00
-	1,850.00	-	-	-	-	-	1,850.00
-	9,375.49	-	-	-	-	-	9,375.49
121,186.18	21,394.38	-	-	-	-	-	21,394.38
121,186.18	21,463.40	-	-	-	-	-	21,463.40

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$203,051.36	\$204,652.19	\$203,051.36	\$117,059.36
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$158,184.77	\$235,964.23	\$158,184.77	\$151,549.51
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$249,616.81	\$314,525.92	\$249,616.81	\$259,054.49
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$147,233.71	\$220,780.97	\$147,233.71	\$142,796.95
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$105,335.42	\$111,312.42	\$105,335.42	\$105,267.09
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$345,737.97	\$355,856.74	\$345,737.97	\$82,119.70
CAL CO INDIGENT HEALTHCARE *4551	\$9,740.22	\$9,740.22	\$9,740.22	\$5,585.91
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433 ✓	\$401.25 ✓	\$401.25	\$401.25	\$401.25
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ✓	\$21,494.38 ✓	\$26,181.06	\$21,494.38	\$19,091.38
MMC -NH BETHANY SENIOR LIVING *5506	\$407,060.69	\$407,060.69	\$407,060.69	\$197,696.28
MMC -NH TUSCANY VILLAGE *3407	\$161,119.60	\$161,119.60	\$161,119.60	\$112,776.60

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 3/4/2024

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		386,817.54	386,183.37	160,485.43			161,119.60	143,969.29
						Bank Balance Variance	161,119.60	
						Leave in Balance	100.00	
						Molina Y6 Adjustment 1	534.17	
						Molina Y7 Dec	7,965.37	
						Molina Y7 Qtr 1	8,550.77	

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

Adjust Balance/Transfer Amt 143,969.29
 Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 3/4/2024

APPROVED ON
 MAR 04 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

MMC PORTION

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
3/1/2024 Deposit	-	48,343.00						48,343.00
2/29/2024 Added to Account	-	196.17						196.17
2/29/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	386,183.37 ✓	-						-
2/28/2024 Deposit	-	44,134.17						44,134.17
2/28/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000157	-	5,231.30						5,231.30
2/27/2024 MOLINA HEALTHCAR MOLINAACH 01260369 42000016	-	26,023.55	7,008.72	1,913.30	4,198.05	12,903.48	16,516.14 ✓	9,507.42
2/26/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000161	-	36,557.24						36,557.24
	<u>386,183.37 ✓</u>	<u>160,485.43 ✓</u>	<u>7,008.72</u>	<u>1,913.30</u>	<u>4,198.05</u>	<u>12,903.48</u>	<u>16,516.14</u>	<u>143,969.30 ✓</u>

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$203,051.36	\$204,652.19	\$203,051.36	\$117,059.36
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$158,184.77	\$235,964.23	\$158,184.77	\$151,549.51
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$249,616.81	\$314,525.92	\$249,616.81	\$259,054.49
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$147,233.71	\$220,780.97	\$147,233.71	\$142,796.95
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$105,335.42	\$111,312.42	\$105,335.42	\$105,267.09
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$345,737.97	\$355,858.74	\$345,737.97	\$82,119.70
CAL CO INDIGENT HEALTHCARE *4551	\$9,740.22	\$9,740.22	\$9,740.22	\$5,585.91
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$401.25	\$401.25	\$401.25	\$401.25
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$21,494.38	\$26,181.06	\$21,494.38	\$19,091.38
MMC -NH BETHANY SENIOR LIVING *5506	\$407,060.69	\$407,060.69	\$407,060.69	\$197,696.28
MMC -NH TUSCANY VILLAGE *3407 ✓	\$161,119.60 ✓	\$161,119.60	\$161,119.60	\$112,776.60

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 3/4/2024

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	4	561,536.89	492,176.19	337,699.99			407,060.69	301,383.42
						Bank Balance	407,060.69	
						Variance		
						Leave in Balance	100.00	
						Year 6 Interim Allocation Payment	68,999.83	
						Superior Y7 Dec	20,308.74	
						Superior Y7 Qtr 1	15,705.89	
						January Interest	260.87	
						February Interest	301.94	
						Adjust Balance/Transfer Amt	301,383.42	

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 3/4/2024

APPROVED ON
 MAR 04 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

MMC PORTION

	Transfer-Out	Transfer-in	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
3/1/2024 Deposit	-	140,154.96	-	-	-	-	-	140,154.96
3/1/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000152	-	730.54	-	-	-	-	-	730.54
3/1/2024 Centene Managem ACH 008765433514 1110000280	-	68,478.91	18,533.85	5,071.10	11,158.04	33,715.92	36,014.62	32,464.29
2/29/2024 Added to Account	-	301.94	-	-	-	-	-	301.94
2/29/2024 WIRE OUT PORT LAVACA NH, LLC	492,176.19	-	-	-	-	-	-	-
2/29/2024 Deposit	-	22,466.62	-	-	-	-	-	22,466.62
2/28/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000157	-	11,763.38	-	-	-	-	-	11,763.38
2/27/2024 Deposit	-	2,023.41	-	-	-	-	-	2,023.41
2/27/2024 Deposit	-	55,645.91	-	-	-	-	-	55,645.91
2/27/2024 Deposit	-	4,620.01	-	-	-	-	-	4,620.01
2/27/2024 Deposit	-	1,476.53	-	-	-	-	-	1,476.53
2/27/2024 Deposit	-	21,053.00	-	-	-	-	-	21,053.00
2/27/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000117	-	8,984.78	-	-	-	-	-	8,984.78
	492,176.19	337,699.99	18,533.85	5,071.10	11,158.04	33,715.92	36,014.62	301,685.37

MEMORIAL MEDICAL CENTER / NH ASHFORD *4381	\$203,051.36	\$204,652.19	\$203,051.36	\$117,059.36
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403	\$158,184.77	\$235,964.23	\$158,184.77	\$151,549.51
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411	\$249,616.81	\$314,525.92	\$249,616.81	\$259,054.49
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438	\$147,233.71	\$220,780.97	\$147,233.71	\$142,796.95
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446	\$105,335.42	\$111,312.42	\$105,335.42	\$105,267.09
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454	\$345,737.97	\$355,858.74	\$345,737.97	\$82,119.70
CAL CO INDIGENT HEALTHCARE *4551	\$9,740.22	\$9,740.22	\$9,740.22	\$5,585.91
MMC -NH GULF POINTE PLAZA - PRIVATE PAY *5433	\$401.25	\$401.25	\$401.25	\$401.25
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441	\$21,494.38	\$26,181.06	\$21,494.38	\$19,091.38
MMC -NH BETHANY SENIOR LIVING *5506	\$407,060.69	\$407,060.69	\$407,060.69	\$197,696.28
MMC -NH TUSCANY VILLAGE *3407	\$161,119.60	\$161,119.60	\$161,119.60	\$112,776.60

Ashford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Date Requested: 3/4/2024

APPROVED ON
MAR 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 001222

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

AMOUNT: \$ 21,489.58 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Y7 Dec, Molina Y7 Qtr 1

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew De la Lanza

3/4/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

MMC _____

Date Requested: 3/4/2024

FOR ACCT USE ONLY

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

APPROVED ON
MAR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CIC# 000245

AMOUNT: \$ 18,816.40 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina Y7 Dec, Molina Y7 Qtr 1, Molina Y6 Comp 1 Reconciliation

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew Santos

3/4/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC
A _____
Y _____
E _____
E _____

Date Requested: 3/4/2024

APPROVED ON
MAR 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 000379

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT: \$ 11,874.85 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina Y7 Dec, Molina Y7 Qtr 1, Molina Y6 Comp 1 Reconciliation

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeFoe Jantke

3/4/24

Fort Bend ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

Date Requested: 3/4/2024

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
MAR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 00240

AMOUNT: \$ 8,414.28 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina Y7 Dec, Molina Y7 Qtr 1, Molina Y6 Comp 1 Reconciliation

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeBontis

3/4/24

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

MMC _____

Date Requested: _____ 3/4/2024

FOR ACCT USE ONLY

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

APPROVED ON
MAR 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# W1293

AMOUNT: \$ _____ 15,438.60 ✓ G/L NUMBER: _____ 10255040

EXPLANATION: _____ Molina Y7 Dec, Molina Y7 Qtr 1, Molina Y6 Comp 1 Reconciliation

REQUESTED BY: _____ Michelle Cumberland

AUTHORIZED BY: _____ *Andrew DeRosier*

3/4/24

Golden Creek ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

Date Requested: 3/4/2024

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
MAR 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#00207

AMOUNT: \$ 48,861.48 ✓ G/L NUMBER: 10255040

EXPLANATION: Superior Y7 Dec, Superior Y7 Qtr 1

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeFas Sinter

314/24

Tuscany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MMC
A _____
Y _____
E _____
E _____

Date Requested: 3/4/2024

FOR ACCT USE ONLY

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

APPROVED ON
MAR 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 00114Y

AMOUNT: \$ 16,516.14 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina Y7 Dec, Molina Y7 Qtr 1

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DePas Santos
3/4/24

Bethany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

Date Requested: 3/4/2024

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
MAR 04 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 001038

AMOUNT: \$ 36,014.63 ✓ G/L NUMBER: 10255040

EXPLANATION: Superior Y7 Dec, Superior Y7 Qtr 1

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeLoe Santos

3/4/24

0

RUN DATE:03/07/24
TIME:14:40

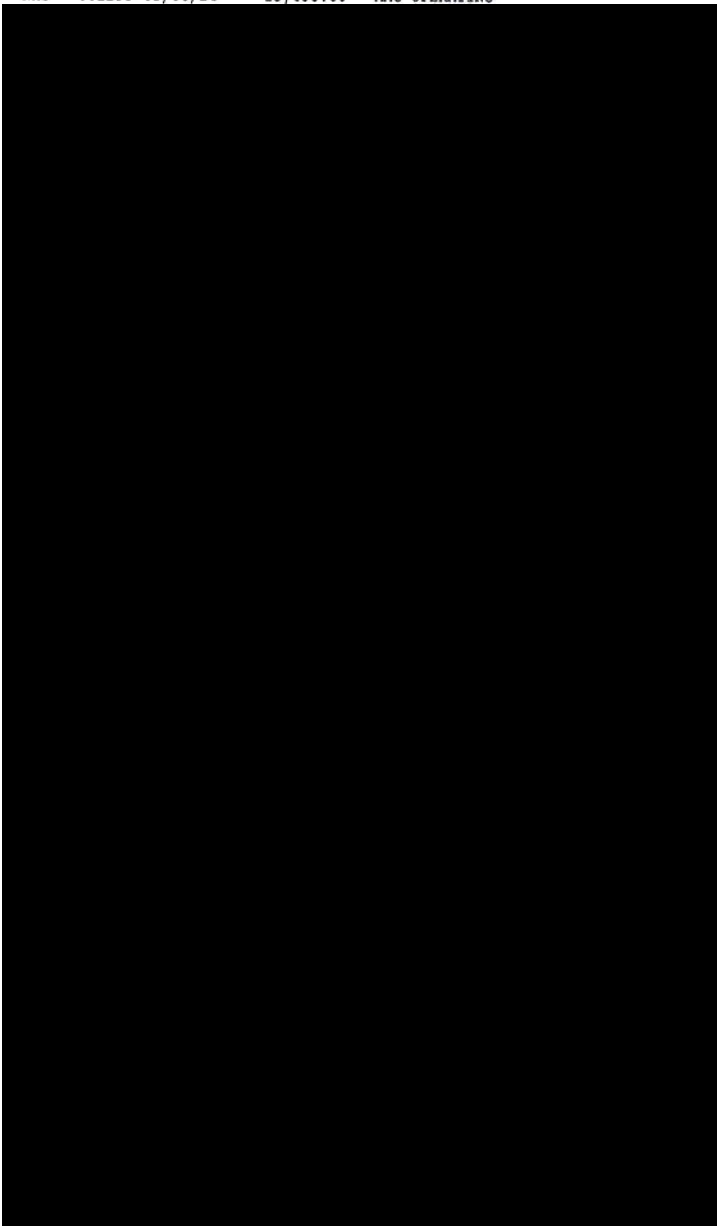
MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/06/24 THRU 03/06/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG * 000207 03/06/24 48,861.48 MMC OPERATING
NHF * 000240 03/06/24 8,414.28 MMC OPERATING
NHB * 000268 03/06/24 18,816.40 MMC OPERATING
NHC * 000329 03/06/24 11,874.85 MMC OPERATING
BSL * 001038 03/06/24 36,014.63 MMC OPERATING
TUS * 001148 03/06/24 16,516.14 MMC OPERATING
NHA * 001232 03/06/24 21,489.58 MMC OPERATING
NHS * 001293 03/06/24 15,438.60 MMC OPERATING



MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001232

Date 3-6-24 88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 21,489. ⁵⁸/₁₀₀

Twenty-one thousand, four hundred eighty-nine dollars & ⁵⁸/₁₀₀

DOLLARS



PROSPERITY
BANK

county auditor

MP

county treasurer
Security features are included. Details on back.

FOR

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000268

Date 3-6-24 88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 18,816. ⁴⁰/₁₀₀

Eighteen thousand, eight hundred sixteen dollars & ⁴⁰/₁₀₀

DOLLARS



PROSPERITY
BANK

county auditor

MP

county treasurer
Security features are included. Details on back.

FOR

Malina Dec 3 Q1

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000329

Date 3-6-24 88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 11,874. ²⁵/₁₀₀

Eleven thousand, eight hundred seventy-four dollars & ²⁵/₁₀₀

DOLLARS



PROSPERITY
BANK

county auditor

MP

county treasurer
Security features are included. Details on back.

FOR

MEMORIAL MEDICAL CENTER

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

000240

Date 3-6-24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 8414. ²⁸/₁₀₀

Eight thousand, four hundred fourteen dollars ? ²⁸/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR Molina Dec 3 01

 county auditor
MP
county treasurer
Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001293

Date 3-6-24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 15,438. ⁶⁰/₁₀₀

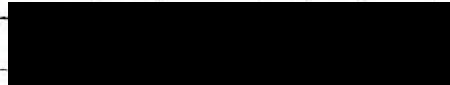
Fifteen thousand, four hundred thirty-eight dollars ? ⁶⁰/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR Molina Dec 3 01

 county auditor
MP
county treasurer
Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000207

Date 3-6-24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 48,861. ⁴⁸/₁₀₀

Forty-eight thousand, eight hundred sixty-one dollars ? ⁴⁸/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR Superior 01's Dec

 county auditor
MP
county treasurer
Security features are included. Details on back.

MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 361-653-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1148

88-2265/1131-87

DATE 3-6-24



PAY
TO THE
ORDER OF

mmc Operating

\$ 16,516.14

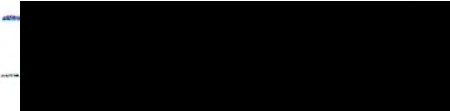
Sixteen thousand, five hundred sixteen dollars & 14/100

DOLLARS



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

FOR Molina Dec 3 Q1



county auditor

county treasurer

MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-653-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1038

88-2265/1131-87

DATE 3-6-24



PAY
TO THE
ORDER OF

mmc Operating

\$ 36,014.03

Thirty-six thousand, fourteen dollars & 03/100

DOLLARS



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

FOR Sub Q1 3 Dec.



auditor

treasurer

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

3/6/2024

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina Y7 Dec	Molina Y7 Qtr 1	Molina Y6 Comp 1 Reconciliation	Superior Y7 Qtr 1	Superior Y7 Dec	TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	12,815.08	8,674.50				21,489.58	3/4/2024
Broadmoor ✓	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	4,739.95	4,118.51	9,957.94			18,816.40	3/4/2024
Crescent ✓	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	3,531.55	3,057.95	5,285.35			11,874.85	3/4/2024
Fort Bend ✓	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	3,997.79	3,473.33	943.16			8,414.28	3/4/2024
Solera ✓	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	3,834.66	3,323.09	8,280.85			15,438.60	3/4/2024
Golden Creek ✓	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040				26,403.11	22,458.37	48,861.48	3/4/2024
Bethany ✓	10000026 - Prosperity		MMC -Prosperity Operating #10000001	10255040				15,705.89	20,308.74	36,014.63	3/4/2024
Tuscany ✓	10000015 - Prosperity		MMC -Prosperity Operating #10000001	10255040	7,965.37	8,550.77				16,516.14	3/4/2024
				Total:	36,884.40	31,198.15	24,467.30	42,109.00	42,767.11	177,425.96	

Note:

Andrew De Los Santos

Approved:

ANDREW DE LOS SANTOS

3/4/2024