

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 13, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,263,491.90	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 200,450.17	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 921,052.08	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED March 13, 2024	\$ 2,384,994.15	✓

APPROVED

MAR 13 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 13, 2024

PAYABLES AND PAYROLL

3/7/2024 Weekly Payables	513,175.83
3/7/2024 Patient Refunds	816.75
3/7/2024 Citibank Credit Card-see attached	1,130.14
3/11/2024 McKesson-340B Prescription Expense	9,545.25
3/11/2024 Amerisource Bergen-340B Prescription Expense	510.34
3/11/2024 Payroll Liabilities -Payroll Taxes	120,212.62
3/11/2024 Payroll	381,439.53
3/11/2024 Health Equity-Wage works employee FSA	10,323.41

Prosperity Electronic Bank Payments

3/4-3/8/24 Credit Card & Lease Fees	820.62
3/20/2024 TCDRS February Retirement	188,424.94
3/11/2024 90 Degree Benefits-January claims	35,022.27
3/8/2024 Cleargage-Patient Financing Service	117.37
3/4-3/8/24 Pay Plus-Patient Claims Processing Fee	337.66
3/7/2024 Health Equity-HSA Contributions	1,392.83
3/6/2024 Harland Clarke-deposit slip books	189.64
3/4/2024 Authnet Gateway Billing-3rd Party Payor Fee	32.70

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 1,263,491.90

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

3/7/2024 MMC Operating to Solera-correction of nursing home insurance payment deposited into MMC Operating	1,224.00
3/7/2024 MMC Operating to Fort bend-correction of nursing home insurance payment deposited into MMC Operating	2,244.00
3/7/2024 MMC Operating to Broadmoor-correction of nursing home insurance payment deposited into MMC Operating	7,140.00
3/7/2024 MMC Operating to The Crescent-correction of nursing home insurance payment deposited into MMC Operating	22,104.00
3/7/2024 MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating	98,636.62
3/7/2024 MMC Operating to Gulf Pointe Plaza - correction of nursing home insurance payment deposited into MMC Operating	2,961.62
3/7/2024 MMC Operating to Tuscany Village-correction of nursing home insurance payment deposited into MMC Operating	947.84
3/7/2024 MMC Operating to Bethany-correction of nursing home insurance payment deposited into MMC Operating	65,192.09

TOTAL TRANSFERS BETWEEN FUNDS \$ 200,450.17

NURSING HOME UPL EXPENSES

3/11/2024 Nursing Home UPL-Cantex Transfer	624,960.29
3/11/2024 Nursing Home UPL-Nexion Transfer	30,939.47
3/11/2024 Nursing Home UPL-HMG Transfer	69,584.64
3/11/2024 Nursing Home UPL-Tuscany Transfer	17,983.53
3/11/2024 Nursing Home UPL-HSL Transfer	50,038.40

QIPP CHECKS TO MMC

3/11/2024 Ashford	39,945.11
3/11/2024 Broadmoor	16,502.04
3/11/2024 Crescent	12,274.91
3/11/2024 Fort Bend	13,917.62
3/11/2024 Solera	13,333.54
3/11/2024 Tuscany	30,824.73

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

3/11/2024 Solera to MMC- correction of MMC insurance payment deposited into Solera in error	747.80
---	--------

TOTAL NURSING HOME UPL EXPENSES \$ 921,052.08

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED March 13, 2024 \$ 2,384,994.15

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 03/29/2024

0
ap_open_invoice.template

RECEIVED BY THE
03/07/2024
12:27
MAR 07 2024
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
10950	ACUTE CARE INC ✓									
INV1722		03/01/202	03/03/200	03/20/202			1,400.00	0.00	0.00	1,400.00 ✓

RFID FEE

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

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A1705	ALIMED INC. ✓									
RPSV04074641		02/29/202	08/10/202	08/25/202			162.13	0.00	0.00	162.13 ✓

SUPPLIES

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

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
14848	AMERICAN HOSPITAL ASSOCIATION ✓									
1900116692		02/29/202	12/07/202	01/01/202			11,247.00	0.00	0.00	11,247.00 ✓

AHA MEMBERSHIP 2024

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14848	AMERICAN HOSPITAL ASSOCIATION	11,247.00	0.00	0.00	11,247.00

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE ✓									
82030598		02/29/202	02/27/202	03/23/202			3,699.00	0.00	0.00	3,699.00 ✓

INVENTORY

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	3,699.00	0.00	0.00	3,699.00

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15332										
261232		02/29/202	01/29/202	02/29/202			32.63	0.00	0.00	32.63 ✓

PT REFUND NOLAN CAREY

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15332		32.63	0.00	0.00	32.63

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
C1048	CALHOUN COUNTY ✓									
52881998		02/29/202	02/28/202	03/28/202			540.04	0.00	0.00	540.04 ✓

ELECTRICITY 701 N. Virginia (1/19-2/19/24)

52851200		02/29/202	02/28/202	03/28/202			8.47	0.00	0.00	8.47 ✓
----------	--	-----------	-----------	-----------	--	--	------	------	------	--------

ELECTRICITY 815 N. Virginia (12/26-1/23/24)

52887899		02/29/202	02/28/202	03/28/202			8.47	0.00	0.00	8.47 ✓
----------	--	-----------	-----------	-----------	--	--	------	------	------	--------

ELECTRICITY 815 N Virginia (1/23-2/21/24)

52887419		02/29/202	02/28/202	03/28/202			20.17	0.00	0.00	20.17 ✓
----------	--	-----------	-----------	-----------	--	--	-------	------	------	---------

ELECTRICITY Hospital St ODL (1/19-2/19/24)

52887421		02/29/202	02/28/202	03/28/202			30,916.11	0.00	0.00	30,916.11 ✓
----------	--	-----------	-----------	-----------	--	--	-----------	------	------	-------------

ELECTRICITY Hospital St. (1/18-2/18/24)

52887420		02/29/202	02/28/202	03/28/202			1,362.80	0.00	0.00	1,362.80 ✓
----------	--	-----------	-----------	-----------	--	--	----------	------	------	------------

ELECTRICITY 1016 N Virginia (1/19-2/19/24)

030724		03/07/202	03/07/202	03/15/202			150,000.00	0.00	0.00	150,000.00 ✓
--------	--	-----------	-----------	-----------	--	--	------------	------	------	--------------

LOAN PMT 9/18

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		C1048	CALHOUN COUNTY		182,856.06	0.00	0.00	182,856.06		
Vendor#	Vendor Name			Class	Pay Code					
C1390	CENTRAL DRUG ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022624		02/29/202	02/26/202	03/15/202			38.80	0.00	0.00	38.80 ✓
	INVENTORY									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		C1390	CENTRAL DRUG		38.80	0.00	0.00	38.80		
Vendor#	Vendor Name			Class	Pay Code					
15340	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
260447		02/29/202	01/29/202	02/29/202			120.00	0.00	0.00	120.00 ✓
	PT REFUND									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		15340			120.00	0.00	0.00	120.00		
Vendor#	Vendor Name			Class	Pay Code					
13000	CLEARFLY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV587790 ✓		03/01/202	03/01/202	03/15/202			1,207.79	0.00	0.00	1,207.79 ✓
	PHONE									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		13000	CLEARFLY		1,207.79	0.00	0.00	1,207.79		
Vendor#	Vendor Name			Class	Pay Code					
13232	COMPADRES DESIGN INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45397 ✓		02/29/202	02/23/202	02/24/202			1,229.73	0.00	0.00	1,229.73 ✓
	INSTALL POWER SUPER									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		13232	COMPADRES DESIGN INC		1,229.73	0.00	0.00	1,229.73		
Vendor#	Vendor Name			Class	Pay Code					
C2150	COOK MEDICAL INCORPORATED ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
V25616392 ✓		02/27/202	02/21/202	02/27/202			343.80	0.00	0.00	343.80 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		C2150	COOK MEDICAL INCORPORATED		343.80	0.00	0.00	343.80		
Vendor#	Vendor Name			Class	Pay Code					
11011	DIAMOND HEALTHCARE CORP ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056125 ✓		02/29/202	03/01/202	03/26/202			19,166.67	0.00	0.00	19,166.67 ✓
	CPR FEB 24									
IN20056124 ✓		02/29/202	03/01/202	03/26/202			31,144.58	0.00	0.00	31,144.58 ✓
	BEHAV HEALTH FEB 24									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11011	DIAMOND HEALTHCARE CORP		50,311.25	0.00	0.00	50,311.25		
Vendor#	Vendor Name			Class	Pay Code					
10789	DISCOVERY MEDICAL NETWORK INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC022924 ✓		02/29/202	02/29/202	03/01/202			91,879.64	0.00	0.00	91,879.64 ✓
	PHYSICIAN SERVICES Feb 14-29, 2024									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10789	DISCOVERY MEDICAL NETWORK INC		91,879.64	0.00	0.00	91,879.64		
Vendor#	Vendor Name			Class	Pay Code					
G0501	DR JEANNINE GRIFFIN ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

021824		02/29/202	02/18/202	03/01/202			1,500.00	0.00	0.00	1,500.00	✓
	PEDIATRIC CALL (2116-2118/24)										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	G0501	DR JEANNINE GRIFFIN					1,500.00	0.00	0.00	1,500.00	
Vendor#	Vendor Name		Class	Pay Code							
14832	DR JOHN CLINTON	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
022424		02/29/202	02/25/202	03/01/202			1,500.00	0.00	0.00	1,500.00	✓
	PEDIATRIC CALL (2123-2125/24)										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	14832	DR JOHN CLINTON					1,500.00	0.00	0.00	1,500.00	
Vendor#	Vendor Name		Class	Pay Code							
14924	DR. TIMU KWI	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
020924		02/29/202	02/09/202	03/01/202			1,800.00	0.00	0.00	1,800.00	✓
	PEDATRIC CALL (211/24! 219-211/24)										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	14924	DR. TIMU KWI					1,800.00	0.00	0.00	1,800.00	
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	
121464		02/29/202	02/26/202	03/06/202			63.69	0.00	0.00	63.69	✓
	SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	10003	FILTER TECHNOLOGY CO, INC					63.69	0.00	0.00	63.69	
Vendor#	Vendor Name		Class	Pay Code							
F1403	FISHER & PAYKEL HEALTHCARE	✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
92183858		02/29/202	08/30/202	09/30/202			640.00	0.00	0.00	640.00	✓
	SUPPLIES										
92349446		02/29/202	12/07/202	01/07/202			992.00	0.00	0.00	992.00	✓
	SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	F1403	FISHER & PAYKEL HEALTHCARE					1,632.00	0.00	0.00	1,632.00	
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	
0047937		02/29/202	02/20/202	03/16/202			162.86	0.00	0.00	162.86	✓
	SUPPLIES										
0047938		02/29/202	02/20/202	03/16/202			277.65	0.00	0.00	277.65	✓
	SUPPLIES										
0047936		02/29/202	02/20/202	03/16/202			121.70	0.00	0.00	121.70	✓
	SUPPLIES										
0126915		02/29/202	02/22/202	03/18/202			322.89	0.00	0.00	322.89	✓
	SUPPLIES										
0126914		02/29/202	02/22/202	03/18/202			981.82	0.00	0.00	981.82	✓
	SUPPLIES										
0202472		02/29/202	02/26/202	03/22/202			72.62	0.00	0.00	72.62	✓
	SUPPLIES										
0243031		02/29/202	02/27/202	03/23/202			764.01	0.00	0.00	764.01	✓
	SUPPLIES										
0243032		02/29/202	02/27/202	03/23/202			65.47	0.00	0.00	65.47	✓
	SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	F1400	FISHER HEALTHCARE					2,769.02	0.00	0.00	2,769.02	
Vendor#	Vendor Name		Class	Pay Code							

15324

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
262150		02/29/202	01/26/202	02/26/202			82.50	0.00	0.00	82.50
PT REFUND										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15324							82.50	0.00	0.00	82.50

Vendor# Vendor Name Class Pay Code

12380	HEALTH SOLUTIONS DIETETICS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022324		02/29/202	02/23/202	03/01/202			2,550.00	0.00	0.00	2,550.00
DIETICIAN SERV (212, 219, 2123 24)										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12380 HEALTH SOLUTIONS DIETETICS							2,550.00	0.00	0.00	2,550.00

Vendor# Vendor Name Class Pay Code

H0031	HEB CREDIT RECEIVABLES DEPT308									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4270		02/29/202	02/26/202	03/25/202			1,323.95	0.00	0.00	1,323.95
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
H0031 HEB CREDIT RECEIVABLES DEPT308							1,323.95	0.00	0.00	1,323.95

Vendor# Vendor Name Class Pay Code

11285	ITA RESOURCES INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC32024		02/29/202	02/29/202	03/20/202			28,900.87	0.00	0.00	28,900.87
RESPIRATORY SERV										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11285 ITA RESOURCES INC							28,900.87	0.00	0.00	28,900.87

Vendor# Vendor Name Class Pay Code

11108	ITERSOURCE CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711742		03/08/202	03/01/202	03/02/202			250.00	0.00	0.00	250.00
MONTHLY PHONE SUPPORT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11108 ITERSOURCE CORPORATION							250.00	0.00	0.00	250.00

Vendor# Vendor Name Class Pay Code

15336										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
260597		02/29/202	01/29/202	02/29/202			34.19	0.00	0.00	34.19
PT REFUND										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15336							34.19	0.00	0.00	34.19

Vendor# Vendor Name Class Pay Code

14540	JINDAL X LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2023-24-053		02/29/202	02/29/202	03/19/202			9,000.00	0.00	0.00	9,000.00
REVENUE CYCLE MGT (211-212A 24)										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14540 JINDAL X LLC							9,000.00	0.00	0.00	9,000.00

Vendor# Vendor Name Class Pay Code

W1372	JOHN B WRIGHT LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020824		02/29/202	02/08/202	03/01/202			2,700.00	0.00	0.00	2,700.00
PEDIATRIC CALL (212-214 24)(215-218 24)										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
W1372 JOHN B WRIGHT LLC							2,700.00	0.00	0.00	2,700.00

Vendor# Vendor Name Class Pay Code

15328

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
261986		02/29/202	01/26/202	02/26/202			120.00	0.00	0.00	120.00

PT REFUND

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15328		120.00	0.00	0.00	120.00

Vendor#	Vendor Name	Class	Pay Code
L1001	LANDAUER INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101195958		02/29/202	02/15/202	03/16/202			765.50	0.00	0.00	765.50

DOSIMETRY SERV

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
L1001	LANDAUER INC	765.50	0.00	0.00	765.50

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
2283617936		02/19/202	09/06/202	10/01/202			45.49	0.00	0.00	45.49

SUPPLIES

2298159483		02/29/202	12/12/202	01/06/202			-49.00	0.00	0.00	-49.00
------------	--	-----------	-----------	-----------	--	--	--------	------	------	--------

CREDIT

2298362826		02/29/202	12/13/202	01/07/202			27.46	0.00	0.00	27.46
------------	--	-----------	-----------	-----------	--	--	-------	------	------	-------

SUPPLIES

2298362728		02/29/202	12/13/202	01/07/202			57.00	0.00	0.00	57.00
------------	--	-----------	-----------	-----------	--	--	-------	------	------	-------

SUPPLIES

2305519746		02/29/202	01/31/202	02/25/202			248.65	0.00	0.00	248.65
------------	--	-----------	-----------	-----------	--	--	--------	------	------	--------

SUPPLIES

2305519737		02/29/202	01/31/202	02/25/202			42.49	0.00	0.00	42.49
------------	--	-----------	-----------	-----------	--	--	-------	------	------	-------

SUPPLIES

2305519747		02/29/202	01/31/202	02/25/202			114.00	0.00	0.00	114.00
------------	--	-----------	-----------	-----------	--	--	--------	------	------	--------

SUPPLIES

2305519738		02/29/202	01/31/202	02/25/202			740.59	0.00	0.00	740.59
------------	--	-----------	-----------	-----------	--	--	--------	------	------	--------

SUPPLIES

2305519741		02/29/202	01/31/202	02/25/202			1,786.62	0.00	0.00	1,786.62
------------	--	-----------	-----------	-----------	--	--	----------	------	------	----------

SUPPLIES

2305519739		02/29/202	01/31/202	02/25/202			90.31	0.00	0.00	90.31
------------	--	-----------	-----------	-----------	--	--	-------	------	------	-------

SUPPLIES

2305519749		02/29/202	01/31/202	02/25/202			3,945.17	0.00	0.00	3,945.17
------------	--	-----------	-----------	-----------	--	--	----------	------	------	----------

SUPPLIES

2305519750		02/29/202	01/31/202	02/25/202			1,270.33	0.00	0.00	1,270.33
------------	--	-----------	-----------	-----------	--	--	----------	------	------	----------

SUPPLIES

2305519743		02/29/202	01/31/202	02/25/202			341.83	0.00	0.00	341.83
------------	--	-----------	-----------	-----------	--	--	--------	------	------	--------

SUPPLIES

2305519744		02/29/202	01/31/202	02/25/202			136.27	0.00	0.00	136.27
------------	--	-----------	-----------	-----------	--	--	--------	------	------	--------

SUPPLIES

2308946356		02/29/202	02/27/202	03/23/202			55.08	0.00	0.00	55.08
------------	--	-----------	-----------	-----------	--	--	-------	------	------	-------

SUPPLIES

2309064360		02/29/202	02/27/202	03/23/202			279.80	0.00	0.00	279.80
------------	--	-----------	-----------	-----------	--	--	--------	------	------	--------

SUPPLIES

2308946357		02/29/202	02/27/202	03/23/202			431.85	0.00	0.00	431.85
------------	--	-----------	-----------	-----------	--	--	--------	------	------	--------

SUPPLIES

2308946358		02/29/202	02/27/202	03/23/202			27.44	0.00	0.00	27.44
------------	--	-----------	-----------	-----------	--	--	-------	------	------	-------

SUPPLIES

2309112372		02/29/202	02/28/202	03/24/202			312.82	0.00	0.00	312.82
------------	--	-----------	-----------	-----------	--	--	--------	------	------	--------

SUPPLIES

2309112382		02/29/202	02/28/202	03/24/202			5,787.53	0.00	0.00	5,787.53
------------	--	-----------	-----------	-----------	--	--	----------	------	------	----------

SUPPLIES

2309112386	SUPPLIES	02/29/202 02/28/202 03/24/202	125.18	0.00	0.00	125.18
2309112387	SUPPLIES	02/29/202 02/28/202 03/24/202	23.51	0.00	0.00	23.51
23091123766	SUPPLIES	02/29/202 02/28/202 03/24/202	120.60	0.00	0.00	120.60
2309112378	SUPPLIES	02/29/202 02/28/202 03/24/202	2,064.55	0.00	0.00	2,064.55
2309112371	SUPPLIES	02/29/202 02/28/202 03/24/202	31.53	0.00	0.00	31.53
2309112375	SUPPLIES	02/29/202 02/28/202 03/24/202	51.82	0.00	0.00	51.82
2309112374	SUPPLIES	02/29/202 02/28/202 03/24/202	22.56	0.00	0.00	22.56
2309112377	SUPPLIES	02/29/202 02/28/202 03/24/202	547.04	0.00	0.00	547.04
2309376715	SUPPLIES	02/29/202 02/29/202 03/25/202	820.46	0.00	0.00	820.46
2309647304	SUPPLIES	03/06/202 03/02/202 03/27/202	41.71	0.00	0.00	41.71

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	19,540.69	0.00	0.00	19,540.69

Vendor#	Vendor Name	Class	Pay Code							
M2621	MMC AUXILIARY GIFT SHOP	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022924		02/29/202	02/29/202	03/15/202			204.66	0.00	0.00	204.66
	PAYROLL DEDUCT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	204.66	0.00	0.00	204.66

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
1643932		02/29/202	02/15/202	02/25/202			277.78	0.00	0.00	277.78
	INVENTORY									
SC4619		02/29/202	02/26/202	03/07/202			35.82	0.00	0.00	35.82
	INVENTORY									
SC4618		02/29/202	02/26/202	03/07/202			27.68	0.00	0.00	27.68
	INVENTORY									
1693847		02/29/202	02/28/202	03/09/202			17,052.21	0.00	0.00	17,052.21
	INVENTORY									
1695402		02/29/202	02/28/202	03/09/202			147.00	0.00	0.00	147.00
	INVENTORY									
1696508		02/29/202	02/28/202	03/09/202			65.60	0.00	0.00	65.60
	INVENTORY									
1695400		02/29/202	02/28/202	03/09/202			27.99	0.00	0.00	27.99
	INVENTORY									
1696509		02/29/202	02/28/202	03/09/202			457.72	0.00	0.00	457.72
	INVENTORY									
1695401		02/29/202	02/28/202	03/09/202			74.50	0.00	0.00	74.50
	INVENTORY									
1702552		02/29/202	02/29/202	03/10/202			432.22	0.00	0.00	432.22
	INVENTORY									
1702551		02/29/202	02/29/202	03/10/202			19.08	0.00	0.00	19.08
	INVENTORY									
1708387		03/06/202	03/03/202	03/13/202			405.35	0.00	0.00	405.35
	INVENTORY									

1708385	INVENTORY	03/06/202	03/03/202	03/13/202	48.87	0.00	0.00	48.87
1714316	INVENTORY	03/06/202	03/04/202	03/14/202	89.33	0.00	0.00	89.33
1714315	INVENTORY	03/06/202	03/04/202	03/14/202	185.28	0.00	0.00	185.28
1711244	INVENTORY	03/06/202	03/04/202	03/14/202	166.67	0.00	0.00	166.67
1715838	INVENTORY	03/06/202	03/04/202	03/14/202	400.11	0.00	0.00	400.11
1711246	INVENTORY	03/06/202	03/04/202	03/14/202	315.59	0.00	0.00	315.59
1714317	INVENTORY	03/06/202	03/04/202	03/14/202	2.94	0.00	0.00	2.94
1715837	INVENTORY	03/06/202	03/04/202	03/14/202	42.05	0.00	0.00	42.05
1711245	INVENTORY	03/06/202	03/04/202	03/14/202	36.47	0.00	0.00	36.47
1711243	INVENTORY	03/06/202	03/04/202	03/14/202	285.64	0.00	0.00	285.64
1716725	INVENTORY	03/06/202	03/05/202	03/15/202	105.19	0.00	0.00	105.19
1719457	INVENTORY	03/06/202	03/05/202	03/15/202	421.71	0.00	0.00	421.71
1749458	INVENTORY	03/06/202	03/05/202	03/15/202	618.41	0.00	0.00	618.41
1746726	INVENTORY	03/06/202	03/05/202	03/15/202	70.00	0.00	0.00	70.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	21,811.21	0.00	0.00	21,811.21

Vendor# Vendor Name Class Pay Code

13548	NACOGDOCHES TRANSCRIPTION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8271	TRANSCRIPTION (1120-2124)	02/29/202	02/23/202	03/04/202			133.98	0.00	0.00	133.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	133.98	0.00	0.00	133.98

Vendor# Vendor Name Class Pay Code

13624	NEXION HEALTH AT NAVASOTA INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20240202	TELEMEDICINE - February 2024	02/29/202	02/02/202	03/01/202			1,000.00	0.00	0.00	1,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00

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

P2200	POWER HARDWARE		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022924	SUPPLIES	02/29/202	02/29/202	03/10/202			124.68	0.00	0.00	124.68

Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		P2200	POWER HARDWARE			124.68	0.00	0.00	124.68	
Vendor#	Vendor Name			Class	Pay Code					
11251	RAPID PRINTING LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22061 ✓		02/29/202	02/29/202	03/10/202			37.99	0.00	0.00	37.99 ✓
	BUSINESS CARDS									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		11251	RAPID PRINTING LLC			37.99	0.00	0.00	37.99	
Vendor#	Vendor Name			Class	Pay Code					
15264	REPUBLIC PAIN SPECIALISTS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24 ✓		02/29/202	02/26/202	03/25/202			7,000.00	0.00	0.00	7,000.00 ✓
	PROCEDURAL FEES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		15264	REPUBLIC PAIN SPECIALISTS			7,000.00	0.00	0.00	7,000.00	
Vendor#	Vendor Name			Class	Pay Code					
10936	SIEMENS FINANCIAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382400031345 ✓		02/29/202	02/28/202	03/20/202			1,333.00 ³³	0.00	0.00	1,333.00 ³³ ✓
	LEASE									
56382400030241 ✓		02/29/202	02/23/202	03/14/202			4,038.24	0.00	0.00	4,038.24 ✓
	CONTRACT <i>Milieu 52.50</i>									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		10936	SIEMENS FINANCIAL SERVICES			5,371.24 ⁵⁷	0.00	0.00	5,371.24 ⁵⁷	
Vendor#	Vendor Name			Class	Pay Code					
14868	SINGLETON ASSOCIATES, P.A. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
246-022924-001 ✓		03/06/202	03/04/202	03/05/202			12,840.65	0.00	0.00	12,840.65 ✓
	ONSITE SERV									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		14868	SINGLETON ASSOCIATES, P.A.			12,840.65	0.00	0.00	12,840.65	
Vendor#	Vendor Name			Class	Pay Code					
12472	SOMETHING MORE MEDIA, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2177 ✓		02/29/202	02/29/202	03/15/202			2,525.00	0.00	0.00	2,525.00 ✓
	WEBSITE									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		12472	SOMETHING MORE MEDIA, INC.			2,525.00	0.00	0.00	2,525.00	
Vendor#	Vendor Name			Class	Pay Code					
C1010	SPARKLIGHT ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022824		02/29/202	02/28/202	02/29/202			1,842.00	0.00	0.00	1,842.00 ✓
	INTERNET									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		C1010	SPARKLIGHT			1,842.00	0.00	0.00	1,842.00	
Vendor#	Vendor Name			Class	Pay Code					
12288	SPBS CLINICAL EQUIPMENT SRVC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV05000024 ✓		02/29/202	02/29/202	03/01/202			9,836.92	0.00	0.00	9,836.92 ✓
	CONTRACT									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net	
		12288	SPBS CLINICAL EQUIPMENT SRVC			9,836.92	0.00	0.00	9,836.92	
Vendor#	Vendor Name			Class	Pay Code					
14212	SURGICAL DIRECT SOUTH ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

9313	SUPPLIES	02/29/202 09/26/202 10/26/202	3,835.00	0.00	0.00	3,835.00
9318	REPAIR	02/29/202 10/24/202 11/24/202	50.00	0.00	0.00	50.00
9332	SUPPLIES	02/29/202 02/27/202 03/28/202	3,910.00	0.00	0.00	3,910.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH	7,795.00	0.00	0.00	7,795.00

Vendor#	Vendor Name	Class	Pay Code
14372	TRIAGE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1796918714	S. SHAW	02/29/202	02/16/202	03/17/202			3,467.50	0.00	0.00	3,467.50
INV1796922200	S SHAW	02/29/202	02/23/202	03/24/202			3,467.50	0.00	0.00	3,467.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC	6,935.00	0.00	0.00	6,935.00

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
TRI177970	FREIGHT	02/29/202	02/27/202	03/13/202			248.21	0.00	0.00	248.21
0800021148	FREIGHT	02/29/202	02/29/202	03/15/202			14.97	0.00	0.00	14.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	263.18	0.00	0.00	263.18

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921023230	LAUNDRY	02/29/202	01/18/202	02/12/202			114.58	0.00	0.00	114.58
2921025845	LAUNDRY	02/29/202	02/22/202	03/18/202			263.02	0.00	0.00	263.02
2921025847	LAUNDRY	02/29/202	02/22/202	03/18/202			113.81	0.00	0.00	113.81
2921025840	LAUNDRY	02/29/202	02/22/202	03/18/202			108.49	0.00	0.00	108.49
2921025846	LAUNDRY	02/29/202	02/22/202	03/18/202			286.02	0.00	0.00	286.02
2921025841	LAUNDRY	02/29/202	02/22/202	03/18/202			161.36	0.00	0.00	161.36
2921025842	LAUNDRY	02/29/202	02/22/202	03/18/202			2,862.62	0.00	0.00	2,862.62
2921025844	LAUNDRY	02/29/202	02/22/202	03/18/202			314.40	0.00	0.00	314.40
2921025843	LAUNDRY	02/29/202	02/22/202	03/18/202			29.95	0.00	0.00	29.95
2921026055	LAUNDRY	02/29/202	02/26/202	03/22/202			102.07	0.00	0.00	102.07
2921026054	LAUNDRY	02/29/202	02/26/202	03/22/202			2,856.25	0.00	0.00	2,856.25
2921026368	LAUNDRY	02/29/202	02/29/202	03/25/202			112.00	0.00	0.00	112.00
2921026375	LAUNDRY	02/29/202	02/29/202	03/25/202			113.81	0.00	0.00	113.81
2921026370	LAUNDRY	02/29/202	02/29/202	03/25/202			2,799.93	0.00	0.00	2,799.93

2921026372	LAUNDRY	02/29/202	02/29/202	03/25/202		314.56	0.00	0.00	314.56
2921026374	LAUNDRY	02/29/202	02/29/202	03/25/202		262.01	0.00	0.00	262.01
2921026373	LAUNDRY	02/29/202	02/29/202	03/25/202		276.24	0.00	0.00	276.24
2921026369	LAUNDRY	02/29/202	02/29/202	03/25/202		179.28	0.00	0.00	179.28
2921026371	LAUNDRY	02/29/202	02/29/202	03/25/202		29.95	0.00	0.00	29.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	11,300.35	0.00	0.00	11,300.35

Vendor#	Vendor Name	Class	Pay Code							
12400	UPDOX LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00483734	FAX	02/29/202	02/29/202	03/28/202			1,259.46	0.00	0.00	1,259.46
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	12400	UPDOX LLC	1,259.46	0.00	0.00	1,259.46				

Vendor#	Vendor Name	Class	Pay Code							
13048	US MED-EQUIP, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
R494667	FETAL MONITOR MAR 23	02/19/202	12/07/202	12/07/202			591.94	0.00	0.00	591.94
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	13048	US MED-EQUIP, LLC	591.94	0.00	0.00	591.94				

Vendor#	Vendor Name	Class	Pay Code							
U2000	US POSTAL SERVICE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03052024	POSTAGE	03/06/202	03/05/202	03/15/202			2,200.00	0.00	0.00	2,200.00
030524	BRM PERMIT	03/06/202	03/06/202	03/16/202			320.00	0.00	0.00	320.00
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	U2000	US POSTAL SERVICE	2,520.00	0.00	0.00	2,520.00				

Vendor#	Vendor Name	Class	Pay Code							
12208	WAGeworks									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV6226664	MONTHLY COMPLIANCE/FSA	02/29/202	02/23/202	03/25/202			590.75	0.00	0.00	590.75
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	12208	WAGeworks	590.75	0.00	0.00	590.75				

Vendor#	Vendor Name	Class	Pay Code							
12548	WAGeworks, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0224-TR116685	COBRA FEB24	02/29/202	02/29/202	03/01/202			131.25	0.00	0.00	131.25
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	12548	WAGeworks, INC	131.25	0.00	0.00	131.25				

APPROVED ON

Report Summary

513,175.50	Gross	0.00	No-Pay	Net
0.33	513,175.50	0.00	0.00	513,175.50
513,175.83				513,175.83

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 203311-203314

pg 8

RECEIVED BY THE
COUNTY AUDITOR ON
TIME: 12:13

MAR 07 2024

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
:	✓	022924	816.75	✓	1	REFUND FOR	
ARID=0001 TOTAL			816.75				
TOTAL			816.75				

APPROVED ON

MAR 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKH 203375

RECEIVED BY THE COUNTY AUDITOR ON

MAR 07 2024

CALHOUN COUNTY TEXAS CITIBANK CORPORATE CARD

Account Statement

Comme:ca Card Account ROSHANDA S THOMAS



Account inquiries:

To: Free 1-(800)-248-4553
1st: national 1-(904)-954-7314
TDD/TTY 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-9457

Summary of Account Activity

Total Activity \$1,130.14

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

Not an invoice. For your records only.

Table with 2 columns: Description and Amount. Rows include: Credit Limit (\$15,000), Cash Advance Limit (\$0), Statement Closing Date (03/03/2024), Days in Billing Period (29).

Transactions

Table with 12 columns: Post Date, Trans Date, MCC, Reference Number, Description/Location, Amount. Includes transactions for NPDB NPDB HRSA GOV, AMA-CREDENTIALING, and LOEWS ARLINGTON HOTEL.

Pd. 3/22/24

Confirmation DWK-02637570

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

Account Number XXXX-XXXX-XXXX-9457
Statement Closing Date March 03 2024

Not an invoice
For your records only.

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

00007905040

Account: XXXX-XXXX-XXXX-9457

Transactions (cont)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
02/27	02/26	3654	55436874058160589401834	13 LOEWS ARLINGTON HOTEL ARLINGTON TX 76011 USA 40553395 CHECK N. 03/31/2024 40553395	223.60 ✓
----- TOTAL AMOUNT OF MEMO ITEM(S)					\$1,130.14

APPROVED ON

MAR 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Information About Your Gift Card Account

- 1. **Report a Lost or Stolen Card Immediately.** Our telephone lines are open every day 24 hours a day. Call the Customer Service telephone number specified on the front of the statement or go to www.c.com.
- 2. **Cardholder Credit Line.** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances) which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any) is determined by the Company and is a portion of the total Company Credit Line.
- 3. **To increase or Reallocate a Company or Cardholder Credit Line.** The Company may request changes to Credit Lines by contacting C-Card Service Customer Services. Our telephone lines are open every day 24 hours a day at the telephone number specified on the front of the statement.
- 4. **Additional Cardholders.** The Company may request applications to add one or more Cardholders by contacting C-Card Service Customer Services. Our telephone lines are open every day 24 hours a day at the telephone number specified on the front of the statement. Limit one C-Card per Cardholder.
- 5. **Card Management Tool.** You can easily manage your C-Card online using the C-Manager online tool. C-Manager enables you to manage business expenses from anywhere and on the go. From your computer or mobile device, you can view statements online as well as account balances. To register for C-Manager, please go on www.cmanager.com and click on the Self-Registration for Cardholders link. From here, to allow the pumps to establish your account.
- 6. **Payments.** You may make a payment to your individual Cardholder account online using C-Manager. Please note that some organizations do not have the C-Manager online payment feature enabled for Cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For online payments, please be sure to send on Company check as payment to a Cardholder's account. We receive your mail payment in person at our processing facility by 5:00 pm Eastern Time. We will be credited as of the day Payment can also be made by electronic funds transfer (ACH) and direct debit and other methods. Call the number on the front of the statement for details.
- 7. **Company Referral.** By its payment of any amount charged to the Account, the Company ("Company") is the original Applicant to the Account and the authorized representative of the Company's signing such Application and (1) authorized to conduct use of the Account under the terms of The C-Card Agreement by a Cardholder of whom Cards are issued.
- 8. **Special Information on Cash Advances.** Cardholders may get a Cash Advance of up to \$60,000 on any one occasion.
 - 1. The Cardholder's Cash Advance Limit is a portion of the Cardholder's Total Credit Line. It is not an additional credit.
 - 2. For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required to set up your PIN.

Account Inquiries

- 1. **In Case of Errors or Questions About Your Bill.** You are responsible for notifying the dispute resolution process of your Account Statement charges that you believe are unauthorized, incorrect, or merchandise that has not been received or returned merchandise. You should also notify the process of your Account Statement incorrectly issued, as a charge or a credit for which you have been issued a credit slip is not shown. To begin the dispute resolution process visit www.cmanager.com.
- 2. **You may also dispute a transaction by writing to C-Card.** You may write to us on a separate sheet at the address specified on the front of the statement as soon as possible. Please note that you have 60 days after the date of the bill on which the error or problem is reported. In the event you please give us the following information:
 - 1. Your name and account number. For confidentiality, we will use the Company name and individual account number.
 - 2. The dollar amount of the suspected error.
 - 3. Describe the error and explain the reason for the error. More information is needed about an error, please describe it.
 - 4. Merchant Disputes. If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant, please include your goods or services purchased with the C-Card. C-Card may be able to help if we are notified within 60 days of the date of the charge. You will be responsible for the resolution of the dispute if the Bank finds you responsible for the dispute charge.
- 3. **In the event of a dispute, please explain the dispute and the results of the attempt to resolve with the merchant. The effort must include the amount involved and must be signed by the individual Cardholder. We will notify you of the results of our efforts.**
- 4. **If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip, please include a letter signed by the individual Cardholder stating the credit was not received. A credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.**
- 5. **On non-disputed matters, if any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the C-Card Agreement on each copy of any document, the Company or Cardholder requests, such as duplicate statements, transactions slips and the like.**
- 6. **Please save your charge receipts.**

Account: XXXX-XXXX-XXXX-9457

" " " " "

1

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 3/4/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-	✓	NPDB - 1 enrollment			2.50
2	-	✓	NPDB - 1 enrollment			2.50
3	-	✓	AMA credentialing - 1 Initial			44.00
4			Profile + Cont. Monitoring			
5	-	✓	NPDB - 1 enrollment			2.50
6	-	✓	NPDB - 1 enrollment			2.50
7	"	✓	AMA credentialing - 2 Initial		"	88.00
8			Profile + cont monitoring			
9	-	✓	NPDB - 1 enrollment			2.50
10	-	✓	SP Specialist - RN Badges - HR			121.94
Est. Freight <u>Impmiserx - Priority - lido pr eye dilation injection 20 vials</u>				Est. Total Cost	TOTAL COST	<u>370.00</u>

NOTES:

charges made on Roshanda's MC

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

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	_____
Administrator	<u>Roshanda Stone 3/5/24</u>

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 3/4/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1		2 * 50 +	✓ NPDRB - 1 enrollment			2.50
2		2 * 50 +	✓ AMA Credentialing - 1 Initial			44.00
3		44 * 00 +	Profilet Cont. monitoring			
4		2 * 50 +	Loews Arlington Hotel -			223.60
5		88 * 00 +	Expense for Hotel Deposit			
6		121 * 94 +	MariSSa Almanzar - Conference			
7		370 * 00 +	Loews Arlington Hotel -			223.60
8		2 * 50 +	Expense to Hotel Deposit			
9		44 * 00 +	Mimi Nguyen - Conference			
10		223 * 60 +	(Will be reimbursed by grant)			
		1 * 130 * 14 +				

Est. Freight _____

Est. Total Cost _____

TOTAL COST \$1,130.14

NOTES:

charges made to Roshanda's MC

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

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	_____
Administrator	<u>Roshanda Thomas 3/5/24</u>

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
C0001 CALHOUN COUNTY MMC



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

Account Number: XXXX-XXXX-XXXX-2799
 Invoice # 3653004068

Summary of Account Activity

Previous Balance		\$2,128.88
Payments	2,386.38	+ \$2,386.38
Credits		\$0.00
Purchases & Other Charges	2,128.88	- \$1,130.14
Cash Transactions	257.50	= \$0.00
Cash Transaction Fees		\$0.00
Interest Charges		\$0.00

Payment Information

New Balance	\$872.64
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$872.64
Payment Due Date	03/28/2024
Statement Closing Date	03/03/2024
Days in Billing Period	29

Credit Limit	\$30,000
Available Credit Limit	\$29,127
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

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

Company Transactions

Account: XXXX-XXXX-XXXX-2799	C0001 CALHOUN COUNTY MMC	Total Activity: (\$2,386.38)			
Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
02/21	02/20	0000	75563974052052000007190	1 PAYMENT THANK YOU	2,386.38 PY

Cardholder Transactions

Account: XXXX-XXXX-XXXX-9457	ROSHANDA S THOMAS	Total Activity: \$1,130.14			
Credit Limit: \$15,000	Cash Limit: \$0				
Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
02/06	02/05	9399	05134374037600030966031	1 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50
02/09	02/08	9399	05134374040600033223302	2 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50
02/09	02/09	8999	55432864040205135555389	3 AMA CREDIT AL NG 800-621-8335 L 60611 USA	44.00

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION Page 1 of 4
 Please detach and submit lower portion with your payment in envelope pre-addressed to: Return Upper portion to your branch.

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

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

Account Number XXXX-XXXX-XXXX-2799
 Payment Due Date March 28, 2024
 New Balance \$872.64
 Past Due Amount \$0.00
 Minimum Payment Due \$872.64

Mail
 Checks
 To

Amount Enclosed
 \$

Past Due Amount is included in the Minimum Payment Due

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

28000 0087264 0087264 0238638 05567090005272799 0305

Information About Your Citi® Corporate Card Account

- Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which sets the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit) is determined by the Company and is a portion of the total Company Credit Line.
- To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day 24 hours a day at the telephone number specified on the front of the statement.
- Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- Citi Manager® On-line Tool:** You can easily manage your Citi Corporate Card online using the Citi Manager online tool. Citi Manager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for Citi Manager, please log on to www.citi/manage.com/online and click on the "Self-Registration for Cardholders" link. From here, to follow the prompts to establish your account.
- Payments:** You may make a payment to your individually billed card account online using Citi Manager. Please note that some organizations do not have the Citi Manager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for a Cardholder's balances. We receive your mailed payment in person from our processing facility by 5:00 p.m. Eastern Time. It will be credited as of the day Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, debit card, and other methods. Call the number on the front of this statement for details.
- Company Ratification:** By this payment of any amount charged to the Account, the Company ratifies the original Application for the Account and the authority of all persons authorized by the signing such Application and it authorizes the continued use of the Account under the terms of the Corporate Card Agreement by a Cardholder to whom Cards are issued.
- Special Information on Cash Advances:** Cardholders may get a Cash Advance a maximum of \$50,000 (occasionally lower).
 - The Cardholder's Cash Advance Limit is a portion of the Cardholder's Total Credit Line. There is no additional credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.

Account Inquiries

- In Case of Errors or Questions About Your Bill:** You are responsible for notifying the dispute resolution process if your Account Statement is charged with you believe are unauthorized, incorrect, or merchandise that has not been received, or returned merchandise. You should also notify the process if your Account Statement incorrectly is a credit as a charge or if a credit to which you have been issued a credit slip is not shown. To begin the dispute resolution process visit www.citi/manage.com/online.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem has appeared. In the event, please give us the following information:

 - Your name and account number. For centrally billed Company Accounts, the Company name and individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error. If more information is needed about an item, please describe to us.
 - Merchant Disputes: If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help. We are not allowed within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
- In the event of a dispute, please explain the dispute and the results of the attempt to resolve with the merchant. The effort must include the amount involved, and must be signed by the individual Cardholder. We will notify you of the results of our efforts.
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account, then forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip, please include a letter (signed by the individual Cardholder) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters, if any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement on each copy of any document. The Company or Cardholder requests such as duplicate period statements, transaction slips, and the like.
- Please save your charge receipts.

Account: XXXX-XXXX-XXXX-2799

Cardholder Transactions (cont)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
02/15	02/14	5912	55436874046160467580217	4 IMPRIM SRX 503B LEDGEWOOD NJ 1824819	370.00
02/15	02/14	9399	05134374046600062893615	5 NPDB NPDB.HRSA.GOV FAIRFAX VA N104806013	2.50
02/15	02/14	9399	05134374046600062893797	6 NPDB NPDB.HRSA.GOV FAIRFAX VA N104806331	2.50
02/15	02/15	8999	55432864046206915477780	7 AMA-CREDENTIALING 800-621-8335 IL	88.00
02/20	02/19	9399	05134374051600051728162	8 NPDB NPDB.HRSA.GOV FAIRFAX VA N104939202	2.50
02/23	02/22	5943	82711164053000012418172	9 SP SPEC ALIST'D COM MIAMI FL	121.94
02/23	02/22	9399	05134374054600052080735	10 NPDB NPDB.HRSA.GOV FAIRFAX VA N105066840	2.50
02/23	02/23	8999	55432864054209297318506	11 AMA-CREDENTIALING 800-621-8335 IL	44.00
02/27	02/26	3654	55436874058160589401313	12 LOEWS ARLINGTON HOTEL ARLINGTON TX 40553394 CHECK IN: 03/31/2024 40553394	223.60
02/27	02/26	3654	55436874058160589401834	13 LOEWS ARLINGTON HOTEL ARLINGTON TX 40553395 CHECK IN: 03/31/2024 40553395	223.60

FINANCE CHARGE SUMMARY			Your Annual Percentage Rate (APR) is the annual interest rate on your account.	
Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges	
PURCHASE AND FEES	10.50%	0.8750% (M)	\$0.00	
CASH	10.50%	0.8750% (M)	\$0.00	

(D) Daily Rate
(M) Monthly Rate

Account: XXXX-XXXX-XXXX-2799

Wire Transfer

1 - COUNTY OF CALHOUN TEXAS (COUNT1923)



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 1,130.14
Debit Account DDA (MEMORIAL MEDICAL CENTER - OPERATING)
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 03/22/2024

Originator Information

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

Beneficiary / Payee Information

Name C
ACCOUNT Beneficiary ID Type
Beneficiary ID
Address 1 P O BOX 78025
Address 2
Address 3
Beneficiary Country US
Contact Name
Phone Number

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment

Additional Information For Beneficiary

Status History

Timestamp	Status	Initiator	Description
Mar 22, 2024 3:09:14 PM CDT	Created	HONDA S. KOKENA)	Wire Created.

MCKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/08/2024

DC: 8115
Customer INV SupplID:
Territory:
Customer: 632536
Date: 03/08/2024

Page: 002

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

As of: 03/08/2024
Mail to:
Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 03/08/2024
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 9,740.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97

08/07/2017

Due If Paid On Time: 9,545.25
USD

Disc lost if paid late: 194.78

Due If Paid Late: 9,740.03
USD

9,528.38 +
15.00 +
1.87 +
9,545.25 *

Andrew Defel Santos
3/11/24

APPROVED ON

MAR 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

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

STATEMENT

As of: 03/08/2024

DC: 8115
 Customer INV SupplID:
 Territory: 7001
 Customer: 256342
 Date: 03/08/2024

Page: 001

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

As of: 03/08/2024
 Mail to:
 Page: 001
 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 256342
 Date: 03/08/2024
 PLEASE CHECK ANY
 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS											
03/04/2024	03/12/2024	7481332902		108100644	195Invoice	6.85	342.69	*	335.84		7481332902 ✓
03/04/2024	03/12/2024	7481332904		108170017	195Invoice	2.07	103.65		101.58		7481332904 ✓
03/05/2024	03/12/2024	7481643971		108266855	195Invoice	12.71	635.45		622.74		7481643971 ✓
03/05/2024	03/12/2024	7481643973		108273031	115Invoice	6.65	332.61		325.96		7481643973 ✓
03/06/2024	03/12/2024	7481922582		108419572	195Invoice	4.71	235.46		230.75		7481922582 ✓
03/06/2024	03/12/2024	7481922583		108426104	115Invoice	7.60	380.18		372.58		7481922583 ✓
03/06/2024	03/12/2024	7482013695		98138501	115Invoice	4.85	242.53		237.68		7482013695 ✓
03/06/2024	03/12/2024	7482013696		104231445	115Invoice	12.46	623.23		610.77		7482013696 ✓
03/06/2024	03/12/2024	7482013697		100707317	115Invoice	14.75	737.62		722.87		7482013697 ✓
03/06/2024	03/12/2024	7482016051		106314162	115Invoice	90.67	4,533.47		4,442.80		7482016051 ✓
03/07/2024	03/12/2024	7482218179		108559057	115Invoice	0.01	0.63		0.62		7482218179 ✓
03/08/2024	03/12/2024	7482218180		108552566	195Invoice	7.68	383.86		376.18		7482218180 ✓
03/08/2024	03/12/2024	7482493897		108669766	195Invoice	20.82	1,041.21		1,020.39		7482493897 ✓
03/08/2024	03/12/2024	7482493898		108676027	115Invoice	2.60	130.22		127.62		7482493898 ✓

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals:

9,722.81 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/04/2024 61.80

If Paid By 03/12/2024,
 Pay This Amount: 9,528.38 USD

Due If Paid On Time: 9,528.38 USD ✓

Disc lost if paid late: 194.43

If Paid After 03/12/2024,
 Pay this Amount: 9,722.81 USD

Due If Paid Late: 9,722.81 USD

APPROVED ON

MAR 11 2024

Andrew Dufresne
 3/11/24

For AR Inquiries please contact 800-867-0333

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MCKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/08/2024

Page: 001

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

DC: 8115
Customer INV SupplD:
Territory: 7001
Customer: 835434
Date: 03/08/2024

As of: 03/08/2024
Mail to:
Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 03/08/2024
PLEASE CHECK ANY
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

03/06/2024 03/12/2024 7481774354 3084704

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

15.31

15.00

7481774354

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS
Subtotals: 15.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/04/2024 61.80

If Paid By 03/12/2024,
Pay This Amount: 15.00 USD

If Paid After 03/12/2024,
Pay this Amount: 15.31 USD

Due If Paid On Time:
USD 15.00

Disc lost if paid late:
0.31

Due If Paid Late:
USD 15.31

Andrew J. Posthumus
3/11/24

APPROVED ON

MAR 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/08/2024

Page: 001

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

DC: 8115
Customer INV SupplID:
Territory: 7001
Customer: 835437
Date: 03/08/2024

As of: 03/08/2024
Mail to:
Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437
Date: 03/08/2024
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

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

Customer Number 835437 CVS PHCY 7416/MEM MC PHS

03/06/2024 03/12/2024 7481950506 3083460 115 Invoice 0.04 1.91 1.87 7481950506 ✓

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: 1.91 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/04/2024 61.80

If Paid By 03/12/2024,
Pay This Amount: 1.87 USD

If Paid After 03/12/2024,
Pay this Amount: 1.91 USD

Due If Paid On Time:
USD 1.87 ✓

Disc lost if paid late: 0.04

Due If Paid Late:
USD 1.91

Andrew D. Foster Lambert
3/11/24

APPROVED ON

MAR 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 67025968
Date: 03-08-2024

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

DEA: RA0289276
866-451-9655

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

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

Customer Number	100135284 / 037028186
Terms	Sat - Fri Due in 7 days
Summary	
Not Yet Due:	0.00
Current:	510.34
Past Due:	0.00
Total Due:	510.34
Account Balance:	510.34

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-04-2024	03-15-2024	3166713197	7005846895	Invoice	116.62		0.00	116.62
03-04-2024	03-15-2024	3166713198	7005857956	Invoice	150.55		0.00	150.55
03-04-2024	03-15-2024	3166713199	7005868878	Invoice	10.49		0.00	10.49
03-05-2024	03-15-2024	3166894300	7005876949	Invoice	57.49		0.00	57.49
03-06-2024	03-15-2024	3167042906	7005886127	Invoice	28.17		0.00	28.17
03-07-2024	03-15-2024	3167192695	7005895042	Invoice	13.69		0.00	13.69
03-08-2024	03-15-2024	3167348555	7005905257	Invoice	99.53		0.00	99.53
03-08-2024	03-15-2024	3167348556	7005905609	Invoice	33.80		0.00	33.80

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
510.34	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
03-08-2024	(829.95)

Reminders

Due Date	Amount
03-15-2024	510.34
Total Due: 510.34	

*Approved by: Andrew Santos
3/11/24*

APPROVED ON
MAR 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		23
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		03
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 120,212.62 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 63,620.08 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 14,879.24 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 41,713.30 #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN 2/23/2024
 PAY PERIOD: END 3/7/2024
 PAY DATE: 3/15/2024

"ENTER VOID CKS AS NEGATIVE NUMBERS"

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
GROSS PAY:	\$	554,218.41		\$ -		\$ 554,218.41
DEDUCTIONS:						
A/R	\$	175.00				\$ 175.00
ADVANC						\$ -
BOOTS						\$ -
MUTUAL CRITICAL ILLNESS						\$ -
MUTUAL ACCIDENT						\$ -
IRS TAX						\$ -
MUTUAL SHORT TERM DIS						\$ -
MUTUAL VISION	\$	926.80				\$ 926.80
CAFÉ-D	\$	1,325.30				\$ 1,325.30
CAFÉ-H	\$	32,336.52				\$ 32,336.52
	\$	-				\$ -
	\$	-				\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$	570.69				\$ 570.69
CLINIC	\$	20.00				\$ 20.00
COMBIN	\$	250.86				\$ 250.86
CREDUN	\$	-				\$ -
DENTAL	\$	-				\$ -
DEP-LF						\$ -
MUTUAL TERM LIFE	\$	1,433.48				\$ 1,433.48
MUTUAL HOSP INDEM	\$	619.50				\$ 619.50
FED TAX	\$	41,713.30				\$ 41,713.30
FICA-M	\$	7,439.62				\$ 7,439.62
FICA-O	\$	31,810.04				\$ 31,810.04
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$	5,422.83				\$ 5,422.83
FLX-FE	\$	-				\$ -
GIFT S	\$	238.58				\$ 238.58
MUTUAL CRITICAL ILLNESS	\$	1,166.91				\$ 1,166.91
MUTUAL ACCIDENT	\$	710.42				\$ 710.42
MUTUAL SHORT TERM DIS	\$	2,006.61				\$ 2,006.61
LEGAL	\$	1,223.24				\$ 1,223.24
OTHER	\$	2,640.35				\$ 2,640.35
NATIONAL FARM LIFE	\$	1,321.05				\$ 1,321.05
MED SURCHARGE	\$	315.00				\$ 315.00
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$	1,140.86				\$ 1,140.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$	37,971.92				\$ 37,971.92
UW/HOS	\$	-				\$ -
TOTAL DEDUCTIONS:	\$	172,778.88	\$ -	\$ -	\$ -	\$ 172,778.88
NET PAY:	\$	381,439.53	\$ -	\$ -	\$ -	\$ 381,439.53
TOTAL CAFÉ 125 PLAN:	\$	41,152.31	Less Exempt:			
TAXABLE PAY:	\$	513,066.10	\$	513,066.10		Exempt Amt:

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,439.46		
FICA - MED (EE)	1.45%	\$ 7,439.46	\$ 7,439.62	\$ (0.16)
FICA - SOC SEC (ER)	6.20%	\$ 31,810.10		
FICA - SOC SEC (EE)	6.20%	\$ 31,810.10	\$ 31,810.04	\$ 0.06
FED WITHHOLDING		\$ 41,713.30	\$ 41,713.30	

Employees over FICA-SS Cap:
 Roshanda Thomas
 Michael Gaines
 Paycode S - Employee Reimb.:

TAX DEPOSIT:	\$	120,212.42	\$	120,212.62
FICA - MEDICARE	2.00%	\$ 14,878.92	\$14,879.24	
FICA - SOCIAL SECURITY	12.40%	\$ 63,620.20	\$63,620.08	
FED WITHHOLDING		\$ 41,713.30	\$41,713.30	
TOTAL TAX:	\$	120,212.42	\$120,212.62	\$ (0.20)

TOTAL: \$ -

PREPARED BY: Andrie Flores
 PREPARED DATE: 3/11/2024

Run Date: 03/08/24
Time: 15:54

MEMORIAL MEDICAL CENTER
Payroll Register [Bi-Weekly]
Pay Period 02/23/24 - 03/07/24 Run# 1

Page 110
P2REG

Final Summary

*-- Pay Code Summary							*-- Deductions Summary							
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount				
1	REGULAR PAY-S1	9942.50	N	N	N			230502.51	A/R	175.00	A/R2	A/R3		
1	REGULAR PAY-S1	2159.00	N	N	N	N		104215.49	ADVANC		AWARDS	BCBSVI		
1	REGULAR PAY-S1	251.25	Y	N	N			7863.42	BOOTS		CAFE-H	CAFE-1		
2	REGULAR PAY-S2	2809.25	N	N	N			76455.47	CAFE-2		CAFE-3	CAFE-4		
2	REGULAR PAY-S2	59.50	Y	N	N			2507.02	CAFE-5		CAFE-C	CAFE-D	1325.30 ✓	
3	REGULAR PAY-S3	1554.25	N	N	N			54861.54	CAFE-F		CAFE-H	32336.52	CAFE-I	
3	REGULAR PAY-S3	55.75	Y	N	N			3195.03	CAFE-L		CAFE-P	CANCER		
4	CALL BACK PAY	35.00	N	1	N	N	Y	1600.10	CHILD	570.69	CLINIC	20.00	COMBIN	250.86 ✓
4	CALL BACK PAY	16.75	N	2	N	N	Y	654.65	CREDUN		DD ADV	DENTAL		
4	CALL BACK PAY	2.00	N	3	N	N	Y	99.94	DRP-LF		DIS-LF	EAT		
4	CALL BACK PAY	1.25	Y	2	N	N	Y	62.94	EATCSH		FEDTAX	41713.30	FICA-M	7439.62 ✓
C	CALL PAY	2383.00	N	1	N	N		4766.00	FICA-O	31810.04	FIRSTC	PLEX S	4655.00 ✓	
D	DOUBLE TIME	2.25	N	1	N	N		83.34	FLX FE		FORT D	FUTA		
D	DOUBLE TIME	5.75	N	2	N	N		406.58	GIFT S	238.58	GRANT	GRP-IN		
D	DOUBLE TIME	7.75	N	3	N	N		694.40	GTL		HOSP-I	HSA	767.83 ✓	
E	EXTRA WAGES		N	N	N	N		6900.00	ID TPT		IRSTAX	LEAF		
E	EXTRA WAGES		N	1	N	N	N	1582.75	LEGAL	317.74	MASA	905.50	MEALS	1569.54 ✓
I	INSERVICE	41.50	N	1	N	N		1380.19	METVIS		MISC	MISC/		
K	EXTENDED-ILLNESS-BANK	12.00	N	N	N	N		297.16	MMCSHR		MODACC	710.42	MCOILL	1166.91 ✓
K	EXTENDED-ILLNESS-BANK	499.00	N	1	N	N		15765.25	MOOIND	619.50	MOOLIF	1433.48	MCOSTD	2006.61 ✓
P	PAID-TIME-OFF	276.35	N	N	N	N		8464.87	MOOVIS	926.80	MATEML	1321.05	OTHER	
P	PAID-TIME-OFF	1063.00	N	1	N	N		31030.76	PHI		PHI***	PR FIN		
X	CALL PAY 2	176.00	N	1	N	N		352.00	RELAY		REPAY	SAMS		
Y	YMCA/CURVES		N	N	N	N		45.00	SCRUBS		SIGNON	ST-TX		
Z	CALL PAY 3	144.00	N	1	N	N		432.00	STONDF	1140.86	STONE	STONE2		
									STUDEN		SUNACC	SUNILL		
									SUNIND		SUNLIF	SUNSTD		
									SUNVIS		SURCHG	315.00	TSA-1	
									TSA-2		TSA-C	TSA-P		
									TSA-R	37971.92	TUTION	UNIFOR	1070.81 ✓	
									UN/HOS					
*----- Grand Totals: 21497.10 -----		(Gross: 554218.41 ✓	Deductions: 172778.88 ✓	Net: 381439.53 ✓										
Checks Count: - FT 211 PT 14 Other 41 Female 237 Male 28 Credit		OverAmt 13	ZeroNet	Term	Total: 265									

Andrew DeLos Santos
3/11/24

Run Date: 03/11/24
Time: 11:48

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 02/23/24--03/07/24 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
01478	NICOLE D BARNETT	519.78	00063402	03/15/24
01015	SUSAN B SMALLEY	462.96	00063403	03/15/24
73749	GLORIA N REID	2328.42	00063404	03/15/24
41287	ALISA D VILLARREAL	103.79	00063405	03/15/24
68568	CHRISTOPHER RUTHERFORD	837.33	00063406	03/15/24
78566	MELISSA K GEE	589.42	00063407	03/15/24
00041	CARL LEE KING	860.00	DD	03/15/24
00083	SYLVIA A VARGAS	1061.78	DD	03/15/24
00113	JACLYN CARREON	1293.96	DD	03/15/24
00132	SANDRA A BRAUN	802.22	DD	03/15/24
00192	BRENDA D PENA	1774.25	DD	03/15/24
00387	BILLIE F DUCKWORTH	2423.46	DD	03/15/24
00392	MONICA T CARR	1179.53	DD	03/15/24
00399	LINDA J TIJERINA	4282.50	DD	03/15/24
00401	VELMA J PINA	2199.26	DD	03/15/24
00417	SHERRY L KING	2438.55	DD	03/15/24
00423	DONN V STRINGO	1994.37	DD	03/15/24
00482	PAM FIXAC	1517.12	DD	03/15/24
00581	CYNTHIA L RUSHING	1788.56	DD	03/15/24
00681	RILLA RENEE WOOD	1928.67	DD	03/15/24
00697	MARIA C FARIAS	1110.42	DD	03/15/24
00707	KIMBERLY RESENDEZ	1925.02	DD	03/15/24
00895	EMILIE DIANE WILKEY	818.74	DD	03/15/24
01178	PATRICIA LAUREN HERMES	6747.69	DD	03/15/24
01191	SHARON M SPARKS	496.32	DD	03/15/24
01234	JENISE N SVETLIK	2260.38	DD	03/15/24
01241	MANDY MACE	1872.66	DD	03/15/24
01367	MARILYN A SANDERS	1750.79	DD	03/15/24
01451	JENNIFER L ZISSA	792.99	DD	03/15/24
01791	RAUSHANAH J MONDAY	1672.52	DD	03/15/24
02011	ERIN R CLEVENSER	4129.02	DD	03/15/24
02014	AGAPITA C CANTU	744.00	DD	03/15/24
02021	ERIKA OSORNIA-SANCHEZ	1372.98	DD	03/15/24
02022	AMANDA J GRIGGS	2549.64	DD	03/15/24
02064	ANNA LAURA GARCIA	1830.60	DD	03/15/24
02099	TRACI M SHEFCIK	2890.83	DD	03/15/24
02112	LESLIE THOMAS	2425.18	DD	03/15/24
02132	JASMINE RUIZ	1751.40	DD	03/15/24
02135	NORMA ALLISON	998.40	DD	03/15/24
02136	TAMMY ESQUIVEL	385.35	DD	03/15/24
02154	JUSTINE STRELCEZYK	420.64	DD	03/15/24
02156	AUBREY S HOLT	1195.12	DD	03/15/24
02162	MIRIAM PALUKA	1590.14	DD	03/15/24
02168	JENSICA KNIGHT	3046.17	DD	03/15/24
02193	TIKI VENGLAR	1752.88	DD	03/15/24
02201	CORRINE VILLEGAS	1124.02	DD	03/15/24
02271	DAWN J BUBENIK	2251.82	DD	03/15/24
02301	NICOLAS TIJERINA	1506.94	DD	03/15/24
02303	CONNIE M PADIERNA	2765.81	DD	03/15/24
02312	HANNAH M GOOD	51.94	DD	03/15/24
02315	NINA M GREEN	2249.89	DD	03/15/24
02322	RICK OSORNIA	1009.90	DD	03/15/24
02346	JEANETTE L FALCON	1133.30	DD	03/15/24

Run Date: 03/11/24
Time: 11:48

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 02/23/24--03/07/24 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 2
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
02416	JANELLE SCOTT	1595.96	DD	03/15/24
02435	SAMANTHA TANTON	909.20	DD	03/15/24
02511	MARDALENA SEPULVEDA	348.39	DD	03/15/24
02552	VERONICA RAGUSIN	1923.85	DD	03/15/24
02612	MEGHAN ODELL	862.64	DD	03/15/24
02622	JESUSA MARIE BENAVIDES	424.35	DD	03/15/24
02678	MELISSA NESLONEY	1654.19	DD	03/15/24
02685	JULIANA TORRES	228.23	DD	03/15/24
02701	RONDA GOHLKE	2318.29	DD	03/15/24
02719	DAWN M MCCLELLAND	2201.59	DD	03/15/24
02720	ELDA M LUERA	3550.53	DD	03/15/24
02733	ROBIN M PLEDGER	2348.74	DD	03/15/24
02735	ZANDRA A GARCIA	732.79	DD	03/15/24
02794	HEATHER L MUTCHLER	1971.73	DD	03/15/24
02812	BRITTANY N RUDDICK	1890.73	DD	03/15/24
02907	MARIA F LONGORIA	1188.78	DD	03/15/24
02927	MICHAEL L GAINES	2798.36	DD	03/15/24
02963	DOROTHY J RENDON	706.57	DD	03/15/24
02970	DIANNE G ATKINSON	2192.93	DD	03/15/24
03864	JACQUELINE R HERRERA	1398.80	DD	03/15/24
05003	COURTNE D THURLKILL	2859.25	DD	03/15/24
05006	REGINA A MARTINEZ	1998.91	DD	03/15/24
05007	JAMIE K MEYLAND	2005.66	DD	03/15/24
05122	MARISSA RANGEL	418.21	DD	03/15/24
05345	ERICA NGUYEN	2291.76	DD	03/15/24
05641	AMANDA R KEY	1908.93	DD	03/15/24
07123	CYNTHIA GUERRA	1590.50	DD	03/15/24
07147	CHAD A VORCE	2218.29	DD	03/15/24
07878	DIANA C SAUCEDA	1173.84	DD	03/15/24
11197	CATHERINE A SAENZ	2837.08	DD	03/15/24
11412	COURTNEY L MORKOVSKY	2147.73	DD	03/15/24
12011	KIMBERLY J REYNA	1017.94	DD	03/15/24
12115	LISA J HINOJOSA	901.64	DD	03/15/24
12129	MICHAEL HERMES	1687.63	DD	03/15/24
12609	RAELIN R LUNA	477.75	DD	03/15/24
15097	KYLE L DANIEL	2649.89	DD	03/15/24
15131	SAVANNAH HARLEY	1666.98	DD	03/15/24
15139	KRISTEN NICOLE BALLARD	1701.62	DD	03/15/24
15163	KELSEY HEINOLD	3459.54	DD	03/15/24
15171	JESSICA BARRON	796.31	DD	03/15/24
15236	YESSSENIA L GRANADOS	453.67	DD	03/15/24
15286	DAWN M MAREK	2011.70	DD	03/15/24
15909	JULIE NGUYEN	2122.11	DD	03/15/24
15915	BRIANNE J KEY	1966.09	DD	03/15/24
20012	ALEXIS LOREDO	428.04	DD	03/15/24
20144	SOPHIE M PECENA	356.49	DD	03/15/24
20148	JENNIFER CUMPEAN	1147.37	DD	03/15/24
20156	ERIN ASHLEY WISDOM	1760.64	DD	03/15/24
20168	JOSHUA PEPPERS	260.73	DD	03/15/24
20184	MELISSA ZAMORANO	637.32	DD	03/15/24
20206	KELLI B GOFF	1375.80	DD	03/15/24
20207	SHAWNA G HARTL	2602.05	DD	03/15/24
20243	MELANIE CORTEZ	1359.42	DD	03/15/24
20272	ANGELA YEAGER	2791.52	DD	03/15/24

Run Date: 03/11/24
Time: 11:48

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 02/23/24--03/07/24 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 3
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
20294	JESSICA D WALTHER	969.08	DD	03/15/24
20324	PATRICIA STRIBLEY	2107.07	DD	03/15/24
20343	SAVANNAH N SOCARRAS	681.31	DD	03/15/24
20484	BRIANNA S PASSMORE	290.26	DD	03/15/24
20759	JAMIE SADLER	1781.55	DD	03/15/24
20788	JAYLIN RAMIREZ	502.28	DD	03/15/24
20797	BETHANN M DIGGS	1937.72	DD	03/15/24
20857	JOSHUA LOPEZ	815.53	DD	03/15/24
20977	CHERYL L TESCH	1565.96	DD	03/15/24
20980	SAVANA LENTO	932.91	DD	03/15/24
21450	DIANA E LEAL	1548.18	DD	03/15/24
21629	JACOBY R CRAWFORD	1583.47	DD	03/15/24
22493	BRITTANY E NAVARRO	1837.09	DD	03/15/24
22618	HEATHER L LOPEZ	20.48	DD	03/15/24
25022	AMBER L LOYA	649.81	DD	03/15/24
28034	KRISTINA A BUENGER	1077.91	DD	03/15/24
28120	JESSICA V SELVERA	856.79	DD	03/15/24
29199	KELLY A SCHOTT	2813.58	DD	03/15/24
31035	STACIE L EPLEY	1585.67	DD	03/15/24
31054	LORA L LAMBDEN	933.22	DD	03/15/24
31099	ARACELY Z GARCIA	1088.47	DD	03/15/24
31219	LAUREN PHILLIPS	1482.89	DD	03/15/24
31241	MONICA SALAZAR	491.31	DD	03/15/24
31251	CYNTHIA L BIAS	1749.47	DD	03/15/24
31313	KATHERINE LYNN JIMENEZ	1968.35	DD	03/15/24
31319	STACY L FARMER	1697.89	DD	03/15/24
31463	EDWARD E MATULA	2513.49	DD	03/15/24
31508	RACHEL A HEFFNER	1934.20	DD	03/15/24
31821	KAYLA M ALVAREZ	1650.34	DD	03/15/24
38118	KRYSTELLA F KISIAH	1081.52	DD	03/15/24
38428	JULIAN HEYSQUIERDO	1133.11	DD	03/15/24
41062	CHEYENNE NESSA	558.01	DD	03/15/24
41112	ANASTASIA L PEREZ	738.11	DD	03/15/24
41171	TOMMIE M TREVINO	592.92	DD	03/15/24
41219	GUADALUPE OLANDEZ	729.85	DD	03/15/24
41225	LESLIE A CRAIGEN	1183.56	DD	03/15/24
41236	PAMELA K VANNOY	1460.75	DD	03/15/24
41251	SARA YBARBO	663.46	DD	03/15/24
41261	BERNICE AGUILAR	806.97	DD	03/15/24
41269	BERENICE LUGO	676.19	DD	03/15/24
41274	KAREN GANN	1213.83	DD	03/15/24
41279	PAMELA R HARMON	935.53	DD	03/15/24
41347	ADRIANNA D STRAKOS	618.02	DD	03/15/24
41418	ANGEL M CASSEL	980.05	DD	03/15/24
41426	TASHA NORMAN	3440.73	DD	03/15/24
41506	JOSEFAT LUGO TORRES	824.70	DD	03/15/24
41546	SHANMEI MARTINEZ	3216.57	DD	03/15/24
41612	SONJA A GUAJARDO	863.83	DD	03/15/24
41617	JACQUELINE M MARTINEZ	852.74	DD	03/15/24
41705	KELSEY R TAYLOR	1346.22	DD	03/15/24
41896	RENAE MICHELLE EMERY	720.50	DD	03/15/24
41897	ROXANNA MUNOZ	741.26	DD	03/15/24
41901	JUANITA R MILLER	1082.44	DD	03/15/24
41953	KAYLENN TREVINO	538.27	DD	03/15/24

Run Date: 03/11/24
Time: 11:48

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 02/23/24--03/07/24 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 4
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
42106	CHRISTY SILVAS	890.18	DD	03/15/24
42112	SOCORRO C GONZALES	1039.59	DD	03/15/24
42122	LEI ANA CHAVANA	1739.12	DD	03/15/24
42125	MARIA LUCY CALZADA	768.67	DD	03/15/24
42304	MIMI T NGUYEN	2044.17	DD	03/15/24
42536	MARIAH A SOCARRAS	727.25	DD	03/15/24
42820	MARIA D CHAVEZ	1008.12	DD	03/15/24
42842	SHANNA S O DONNELL	3254.37	DD	03/15/24
50148	PENNY GOULDEN	3378.42	DD	03/15/24
50282	JACOB W HAMILTON	2494.78	DD	03/15/24
50310	JASMINE GRIGSBY	837.03	DD	03/15/24
50546	MELANIE K SAMAYOA	2100.48	DD	03/15/24
50573	DEANA R DAVIS	1571.51	DD	03/15/24
50596	BETTY S DAVIS	2051.37	DD	03/15/24
50719	DEBRA K MUSTERED	2277.13	DD	03/15/24
50928	ADINA GERDES	690.84	DD	03/15/24
53541	JACLYN B HARTL	1531.61	DD	03/15/24
54024	MONICA A ESCALANTE	1294.29	DD	03/15/24
55025	LEA C RESENDEZ	1357.68	DD	03/15/24
55026	IRENE B PEREZ	859.35	DD	03/15/24
55127	APRIL N KUBALA	2264.59	DD	03/15/24
55234	ELOIZA SOTO	718.41	DD	03/15/24
55371	BLANCA HERNANDEZ	683.71	DD	03/15/24
55382	SHANNON JACILDO	535.14	DD	03/15/24
55658	LAJUAN WILKE	820.87	DD	03/15/24
58115	BECKY MARIE SEE	990.20	DD	03/15/24
58510	RITA L POLENSKY	660.00	DD	03/15/24
60112	ROBERT A RODRIQUEZ	2012.20	DD	03/15/24
60131	NORA OVALLE	562.20	DD	03/15/24
60145	REGINA ZAMORA	1369.94	DD	03/15/24
60156	DANIELLE M KALISEK	1096.51	DD	03/15/24
60165	TERESA A BENITEZ	2694.57	DD	03/15/24
60262	IRA R SHARP	765.05	DD	03/15/24
60589	JASON J LOYA	928.27	DD	03/15/24
60616	DOROTHY A LONGORIA	1012.14	DD	03/15/24
62322	ALAN KNIGHT	1693.52	DD	03/15/24
63193	MICHAEL SOCARRAS	923.07	DD	03/15/24
63458	VIRGINIA C BERNARDINO	841.66	DD	03/15/24
63846	JUAN FLORES	1016.40	DD	03/15/24
65100	FELICITA BONUZ	634.44	DD	03/15/24
65125	MARTHA CUMPEAN	830.04	DD	03/15/24
65127	VERONICA ORTIZ	725.39	DD	03/15/24
65136	TINA KORANEK	1002.96	DD	03/15/24
65148	MARTA INIGUEZ	691.88	DD	03/15/24
65151	ELIA OLACHIA	1035.21	DD	03/15/24
65189	ELVIRA SANCHEZ	727.38	DD	03/15/24
65205	JUANA SANTILLAN	769.36	DD	03/15/24
65213	LEE SIMERLY	1174.60	DD	03/15/24
65247	DIANA CASTILLO	240.57	DD	03/15/24
65269	NATALIE BAREFIELD	969.00	DD	03/15/24
65315	ELVA RODRIGUEZ	798.98	DD	03/15/24
65393	RAMONA A PEREZ	1110.41	DD	03/15/24
65453	AMALIA L FLORES	1254.21	DD	03/15/24
65463	MARIA I VELOZ	786.23	DD	03/15/24

Run Date: 03/11/24
Time: 11:48

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 02/23/24--03/07/24 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 5
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
65486	ROSA RODRIGUEZ	794.64	DD	03/15/24
65513	MARIA MORALES	992.59	DD	03/15/24
65705	DOMITILA HERRERA	944.99	DD	03/15/24
65715	MARIA R GOMEZ	963.43	DD	03/15/24
65745	MARIA LUISA RODRIGUEZ	1286.12	DD	03/15/24
65865	MARIA F LEDEZMA	821.49	DD	03/15/24
68368	DOMITILA GARCIA	539.31	DD	03/15/24
68792	NAZARIO DIAZ HERNANDEZ	2055.29	DD	03/15/24
70119	SARA N BLEDSOE	2720.44	DD	03/15/24
72727	CHRISANDRA LYNN KOVAREK	68.28	DD	03/15/24
74159	CAROL VILLARREAL	1309.23	DD	03/15/24
75190	RIKA MILLER	2073.13	DD	03/15/24
76076	ALEXANDRIA Y KNISLEY	264.12	DD	03/15/24
76115	JENNIFER R CARLOCK	602.87	DD	03/15/24
76120	RACHEL CANALES	1232.36	DD	03/15/24
76138	KAREN D GARCIA	731.32	DD	03/15/24
76210	ZOE VILLARREAL	738.51	DD	03/15/24
76300	AIDA JIMENEZ	765.02	DD	03/15/24
76308	CHRISTELLA ANN SENDEJO	662.48	DD	03/15/24
76313	PAMELA L BARTON	800.87	DD	03/15/24
76403	KATRINA A POKLUDA	1222.03	DD	03/15/24
76647	CHERYL A SEE	975.91	DD	03/15/24
76706	GREGORY E MORALES	725.76	DD	03/15/24
76854	MARY PATTERSON	1025.36	DD	03/15/24
76985	VANESSA TRISTAN	275.24	DD	03/15/24
77646	FAREN A GONZALES	1025.04	DD	03/15/24
78020	MISTY R PASSMORE	1557.59	DD	03/15/24
78058	KYANN J POWER	639.64	DD	03/15/24
78072	DONNA M RAWLINGS	1459.62	DD	03/15/24
78128	ALEXA QUINTANILLA	813.14	DD	03/15/24
78287	MARISSA D ALMANZAR	3328.24	DD	03/15/24
78336	JESSICA L GLOVER	2003.52	DD	03/15/24
78764	ASHLEY D HADLEY	2028.36	DD	03/15/24
78781	KRISTEN R WACHICEK	1949.53	DD	03/15/24
78787	FARAH I JANAK	2506.91	DD	03/15/24
78897	DAYLE J ROBINSON	641.39	DD	03/15/24
80008	ADAM D RESIO	2734.65	DD	03/15/24
80141	JEANNIE ORTA	1689.78	DD	03/15/24
80928	BRYAN HOBGOOD	1713.42	DD	03/15/24
82227	CAITLIN A CLEVINGER	1222.42	DD	03/15/24
86482	MEGAN M HARPER	798.48	DD	03/15/24
86576	ELSA HERRERA	794.72	DD	03/15/24
88125	LISA M TREVINO	1185.31	DD	03/15/24
88148	MICHELLE CUMBERLAND	1962.71	DD	03/15/24
88321	ANDREW DE LOS SANTOS	2636.82	DD	03/15/24
88435	JOE GARCIA	1582.39	DD	03/15/24
90320	ROSHANDA S THOMAS	5406.01	DD	03/15/24
90929	STEVE BROCK	4809.87	DD	03/15/24
93231	ANDRIE M FLORES	1849.67	DD	03/15/24
93241	SARIAH N RUBIO	1258.05	DD	03/15/24
98756	ADRIANNA M GALVAN	1592.48	DD	03/15/24

381439.53

Memorial Medical Center
Transfer Request

Amount: 10,323.41 ✓

From Account: Operating- *4357

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

APPROVED ON

MAR 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Number: 158300195894

Routing Number: 122235821

Explanation:

Invoice numbers: 6146306, 6179005, 6203328, 6237087

Requested by: Caitlin Clevenger

Date: 3/11/2024

Authorized by: Andrew DePalma

Date: 3/11/24

Memorial Medical Center
Transfer Request

Amount: 10,323.41

From Account: Operating- *4357

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

APPROVED ON

MAR 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Number: 158300195894

Routing Number: 122235821

Explanation:

Invoice numbers: 6146306, 6179005, 6203328, 6237087

Requested by: Caitlin Clevenger

Date: 3/11/2024

Authorized by: Andrew S. Robertson

Date: 3/11/24

(Handwritten signature and checkmark)

HealthEquity WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	02/05/2024
PO #	DUE DATE
	05/06/2024
Invoice #	AMOUNT DUE
INV6146306	\$3,838.72

Description	Plan Code	Amount
Visa Card Payments - HCFA 2024	HCFA2024	3,396.42
Visa Card Payments - HCFA 2023	HCFA2023	442.30

Total Amount Due

\$3,838.72 ✓

Andrew D. Santos
3/11/24

HealthEquity WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	02/12/2024
PO #	DUE DATE
	05/13/2024
Invoice #	AMOUNT DUE
INV6179005	\$993.11

Description	Plan Code	Amount
Visa Card Payments - HCFS A 2024	HCFS A2024	708.53
Visa Card Payments - HCFS A 2023	HCFS A2023	284.58

Total Amount Due

\$993.11

Andrew DeFas Santos
3/11/24

HealthEquity WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	02/20/2024
PO #	DUE DATE
	05/20/2024
Invoice #	AMOUNT DUE
INV6203328	\$3,296.40

Description	Plan Code	Amount
PMP Payments - HCFA 2024	HCFA2024	424.08
Visa Card Payments - HCFA 2024	HCFA2024	1,672.00
Visa Card Payments - HCFA 2023	HCFA2023	1,200.32

Total Amount Due

\$3,296.40

Andrew Detor Santa
 3/11/24

HealthEquity WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	02/26/2024
PO #	DUE DATE
	05/28/2024
Invoice #	AMOUNT DUE
INV6237087	\$2,195.18

Description	Plan Code	Amount
PMP Payments - DCFSA 2024	DCFSA2024	380.00
Visa Card Payments - HCFSA 2024	HCFSA2024	1,517.25
Visa Card Payments - HCFSA 2023	HCFSA2023	297.93

Total Amount Due

\$2,195.18 ✓

Andrew De la Sentera
3/11/24

Wire Transfer

- COUNTY OF CALHOUN TEXAS (



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name WAGEWORKS
Amount USD 10,323.41
Debit Account - DDA (MEMORIAL MEDICAL CENTER - OPERATING) -
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 03/14/2024

Originator Information

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

Beneficiary / Payee Information

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

Beneficiary Bank Information

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

Additional Reference Information

Purpose Of Payment February invoice

Additional Information For Beneficiary invoice #s 6146306, 6179005, 6203328, 6237087 6203328, 6237087

Status History

Timestamp	Status	Initiator	Description
Mar 14, 2024 8:21:34 AM CDT	Created	(MELISSA McKISSACK)	Wire Created.

MEMORIAL MEDICAL CENTER
PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Mar 4, 2024 - March 10, 2024

Date	Bank Description	Amount	Ch
3/4/2024	PAY PLUS ACHTrans 000000016328875 1010006900	27.05	
3/4/2024	MERCHANT BANKCD DISCOUNT 971160910883 9100000	19.95	
3/4/2024	MERCHANT BANKCD DISCOUNT 971160913887 9100000	333.05	
3/4/2024	MERCHANT BANKCD INTERCHNG 971160913887 910000	166.68	
3/4/2024	MERCHANT BANKCD FEE 971160913887 91000018557	182.87	
3/4/2024	MERCHANT BANKCD FEE 971160910883 91000018557	9.95	
3/4/2024	IRS USATAXPYMT 270446463817804 6103601000762	123,193.65	**
3/4/2024	AUTHNET GATEWAY BILLING 134728429 1040000163	32.70	**
3/5/2024	PAY PLUS ACHTrans 000000016453159 1010006920	21.66	
3/5/2024	MCKESSON DRUG AUTO ACH ACH05895962 9100000173	61.80	*
3/5/2024	FDMS FDMS PYMT 052-2000500-000 4100012159301	75.67	*
3/6/2024	PAY PLUS ACHTrans 000000016554749 1010006932	20.12	
3/6/2024	HARLAND CLARKE CHK ORDERS 16FV767902212R5 91	94.82	
3/6/2024	HARLAND CLARKE CHK ORDERS 16GP598902212R5 91	94.82	
3/6/2024	FDMS FDMS PYMT 052-1601830-000 4100012644051	32.45	*
3/7/2024	PAY PLUS ACHTrans 000000016668750 1010006947	13.00	
3/7/2024	HPHG LLC MEMOR PREM MemMedCtr Pillav 11312265	68,999.82	**
3/8/2024	PAY PLUS ACHTrans 000000016754355 1010006956	255.83	*
3/8/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	829.95	*
3/8/2024	CLEARGAGE LLC CLEARGAGE, DGID0EHB3JC82HO 242	117.37	*

Andrew D. Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

March 11, 2024

194,583.21

Pay Plus
27.05
19.95
20.12
13.00
255.83
337.66
CL Fees
19.95
333.05
166.68
182.87
9.95
123,193.65
32.70
21.66
61.80
75.67
20.12
94.82
94.82
32.45
13.00
820.62
Amtnut
32.70
32.70
Harland Clarke
94.82
94.82
189.64
Cleargaga
117.37
117.37

Amount

Ch

MMC Notes

- 3rd Party Payor Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Credit Card Processing Fee
- Payroll Taxes
- 3rd Party Payor Fee
- 3rd Party Payor Fee
- 340B Drug Program Expense
- Credit Card Processing Fee
- 3rd Party Payor Fee
- Deposit slip books
- Deposit slip books
- Credit Card Processing Fee
- 3rd Party Payor Fee
- Health Insurance Premium Payment
- 3rd Party Payor Fee
- 340B Drug Program Expense
- Patient Financing Service

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	Amount
3/20/2024	TEXAS COUNTY DRS RECEIVABLE 0419 21000024325	194,583.21
	Retirement Funding	188,424.94
		123,193.65
		61.80
		68,999.82
		829.95
		1,497.99

Andrew D. Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

APPROVED ON
March 11, 2024

MAR 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1,497.99
1,497.99
0.00

##GOOGLE_TAG_MANAGER_HEAD## ##GOOGLE_TAG_MANAGER_BODY##

Date/Time 03-06-2024 / 09:58 AM
Submitted By

Pay Date 02-29-2024

Employee Deposits	\$77,268.62
Employer Contributions	\$111,156.32
Group Term Life Premiums	\$0.00
Total	\$188,424.94 ✓

Comments

Payroll File February 2024 Retirement Upload.xlsx

CLOSE

PRINT

3/7/24

Start Date	Benefit	EE Per Pay Cost	ER Per Pay Cost
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$100.00	\$25.00
1/1/2024	Health Savings Account	\$147.91	\$25.00
1/1/2024	Health Savings Account	\$41.67	\$25.00
1/1/2024	Health Savings Account	\$60.00	\$25.00
1/1/2024	Health Savings Account	\$10.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
2/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
2/1/2024	Health Savings Account	\$163.25	\$25.00
1/1/2024	Health Savings Account	\$50.00	\$25.00
2/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$100.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
3/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$20.00	\$25.00
2/1/2024	Health Savings Account	\$0.00	\$25.00
		\$767.83	\$625.00
	Total Contributions	\$1,392.83	

RECEIVED BY THE
COUNTY AUDITOR ON
03/07/2024
12:13
MAR 07 2024
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name
11828 SOLERA WEST HOUSTON ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022924		02/29/202	02/29/202	03/30/202			1,224.00	0.00	0.00	1,224.00 ✓

TRANSFER *Nft insurance pymt deposited into mmc operating*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	1,224.00	0.00	0.00	1,224.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,224.00	0.00	0.00	1,224.00

APPROVED ON
MAR 07 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 203372

MEMORIAL MEDICAL CENTER

03/07/2024 RECEIVED BY THE COUNTY AUDITOR ON 12:12

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# 11820 Vendor Name FORTBEND HEALTHCARE CENTER

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022724		02/29/202	02/27/202	03/30/202			2,244.00	0.00	0.00	2,244.00

TRANSFER *MT insurance pymt deposited into mmc operating*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	2,244.00	0.00	0.00	2,244.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,244.00	0.00	0.00	2,244.00

APPROVED ON

MAR 07 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CHK# 203369

RECEIVED BY THE
COUNTY AUDITOR ON

03/07/2024

12: MAR 07 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name
11832 BROADMOOR AT CREEKSIDE PARK ✓
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022724		02/29/202	02/27/202	03/30/202			6,324.00	0.00	0.00	6,324.00 ✓
	TRANSFER	✓ H Insurance pymt deposited into MMC operating								
022924		02/29/202	02/29/202	03/30/202			816.00	0.00	0.00	816.00 ✓
	TRANSFER "	"								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	7,140.00	0.00	0.00	7,140.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,140.00	0.00	0.00	7,140.00

APPROVED ON

MAR 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 123368

RECEIVED BY THE
03/07/2024
12:11
MAR 07 2024
BY COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022724A		02/29/202	02/27/202	03/30/202			16,800.00	0.00	0.00	16,800.00 ✓
	TRANSFER	<i>Net insurance pymt deposited into MMC operating</i>								
022724		02/29/202	02/27/202	03/30/202			4,896.00	0.00	0.00	4,896.00 ✓
	TRANSFER	"								
022924		02/29/202	02/29/202	03/30/202			408.00	0.00	0.00	408.00 ✓
	TRANSFER	"								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	22,104.00	0.00	0.00	22,104.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	22,104.00	0.00	0.00	22,104.00

APPROVED ON

MAR 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203373

RECEIVED BY THE COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

0

03/07/2024
12:09

AP Open Invoice List

ap_open_invoice.template

Dates Through:

CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE ✓									
022324A		02/29/202	02/23/202	03/30/202			23,056.40	0.00	0.00	23,056.40 ✓
	TRANSFER									
022324		02/29/202	02/23/202	03/30/202			242.91	0.00	0.00	242.91 ✓
	TRANSFER									
022624		02/29/202	02/26/202	03/30/202			2,982.90	0.00	0.00	2,982.90 ✓
	TRANSFER									
022624A		02/29/202	02/26/202	03/30/202			58,031.10	0.00	0.00	58,031.10 ✓
	TRANSFER									
022824		02/29/202	02/28/202	03/30/202			4,315.41	0.00	0.00	4,315.41 ✓
	TRANSFER									
022824A		02/29/202	02/28/202	03/30/202			222.66	0.00	0.00	222.66 ✓
	TRANSFER									
022924		02/29/202	02/29/202	03/30/202			2,799.00	0.00	0.00	2,799.00 ✓
	TRANSFER									
022924A		02/29/202	02/29/202	03/30/202			577.05	0.00	0.00	577.05 ✓
	TRANSFER									
030124		02/29/202	03/01/202	04/01/202			5,284.32	0.00	0.00	5,284.32 ✓
	TRANSFER									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11836 GOLDENCREEK HEALTHCARE							97,511.75	0.00	0.00	97,511.75

NH insurance pymt deposited into MME operating

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	97,511.75	0.00	0.00	97,511.75

+ 1124.87

 98,636.62

APPROVED ON
MAR 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS CIL# 203310

0 • C

97,511.75 +
 1,124.87 +
 98,636.62 *

RECEIVED BY THE COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

0

03/07/2024

AP Open Invoice List

ap_open_invoice.template

12:07

MAR 07 2024

Dates Through:

VENDOR NAME: CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
022224	TRANSFER	02/29/202	02/22/202	03/30/202			1,124.87	0.00	0.00	1,124.87	
	<i>belongs to golden creek</i>										
022724	TRANSFER	02/29/202	02/27/202	03/30/202			58.14	0.00	0.00	58.14 ✓	
	<i>With insurance pymt deposited into mme operating</i>										
022724A	TRANSFER	02/29/202	02/27/202	03/30/202			2,652.00	0.00	0.00	2,652.00 ✓	
	<i>" " " "</i>										
022824A	TRANSFER	02/29/202	02/28/202	03/30/202			159.24	0.00	0.00	159.24 ✓	
	<i>" " " "</i>										
022824	TRANSFER	02/29/202	02/28/202	03/30/202			92.24	0.00	0.00	92.24 ✓	
	<i>" " " "</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
12696	GULF POINTE PLAZA						4,086.49	0.00	0.00	4,086.49	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,086.49	0.00	0.00	4,086.49
				<i>2,961.42</i>

4,086.49 +
 1,124.87 -
 2,961.62 *

APPROVED ON

MAR 07 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CL# 203371

RECEIVED BY THE COUNTY AUDITOR ON
03/07/2024
12:11
MAR 07 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE
CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022324		02/29/202	02/23/202	03/30/202			800.00	0.00	0.00	800.00 ✓
	TRANSFER	<i>NH insurance pymt deposited into mmc operating</i>								
022324A		02/29/202	02/23/202	03/30/202			147.84	0.00	0.00	147.84 ✓
	TRANSFER	"								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE							947.84	0.00	0.00	947.84

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	947.84	0.00	0.00	947.84

APPROVED ON

MAR 07 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 203374

RECEIVED BY THE COUNTY AUDITOR ON 03/07/2024 12:10

MAR 07 2024

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0 ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022224B	TRANSFER	02/29/202	02/22/202	03/30/202			0.22	0.00	0.00	0.22
022224A	TRANSFER	02/29/202	02/22/202	03/30/202			3,511.14	0.00	0.00	3,511.14
022224C	TRANSFER	02/29/202	02/22/202	03/30/202			257.76	0.00	0.00	257.76
022224	TRANSFER	02/29/202	02/22/202	03/30/202			470.15	0.00	0.00	470.15
022324A	TRANSFER	02/29/202	02/23/202	03/30/202			18,901.96	0.00	0.00	18,901.96
022324	TRANSFER	02/29/202	02/23/202	03/30/202			35,833.93	0.00	0.00	35,833.93
022824A	TRANSFER	02/29/202	02/28/202	03/30/202			6.78	0.00	0.00	6.78
022824	TRANSFER	02/29/202	02/28/202	03/30/202			374.54	0.00	0.00	374.54
022824B	TRANSFER	02/29/202	02/28/202	03/30/202			1,423.94	0.00	0.00	1,423.94
022924	TRANSFER	02/29/202	02/29/202	03/30/202			169.44	0.00	0.00	169.44
030124	TRANSFER	02/29/202	03/01/202	04/01/202			4,242.23	0.00	0.00	4,242.23

With insurance pymt deposited into MMC operating

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	65,192.09	0.00	0.00	65,192.09

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	65,192.09	0.00	0.00	65,192.09

APPROVED ON

MAR 07 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 203367

8

RUN DATE:03/11/24
 TIME:14:37

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 03/13/24 THRU 03/13/24

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203311	03/13/24	1,400.00	ACUTE CARE INC
A/P	203312	03/13/24	162.13	ALIMED INC.
A/P	203313	03/13/24	11,247.00	AMERICAN HOSPITAL ASSOCIATION
A/P	203314	03/13/24	3,699.00	BAXTER HEALTHCARE
A/P	203315	03/13/24	32.63	BREANNA W. CAREY
A/P	203316	03/13/24	182,856.06	CALHOUN COUNTY
A/P	203317	03/13/24	38.80	CENTRAL DRUG
A/P	203318	03/13/24	120.00	CHARA LEITA
A/P	203319	03/13/24	1,207.79	CLEARFLY
A/P	203320	03/13/24	1,229.73	COMPADRES DESIGN INC
A/P	203321	03/13/24	343.80	COOK MEDICAL INCORPORATED
A/P	203322	03/13/24	50,311.25	DIAMOND HEALTHCARE CORP
A/P	203323	03/13/24	91,879.64	DISCOVERY MEDICAL NETWORK INC
A/P	203324	03/13/24	1,500.00	DR JEANNINE GRIFFIN
A/P	203325	03/13/24	1,500.00	DR JOHN CLINTON
A/P	203326	03/13/24	1,800.00	DR. TIMU KWI
A/P	203327	03/13/24	63.69	FILTER TECHNOLOGY CO, INC
A/P	203328	03/13/24	1,632.00	FISHER & PAYKEL HEALTHCARE
A/P	203329	03/13/24	2,769.02	FISHER HEALTHCARE
A/P	203330	03/13/24	82.50	GUADALUPE CASILLAS
A/P	203331	03/13/24	2,550.00	HEALTH SOLUTIONS DIETETICS
A/P	203332	03/13/24	1,323.95	HEB CREDIT RECEIVABLES DEPT308
A/P	203333	03/13/24	28,900.87	ITA RESOURCES INC
A/P	203334	03/13/24	250.00	ITERSOURCE CORPORATION
A/P	203335	03/13/24	34.19	JESSICA MCCARTHY
A/P	203336	03/13/24	9,000.00	JINDAL X LLC
A/P	203337	03/13/24	2,700.00	JOHN B WRIGHT LLC
A/P	203338	03/13/24	120.00	KERRY MCDONNOUGH
A/P	203339	03/13/24	765.50	LANDAUER INC
A/P	203340	03/13/24	.00	VOIDED
A/P	203341	03/13/24	.00	VOIDED
A/P	203342	03/13/24	.00	VOIDED
A/P	203343	03/13/24	19,540.69	MEDLINE INDUSTRIES INC
A/P	203344	03/13/24	204.66	MMC AUXILIARY GIFT SHOP
A/P	203345	03/13/24	.00	VOIDED
A/P	203346	03/13/24	21,811.21	MORRIS & DICKSON CO, LLC
A/P	203347	03/13/24	133.98	NACOGDOCHES TRANSCRIPTION
A/P	203348	03/13/24	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	203349	03/13/24	124.68	POWER HARDWARE
A/P	203350	03/13/24	37.99	RAPID PRINTING LLC
A/P	203351	03/13/24	7,000.00	REPUBLIC PAIN SPECIALISTS
A/P	203352	03/13/24	5,371.57	SIEMENS FINANCIAL SERVICES
A/P	203353	03/13/24	12,840.65	SINGLETON ASSOCIATES, P.A.
A/P	203354	03/13/24	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	203355	03/13/24	1,842.00	SPARKLIGHT
A/P	203356	03/13/24	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	203357	03/13/24	7,795.00	SURGICAL DIRECT SOUTH
A/P	203358	03/13/24	6,935.00	TRIAGE, LLC
A/P	203359	03/13/24	263.18	TRIOSE, INC
A/P	203360	03/13/24	.00	VOIDED

RUN DATE:03/11/24
TIME:14:37

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/13/24 THRU 03/13/24

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203361	03/13/24	11,300.35	UNIFIRST HOLDINGS INC
A/P	203362	03/13/24	1,259.46	UPDOX LLC
A/P	203363	03/13/24	591.94	US MED-EQUIP, LLC
A/P	203364	03/13/24	2,520.00	US POSTAL SERVICE
A/P	203365	03/13/24	590.75	WAGeworks
A/P	203366	03/13/24	131.25	WAGeworks, INC
A/P	203367	03/13/24	65,192.09	BETHANY SENIOR LIVING
A/P	203368	03/13/24	7,140.00	BROADMOOR AT CREEKSIDE PARK
A/P	203369	03/13/24	2,244.00	FORTBEND HEALTHCARE CENTER
A/P	203370	03/13/24	98,636.62	GOLDENCREEK HEALTHCARE
A/P	203371	03/13/24	2,961.62	GULF POINTE PLAZA
A/P	203372	03/13/24	1,224.00	SOLERA WEST HOUSTON
A/P	203373	03/13/24	22,104.00	THE CRESCENT
A/P	203374	03/13/24	947.84	TUSCANY VILLAGE
A/P	203375	03/13/24	816.75	
TOTALS:			714,442.75	

513,175.00 +
816.75 +
200,450.17 +
714,442.75 *

APPROVED ON

MAR 13 2024

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 3/11/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		203,051.36	202,489.53	167,407.91		167,969.74	127,462.80
						Bank Balance	167,969.74
						Variance	
						Leave in Balance	100.00
						Wellpoint Dec	16,465.64
						Wellpoint Q1	23,479.47
<i>Routing Information for Ashford Gardens:</i>							
						January Interest	291.32
						February Interest	170.51
						Adjust Balance/Transfer Amt	127,462.80
Broadmoor		158,184.77	157,658.02	149,603.28		150,130.03	133,101.24
						Bank Balance	150,130.03
						Variance	
						Leave in Balance	100.00
						Wellpoint Dec	7,817.62
						Wellpoint Q1	8,684.42
						January Interest	220.97
						February Interest	205.78
						Adjust Balance/Transfer Amt	133,101.24
Crescent		249,616.81	248,896.00	195,869.84		196,590.65	183,594.93
						Bank Balance	196,590.65
						Variance	
						Leave in Balance	100.00
						Wellpoint Dec	5,804.50
						Wellpoint Q1	6,470.42
						January Interest	342.73
						February Interest	278.08
						Adjust Balance/Transfer Amt	183,594.93
Fort Bend		105,335.41	105,033.70	56,077.59		56,379.41	42,160.07
						Bank Balance	56,379.41
						Variance	
						Leave in Balance	100.00
						Wellpoint Dec	7,324.65
						Wellpoint Q1	6,592.97
						January Interest	101.37
						February Interest	100.35
						Adjust Balance/Transfer Amt	42,160.07
Solers at W Houston		147,233.71	146,609.96	152,712.59		153,346.34	138,641.25
						Bank Balance	153,346.34
						Variance	
						Leave in Balance	100.00
						Wellpoint Dec	7,025.76
						Wellpoint Q1	6,307.78
						Claim pymt transfer to MMC	747.80
						January Interest	276.78
						February Interest	246.97
						Adjust Balance/Transfer Amt	138,641.25

127,462.80
 133,101.24
 183,594.93
 42,160.07
 138,641.25
 624,960.29

Fort Bend / Broadmoor

APPROVED ON
 MAR 11 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 624,960.29
 Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 3/11/2024

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

146,609.96	152,722.59	6,494.40	1,771.20	8,052.48	12,973.44	13,333.54	139,389.05
860,687.21	721,681.31	48,966.30	13,394.70	47,448.12	95,846.88	95,973.21	625,708.10

TOTALS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,752,872.74	\$2,466,060.95	\$1,752,872.74	\$1,521,101.09
*4385 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$542.50	\$542.50	\$542.50	\$542.50
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$436.73	\$436.73	\$436.73	\$436.73
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$167,969.74 ✓	\$191,462.85	\$167,969.74	\$164,528.47
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$150,130.03 ✓	\$189,919.58	\$150,130.03	\$160,721.01
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$196,590.65 ✓	\$233,884.45	\$196,590.65	\$162,585.31
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$153,346.34 ✓	\$153,346.34	\$153,346.34	\$150,359.41
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$56,379.41 ✓	\$59,718.76	\$56,379.41	\$64,665.35
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$31,490.17	\$36,755.12	\$31,490.17	\$66,812.92
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$13,371.35	\$13,371.35	\$13,371.35	\$13,371.35
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$56,413.29	\$62,333.29	\$56,413.29	\$4,940.48
*5506 MMC -NH BETHANY SENIOR LIVING	\$50,701.21	\$50,701.21	\$50,701.21	\$82,954.35
*3407 MMC -NH TUSCANY VILLAGE	\$48,908.26	\$49,220.25	\$48,908.26	\$65,424.40
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$608,191.31	\$608,191.31	\$608,191.31	\$608,191.31
Total Balance	\$3,287,443.73	\$4,116,044.69	\$3,287,443.73	\$3,066,734.68

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 3/11/2024

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		345,737.97	345,187.27	30,939.47		31,490.17	30,939.47
					Bank Balance	31,490.17	
					Variance	-	
					Leave In Balance	100.00	

Routine Information for 3/11/2024:

January Interest	246.88
February Interest	203.82
Adjust Balance/Transfer Amt	30,939.47

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 3/11/2024

APPROVED ON
 MAR 11 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

3/8/2024 Check 207
 3/8/2024 HEALTH HUMAN SVC HCLAIMPMT 17460034113011 2
 3/8/2024 Am Health TX PAYMENT 21531 84307030003879
 3/7/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 3/7/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 3/7/2024 HEALTH HUMAN SVC HCLAIMPMT 17460034113011 2
 3/6/2024 Check 206
 3/6/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 3/6/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001537
 3/5/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001085
 3/4/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 3/4/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
48,861.48	-	-	-	-	-	-	-
-	1,538.73	-	-	-	-	-	1,538.73
-	12,000.00	-	-	-	-	-	12,000.00
224,429.62	-	-	-	-	-	-	-
-	741.00	-	-	-	-	-	741.00
-	1,802.97	-	-	-	-	-	1,802.97
71,896.17	-	-	-	-	-	-	-
-	449.00	-	-	-	-	-	449.00
-	2,505.00	-	-	-	-	-	2,505.00
-	1,782.00	-	-	-	-	-	1,782.00
-	948.23	-	-	-	-	-	948.23
-	9,172.54	-	-	-	-	-	9,172.54
-	-	-	-	-	-	-	-
345,187.27	30,939.47	-	-	-	-	-	30,939.47

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,752,872.74	\$2,466,060.95	\$1,752,872.74	\$1,521,101.09
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$542.50	\$542.50	\$542.50	\$542.50
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$436.73	\$436.73	\$436.73	\$436.73
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$167,969.74	\$191,462.85	\$167,969.74	\$164,528.47
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$150,130.03	\$189,919.58	\$150,130.03	\$160,721.01
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$196,590.65	\$233,884.45	\$196,590.65	\$162,585.31
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$153,346.34	\$153,346.34	\$153,346.34	\$150,359.41
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$56,379.41	\$59,718.76	\$56,379.41	\$64,665.35
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$31,490.17 ✓	\$36,755.12	\$31,490.17	\$66,812.92
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$13,371.35	\$13,371.35	\$13,371.35	\$13,371.35
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$56,413.29	\$62,333.29	\$56,413.29	\$4,940.48
*5506 MMC -NH BETHANY SENIOR LIVING	\$50,701.21	\$50,701.21	\$50,701.21	\$82,954.35
*3407 MMC -NH TUSCANY VILLAGE	\$48,908.26	\$49,220.25	\$48,908.26	\$65,424.40
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$608,191.31	\$608,191.31	\$608,191.31	\$608,191.31
Total Balance	\$3,287,443.73	\$4,116,044.69	\$3,287,443.73	\$3,066,734.68

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 3/11/2024

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		401.25		12,970.10			13,371.35	13,271.35
						Bank Balance Variance	13,371.35	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	13,271.35	
Gulf Pointe Plaza-Medicare/Medicaid		21,494.38	21,394.38	56,313.29			56,413.29	56,313.29
						Bank Balance Variance	56,413.29	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	56,313.29	
TOTAL TRANSFERS							69,584.64	

Routing Information for Gulf Pointe Plaza:

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 3/11/2024

APPROVED ON
MAR 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

3/6/2024 NDC SWEEP FAC H261 21000023232542 SWEEP FR

		MMC PORTION					NH PORTION
<u>Transfer-Out</u>	<u>Transfer-In</u>	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	12,970.10	-	-	-	-	-	12,970.10
-	12,970.10	-	-	-	-	-	12,970.10

Gulf Pointe Plaza-Medicare/Medicaid

3/8/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 3/7/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 3/6/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 3/4/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 3/4/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001

		MMC PORTION					NH PORTION
<u>Transfer-Out</u>	<u>Transfer-In</u>	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	51,472.81	-	-	-	-	-	51,472.81
21,394.38	-	-	-	-	-	-	-
-	153.80	-	-	-	-	-	153.80
-	1,920.69	-	-	-	-	-	1,920.69
-	2,765.99	-	-	-	-	-	2,765.99
21,394.38	56,313.29	-	-	-	-	-	56,313.29
21,394.38	69,283.39	-	-	-	-	-	69,283.39

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,752,872.74	\$2,466,060.95	\$1,752,872.74	\$1,521,101.09
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$542.50	\$542.50	\$542.50	\$542.50
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$436.73	\$436.73	\$436.73	\$436.73
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$167,969.74	\$191,462.85	\$167,969.74	\$164,528.47
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$150,130.03	\$189,919.58	\$150,130.03	\$160,721.01
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$196,590.65	\$233,884.45	\$196,590.65	\$162,585.31
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$153,346.34	\$153,346.34	\$153,346.34	\$150,359.41
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$56,379.41	\$59,718.76	\$56,379.41	\$64,665.35
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$31,490.17	\$36,755.12	\$31,490.17	\$66,812.92
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$13,371.35 ✓	\$13,371.35 ✓	\$13,371.35	\$13,371.35
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$56,413.29 ✓	\$62,333.29 ✓	\$56,413.29	\$4,940.48
*5506 MMC -NH BETHANY SENIOR LIVING	\$50,701.21	\$50,701.21	\$50,701.21	\$82,954.35
*3407 MMC -NH TUSCANY VILLAGE	\$48,908.26	\$49,220.25	\$48,908.26	\$65,424.40
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$608,191.31	\$608,191.31	\$608,191.31	\$608,191.31
Total Balance	\$3,287,443.73	\$4,116,044.69	\$3,287,443.73	\$3,066,734.68

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 3/11/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Dis Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		161,119.60	161,019.60	48,808.76			48,908.76	17,983.53
						Bank Balance Variance	48,908.76	
						Leave in Balance Wellpoint Dec & Q1	100.00	
							30,824.73	

Adjust Balance/Transfer Amt 17,983.53
 Approved Andrew De Los Santos
 ANDREW DE LOS SANTOS 3/11/2024

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

APPROVED ON
MAR 11 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
3/8/2024 Check 1148	16,516.14 ✓	-						-
3/7/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	143,969.29 ✓	-						-
3/6/2024 Check 1147 ✓	534.17 ✓	-						-
3/5/2024 WELLPOINT CO AP E-PAYMENT EES2755726 1110000	-	48,808.26 ✓	12,841.20 ✓	3,505.50 ✓	7,968.60 ✓	24,492.96 ✓	30,824.73 ✓	17,983.53 ✓
	161,019.60 ✓	48,808.26 ✓	12,841.20 ✓	3,505.50 ✓	7,968.60 ✓	24,492.96 ✓	30,824.73 ✓	17,983.53 ✓

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,752,872.74	\$2,466,060.95	\$1,752,872.74	\$1,521,101.09
*4385 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$542.50	\$542.50	\$542.50	\$542.50
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$436.73	\$436.73	\$436.73	\$436.73
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$167,969.74	\$191,462.85	\$167,969.74	\$164,528.47
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$150,130.03	\$189,919.58	\$150,130.03	\$160,721.01
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$196,590.65	\$233,884.45	\$196,590.65	\$162,585.31
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$153,346.34	\$153,346.34	\$153,346.34	\$150,359.41
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$56,379.41	\$59,718.76	\$56,379.41	\$64,665.35
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$31,490.17	\$36,755.12	\$31,490.17	\$66,812.92
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$13,371.35	\$13,371.35	\$13,371.35	\$13,371.35
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$56,413.29	\$62,333.29	\$56,413.29	\$4,940.48
*5506 MMC -NH BETHANY SENIOR LIVING	\$50,701.21	\$50,701.21	\$50,701.21	\$82,954.35
*3407 MMC -NH TUSCANY VILLAGE	\$48,908.26	\$49,220.25	\$48,908.26	\$65,424.40
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$608,191.31	\$608,191.31	\$608,191.31	\$608,191.31
Total Balance	\$3,287,443.73	\$4,116,044.69	\$3,287,443.73	\$3,066,734.68

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 3/11/2024

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		407,060.69	407,759.88	51,400.40			50,701.21	50,038.40
						Bank Balance	50,701.21	
						Variance	-	
						Leave in Balance	100.00	

January Interest 260.87
 February Interest 301.94
 Adjust Balance/Transfer Amt 50,038.40
 Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 3/11/2024

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

APPROVED ON
MAR 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living

3/8/2024 Check 1038
3/8/2024 ck 1000
3/8/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
3/7/2024 WIRE OUT PORT LAVACA NH, LLC
3/7/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
3/6/2024 Check 1037
3/6/2024 Deposit
3/6/2024 Deposit

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
36,014.63	-	-	-	-	-	-	-
1,362.00	-	-	-	-	-	-	-
-	5,123.49	-	-	-	-	-	5,123.49
301,383.42	-	-	-	-	-	-	-
-	4,258.82	-	-	-	-	-	4,258.82
68,999.83	-	-	-	-	-	-	-
-	34,217.73	-	-	-	-	-	34,217.73
-	7,800.36	-	-	-	-	-	7,800.36
407,759.88	51,400.40	-	-	-	-	-	51,400.40

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,752,872.74	\$2,466,060.95	\$1,752,872.74	\$1,521,101.09
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$542.50	\$542.50	\$542.50	\$542.50
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$436.73	\$436.73	\$436.73	\$436.73
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$167,969.74	\$191,462.85	\$167,969.74	\$164,528.47
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$150,130.03	\$189,919.58	\$150,130.03	\$160,721.01
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$196,590.65	\$233,884.45	\$196,590.65	\$162,585.31
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$153,346.34	\$153,346.34	\$153,346.34	\$150,359.41
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$56,379.41	\$59,718.76	\$56,379.41	\$64,665.35
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$31,490.17	\$36,755.12	\$31,490.17	\$66,812.92
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$13,371.35	\$13,371.35	\$13,371.35	\$13,371.35
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$56,413.29	\$62,333.29	\$56,413.29	\$4,940.48
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$50,701.21 ✓	\$50,701.21	\$50,701.21	\$82,954.35
*3407 MMC -NH TUSCANY VILLAGE	\$48,908.26	\$49,220.25	\$48,908.26	\$65,424.40
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$608,191.31	\$608,191.31	\$608,191.31	\$608,191.31
Total Balance	\$3,287,443.73	\$4,116,044.69	\$3,287,443.73	\$3,066,734.68

Ask Ford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 3/11/2024

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

APPROVED ON
MAR 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 001233

AMOUNT: \$ 39,945.01 G/L NUMBER: 10255040

EXPLANATION: WELLPOINT DEC AND Q1 QIPP PAYMENT

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: [Signature]

3/11/24

Broadmoor ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 3/11/2024

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
MAR 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
502.04 ✓ CLK# 002269

AMOUNT: \$ 16,466.04 ✓ G/L NUMBER: 10255040

EXPLANATION: WELLPOINT DEC AND Q1 QIPP PAYMENT

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: *Andrew DeLoe Jenter*

3/11/24

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 3/11/2024

FOR ACCT USE ONLY

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

APPROVED ON

MAR 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000430

AMOUNT: \$ 12,274.91 ✓ G/L NUMBER: 10255040

EXPLANATION: WELLPOINT DEC AND Q1 QIPP PAYMENT

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: *Andrew DeAr...*

3/11/24

Fort Bend ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MEMORIAL MEDICAL CENTER Date Requested: 3/11/2024

A _____

Y _____

E _____

E _____

FOR ACCT USE ONLY

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

APPROVED ON

MAR 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 000241

AMOUNT: \$ 13,917.62 ✓ G/L NUMBER: 10255040

EXPLANATION: WELLPOINT DEC AND Q1 QIPP PAYMENT

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: Andrew DelaTorre A

3/11/24

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E
MEMORIAL MEDICAL CENTER

Date Requested: 3/11/2024

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
MAR 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 001294

AMOUNT: \$ 13,333.54 ✓ G/L NUMBER: 10255040

EXPLANATION: WELLPOINT DEC AND Q1 QIPP PAYMENT

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: *Andrew Deas*

3/11/24

Tuscany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P MEMORIAL MEDICAL CENTER

Date Requested: 3/11/2024

A _____

Y _____

E _____

E _____

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
MAR 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CIC# 1149

AMOUNT: \$ 30,824.73 ✓

G/L NUMBER: 10255040

EXPLANATION: WELLPOINT DEC AND Q1 QIPP PAYMENT

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: Andrew DeLeon Santos

3/11/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

MEMORIAL MEDICAL CENTER

Date Requested: 3/11/2024

FOR ACCT USE ONLY

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

APPROVED ON
MAR 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 001295

AMOUNT: \$ 747.80 ✓ G/L NUMBER: 21400007

EXPLANATION: CLAIM PAYMENT TRANSFER OWED BY SOLERA TO MMC

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY: Andrew DeGardinter

3/11/24

MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001233

Date 3-13-24 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 39,945. ¹¹/₁₀₀

Thirty nine thousand, nine hundred forty-five dollars & ¹¹/₁₀₀ DOLLARS



County auditor

FOR Wellpoint Dec 3 Q1

County Treasurer
Security features are included. Details on back.



MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000269

Date 3-13-24 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 16,502. ⁰⁴/₁₀₀

Sixteen thousand, five hundred two dollars & ⁰⁴/₁₀₀ DOLLARS



County auditor

FOR Wellpoint Dec 3 Q1

County Treasurer
Security features are included. Details on back.



MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000330

Date 3-13-24 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 12,274. ⁹¹/₁₀₀

Twelve thousand, two hundred seventy-four dollars & ⁹¹/₁₀₀ DOLLARS



County auditor

FOR Wellpoint Dec 3 Q1

County Treasurer
Security features are included. Details on back.



MEMORIAL MEDICAL CENTER

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

000241

Date 3-13-24

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 13,917. ⁴²/₁₀₀

Thirteen thousand, nine hundred seventeen dollars & ⁴²/₁₀₀ DOLLARS



county auditor

FOR Wellpoint 01 & Dec

County Treasurer
Security features are included. Details on back.



MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001294

Date 3-13-24

88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 13,333. ⁵⁴/₁₀₀

Thirteen thousand, three hundred thirty-three dollars & ⁵⁴/₁₀₀ DOLLARS



county auditor

FOR

County Treasurer
Security features are included. Details on back.



**MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE**

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

1149

88-2265/1131-87

DATE 3-13-24

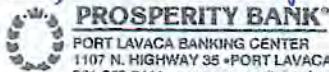
CHECK AMOUNT

PAY

TO THE ORDER OF Memorial Medical Center

\$ 30,824. ⁷³/₁₀₀

Thirty thousand, eight hundred twenty-four dollars & ⁷³/₁₀₀ DOLLARS



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

county auditor

FOR Wellpoint 01 & Dec

County Treasurer



WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001295

Date 3-13-24

88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 747. ⁰⁰/₁₀₀

Seven hundred forty-seven dollars & ⁰⁰/₁₀₀

DOLLARS



**PROSPERITY
BANK**

County Auditor

FOR

Claim payment transfer



County Treasurer
Security features are included. Details on back.



5

RUN DATE:03/13/24
 TIME:15:13

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 03/13/24 THRU 03/13/24

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF *	000241	03/13/24	13,917.62	MEMORIAL MEDICAL CENTER
NHE *	000269	03/13/24	16,502.04	MEMORIAL MEDICAL CENTER
NHC *	000330	03/13/24	12,274.91	MEMORIAL MEDICAL CENTER
TUS *	001149	03/13/24	30,824.73	MEMORIAL MEDICAL CENTER
NHA *	001233	03/13/24	39,945.11	MEMORIAL MEDICAL CENTER
NHS	001294	03/13/24	13,333.54	MEMORIAL MEDICAL CENTER
NHS *	001295	03/13/24	747.80	MEMORIAL MEDICAL CENTER
A/P *	201928	03/13/24	1,059.46CR	GEORGE SEALY MASSINGILL M.D.
A/P	203311	03/13/24	1,400.00	ACUTE CARE INC
A/P	203312	03/13/24	162.13	ALIMED INC.
A/P	203313	03/13/24	11,247.00	AMERICAN HOSPITAL ASSOCIATION
A/P	203314	03/13/24	3,699.00	BAXTER HEALTHCARE
A/P	203315	03/13/24	32.63	BREANNA W. CAREY
A/P	203316	03/13/24	182,856.06	CALHOUN COUNTY
A/P	203317	03/13/24	38.80	CENTRAL DRUG
A/P	203318	03/13/24	120.00	CHARA LEITA
A/P	203319	03/13/24	1,207.79	CLEARFLY
A/P	203320	03/13/24	1,229.73	COMPADRES DESIGN INC
A/P	203321	03/13/24	343.80	COOK MEDICAL INCORPORATED
A/P	203322	03/13/24	50,311.25	DIAMOND HEALTHCARE CORP
A/P	203323	03/13/24	91,879.64	DISCOVERY MEDICAL NETWORK INC
A/P	203324	03/13/24	1,500.00	DR JEANNINE GRIFFIN
A/P	203325	03/13/24	1,500.00	DR JOHN CLINTON
A/P	203326	03/13/24	1,800.00	DR. TIMU KWI
A/P	203327	03/13/24	63.69	FILTER TECHNOLOGY CO, INC
A/P	203328	03/13/24	1,632.00	FISHER & PAYKEL HEALTHCARE
A/P	203329	03/13/24	2,769.02	FISHER HEALTHCARE
A/P	203330	03/13/24	82.50	GUADALUPE CASILLAS
A/P	203331	03/13/24	2,550.00	HEALTH SOLUTIONS DIETETICS
A/P	203332	03/13/24	1,323.95	HEB CREDIT RECEIVABLES DEPT308
A/P	203333	03/13/24	28,900.87	ITA RESOURCES INC
A/P	203334	03/13/24	250.00	ITERSOURCE CORPORATION
A/P	203335	03/13/24	34.19	JESSICA MCCARTHY
A/P	203336	03/13/24	9,000.00	JINDAL X LLC
A/P	203337	03/13/24	2,700.00	JOHN B WRIGHT LLC
A/P	203338	03/13/24	120.00	KERRY MCDONNOUGH
A/P	203339	03/13/24	765.50	LANDAUER INC
A/P	203340	03/13/24	.00	VOIDED
A/P	203341	03/13/24	.00	VOIDED
A/P	203342	03/13/24	.00	VOIDED
A/P	203343	03/13/24	19,540.69	MEDLINE INDUSTRIES INC
A/P	203344	03/13/24	204.66	MMC AUXILIARY GIFT SHOP
A/P	203345	03/13/24	.00	VOIDED
A/P	203346	03/13/24	21,811.21	MORRIS & DICKSON CO, LLC
A/P	203347	03/13/24	133.98	NACOGDOCHES TRANSCRIPTION
A/P	203348	03/13/24	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	203349	03/13/24	124.68	POWER HARDWARE
A/P	203350	03/13/24	37.99	RAPID PRINTING LLC
A/P	203351	03/13/24	7,000.00	REPUBLIC PAIN SPECIALISTS
A/P	203352	03/13/24	5,371.57	SIEMENS FINANCIAL SERVICES

QIPP Payment to MMC from Nursing Facilities Commissioner's Court 3/13/2024

NH Name	From Bank Acct #	Ck #	Payee	GL #	WELLPOINT DEC	WELLPOINT Q1	TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC - Prosperity Operating #100000001	10255040	16,465.54	23,479.47	39,945.01	3/13/2024
Broadmoor ✓	10000019 - Prosperity		MMC - Prosperity Operating #100000001	10255040	7,817.62	8,648.42	16,466.04	3/13/2024
Crescent ✓	10000020 - Prosperity		MMC - Prosperity Operating #100000001	10255040	5,804.50	6,470.42	12,274.91	3/13/2024
Fort Bend ✓	10000021 - Prosperity		MMC - Prosperity Operating #100000001	10255040	7,324.65	6,592.97	13,917.62	3/13/2024
Solera ✓	10000022 - Prosperity		MMC - Prosperity Operating #100000001	10255040	7,025.76	6,307.78	13,333.54	3/13/2024
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #100000001	10255040			-	3/13/2024
Bethany	10000026 - Prosperity		MMC - Prosperity Operating #100000001	10255040			-	3/13/2024
Tuscany ✓	10000015 - Prosperity		MMC - Prosperity Operating #100000001	10255040		30,824.73	30,824.73	3/13/2024
			Total:		44,438.07	82,323.78	126,761.85	3/13/2024

Note:

Andrew De los Santos

Approved:

ANDREW DE LOS SANTOS

3/11/2024