

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 20, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 483,276.30	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 87,691.72	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 959,226.52	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED March 20, 2024	\$ 1,530,194.54	✓

APPROVED

MAR 20 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 20, 2024

PAYABLES AND PAYROLL

3/14/2024 Weekly Payables	364,119.24
3/18/2024 First Insurance Funding-insurance	3,812.96
3/18/2024 McKesson-340B Prescription Expense	14,828.46
3/18/2024 Amerisource Bergen-340B Prescription Expense	406.05

Prosperity Electronic Bank Payments

3/11-3/15/24 Credit Card & Lease Fees	4,446.89
3/20/2024 Sales Tax for February 2024	1,967.55
3/11/2024 90 Degree Benefits-employee insurance claims	24,696.27
3/11-3/15/24 Pay Plus-Patient Claims Processing Fee	114.42
3/18/2024 90 Degree Benefits-March premium payments for employees	68,313.77
3/15/2024 ExpertPay- child support	570.69

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 483,276.30**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

3/14/2024 MMC Operating to The Crescent-correction of nursing home insurance payment deposited into MMC Operating	11,324.00
3/14/2024 MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating	63,601.58
3/14/2024 MMC Operating to Gulf Pointe Plaza - correction of nursing home insurance payment deposited into MMC Operating	33.83
3/14/2024 MMC Operating to Tuscan Village-correction of nursing home insurance payment deposited into MMC Operating	3,458.00
3/14/2024 MMC Operating to Bethany-correction of nursing home insurance payment deposited into MMC Operating	9,274.31

TOTAL TRANSFERS BETWEEN FUNDS **\$ 87,691.72**

NURSING HOME UPL EXPENSES

3/18/2024 Nursing Home UPL-Cantex Transfer	596,528.74
3/18/2024 Nursing Home UPL-Nexion Transfer	34,059.48
3/18/2024 Nursing Home UPL-HMG Transfer	29,645.39
3/18/2024 Nursing Home UPL-Tuscan Transfer	53,410.58
3/18/2024 Nursing Home UPL-HSL Transfer	86,673.24

NURSING HOME BANK FEES

3/15/2024 Ashford-Enhanced analysis fee	86.14
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QIPP CHECKS TO MMC

3/18/2024 Ashford	34,236.23
3/18/2024 Broadmoor	4,211.31
3/18/2024 Crescent	3,128.12
3/18/2024 Fort Bend	3,544.57
3/18/2024 Solera	3,394.56
3/18/2024 Golden Creek	20,317.91
3/18/2024 Tuscan	65,594.81
3/18/2024 Bethany	18,051.44

TRANSFER OF FUNDS BETWEEN NURSING HOMES

3/18/2024 Crescent to Tuscan -Tuscan insurance payment deposited into Crescent in error	6,344.00
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TOTAL NURSING HOME UPL EXPENSES **\$ 959,226.52**

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

GRAND TOTAL DISBURSEMENTS APPROVED March 20, 2024 **\$ 1,530,194.54**

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 04/05/2024

03/14/2024
RECEIVED BY THE
COUNTY AUDITOR ON
MAR 14 2024
CALHOUN COUNTY, TEXAS

Vendor# Vendor Name Class Pay Code

13180	ADVANCED STERILIZATION PRODUCT ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
8020627937 ✓		02/29/202	02/28/202	03/28/202			2,519.50	0.00	0.00	2,519.50 ✓	

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13180	ADVANCED STERILIZATION PRODUCT	2,519.50	0.00	0.00	2,519.50

Vendor# Vendor Name Class Pay Code

14028	AMAZON CAPITAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1J7J-DNGQ-J6TH ✓		03/12/202	03/06/202	04/05/202			37.38	0.00	0.00	37.38 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES	37.38	0.00	0.00	37.38

Vendor# Vendor Name Class Pay Code

A2600	AUTO PARTS & MACHINE CO. ✓									
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			375.59	0.00	0.00	375.59 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A2600	AUTO PARTS & MACHINE CO.	375.59	0.00	0.00	375.59

Vendor# Vendor Name Class Pay Code

B1150	BAXTER HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81107691A ✓		02/29/202	11/20/202	12/15/202			173.81	0.00	0.00	173.81 ✓

SUPPLIES

82012790 ✓		02/29/202	02/22/202	03/18/202			409.20	0.00	0.00	409.20 ✓
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SUPPLIES

82052861 ✓		03/01/202	03/01/202	03/26/202			631.20	0.00	0.00	631.20 ✓
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SUPPLIES

82050623 ✓		03/01/202	03/01/202	03/26/202			3,071.40	0.00	0.00	3,071.40 ✓
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LEASE

12844486 ✓		03/13/202	01/27/202	02/21/202			9.41	0.00	0.00	9.41 ✓
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LATE FEE

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	4,295.02	0.00	0.00	4,295.02

Vendor# Vendor Name Class Pay Code

M2485	BAYER HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6011041631 ✓		02/29/202	02/20/202	03/20/202			1,380.10	0.00	0.00	1,380.10 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2485	BAYER HEALTHCARE	1,380.10	0.00	0.00	1,380.10

Vendor# Vendor Name Class Pay Code

B1220	BECKMAN COULTER INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5484028 ✓		02/29/202	01/24/202	02/18/202			1,337.05	0.00	0.00	1,337.05 ✓

CONTRACT

11119408 ✓		02/29/202	01/29/202	02/23/202			161.16	0.00	0.00	161.16 ✓
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INVENTORY

111128160 ✓		02/29/202	02/01/202	02/26/202			1,086.17	0.00	0.00	1,086.17 ✓
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SUPPLIES

7355464 ✓		02/29/202	02/01/202	02/26/202			8,127.34	0.00	0.00	8,127.34 ✓
	SUPPLIES									
111129468 ✓		02/29/202	02/02/202	02/27/202			1,608.15	0.00	0.00	1,608.15 ✓
	SUPPLIES									
111129839 ✓		02/29/202	02/03/202	02/28/202			38.81	0.00	0.00	38.81 ✓
	FREIGHT									
111134128 ✓		02/29/202	02/05/202	03/01/202			224.89	0.00	0.00	224.89 ✓
	FREIGHT									
111133104 ✓		02/29/202	02/05/202	03/01/202			4,470.76	0.00	0.00	4,470.76 ✓
	LEASE CONTRACT									
111133577 ✓		02/29/202	02/05/202	03/01/202			87.50	0.00	0.00	87.50 ✓
	INVENTORY									
5484689 ✓		02/29/202	02/13/202	03/09/202			5,016.58	0.00	0.00	5,016.58 ✓
	LEASE									
111152255 ✓		02/29/202	02/15/202	03/11/202			1,288.45	0.00	0.00	1,288.45 ✓
	CONTRACT									
4525098 ✓		03/12/202	03/04/202	03/29/202			1,484.00	0.00	0.00	1,484.00 ✓
	CONTRACT									
111185880 ✓		03/12/202	03/04/202	03/29/202			233.67	0.00	0.00	233.67 ✓
	SUPPLIES									
111188505 ✓		03/12/202	03/05/202	03/30/202			346.08	0.00	0.00	346.08 ✓
	SUPPLIES									
111194021 ✓		03/12/202	03/08/202	04/02/202			93.54	0.00	0.00	93.54 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
B1220 BECKMAN COULTER INC							25,604.15	0.00	0.00	25,604.15

Vendor#	Vendor Name		Class	Pay Code						
B1320	BEEKLEY CORPORATION ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIN0070984 ✓		02/27/202	01/24/202	03/15/202			311.00	0.00	0.00	311.00 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
B1320 BEEKLEY CORPORATION							311.00	0.00	0.00	311.00

Vendor#	Vendor Name		Class	Pay Code						
11072	BIO-RAD LABORATORIES, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907014276 ✓		02/29/202	02/05/202	03/12/202			1,525.47	0.00	0.00	1,525.47 ✓
	SUPPLIES									
907047559 ✓		02/29/202	02/16/202	03/12/202			1,123.89	0.00	0.00	1,123.89 ✓
	SUPPLIES									
907078187 ✓		02/29/202	02/28/202	03/29/202			1,526.10	0.00	0.00	1,526.10 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11072 BIO-RAD LABORATORIES, INC							4,175.46	0.00	0.00	4,175.46

Vendor#	Vendor Name		Class	Pay Code						
14753	BIOMERIEUX, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1213206642 ✓		02/29/202	02/21/202	03/12/202			8,144.14	0.00	0.00	8,144.14 ✓
	SUPPLIES									
2000021344 ✓		03/14/202	03/14/202	03/16/202			27.00	0.00	0.00	27.00 ✓
	SHORT PAID INVOICE									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14753 BIOMERIEUX, INC							8,171.14	0.00	0.00	8,171.14

Vendor#	Vendor Name		Class	Pay Code						
B1650	BOSART LOCK & KEY INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

127673	✓	02/29/202	02/15/202	03/16/202			49.20	0.00	0.00	49.20	✓	
		KEYS										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		B1650	BOSART LOCK & KEY INC				49.20	0.00	0.00	49.20		
Vendor#	Vendor Name		Class	Pay Code								
B1800	BRIGGS HEALTHCARE	✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
B452117	✓	02/29/202	02/07/202	03/12/202			300.40	0.00	0.00	300.40		
		ER REGISTER BOOK										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		B1800	BRIGGS HEALTHCARE				300.40	0.00	0.00	300.40		
Vendor#	Vendor Name		Class	Pay Code								
C1992	CDW GOVERNMENT, INC.	✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
PP84332	✓	02/29/202	02/14/202	03/15/202			69.46	0.00	0.00	69.46		
		SUPPLIES										
PP5056		02/29/202	02/14/202	03/15/202			306.55	0.00	0.00	306.55		
		SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		C1992	CDW GOVERNMENT, INC.				376.01	0.00	0.00	376.01		
Vendor#	Vendor Name		Class	Pay Code								
11202	CFI MECHANICAL INC	✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
SD22395	✓	02/21/202	02/12/202	02/21/202			1,075.00	0.00	0.00	1,075.00		
		LABOR - Diagnose no heat in ICU, OB and Pharmacy										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		11202	CFI MECHANICAL INC				1,075.00	0.00	0.00	1,075.00		
Vendor#	Vendor Name		Class	Pay Code								
C1600	CITIZENS MEDICAL CENTER	✓	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
2024-18	✓	02/29/202	03/11/202	04/01/202			55,797.22	0.00	0.00	55,797.22		
		FEB CRNA COVERGE										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		C1600	CITIZENS MEDICAL CENTER				55,797.22	0.00	0.00	55,797.22		
Vendor#	Vendor Name		Class	Pay Code								
15188	CLARITY ENROLLMENT SOLUTIONS	✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
1438	✓	03/01/202	03/01/202	03/31/202			358.50	0.00	0.00	358.50		
		CARRIER CONNECTION/FEB 24										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		15188	CLARITY ENROLLMENT SOLUTIONS				358.50	0.00	0.00	358.50		
Vendor#	Vendor Name		Class	Pay Code								
C1166	COASTAL OFFICE SolutONS	✓	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
OE-QT-25481-1	✓	03/12/202	03/08/202	03/18/202			456.76	0.00	0.00	456.76		
		SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		C1166	COASTAL OFFICE SolutONS				456.76	0.00	0.00	456.76		
Vendor#	Vendor Name		Class	Pay Code								
11030	COMBINED INSURANCE	✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
022924		02/29/202	02/29/202	03/01/202			501.72	0.00	0.00	501.72		
		PAYROLL DEDUCT										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net		
		11030	COMBINED INSURANCE				501.72	0.00	0.00	501.72		
Vendor#	Vendor Name		Class	Pay Code								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
C1970	CONMED CORPORATION									
10484805		02/29/202	02/11/202	03/12/202			107.53	0.00	0.00	107.53
	SUPPLIES									
10499679		02/29/202	02/27/202	03/27/202			490.00	0.00	0.00	490.00
	SUPPLIES									
10507950		02/29/202	03/07/202	04/01/202			107.53	0.00	0.00	107.53
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION					705.06	0.00	0.00	705.06
Vendor#	Vendor Name				Class	Pay Code				
13932	COVIDIEN SALES LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5871128875		02/29/202	01/31/202	02/29/202			491.50	0.00	0.00	491.50
	SUPPLIES									
5871340376		02/29/202	02/29/202	03/28/202			491.50	0.00	0.00	491.50
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	13932	COVIDIEN SALES LLC					983.00	0.00	0.00	983.00
Vendor#	Vendor Name				Class	Pay Code				
10006	CUSTOM MEDICAL SPECIALTIES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2936		02/29/202	02/21/202	03/12/202			384.91	0.00	0.00	384.91
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES					384.91	0.00	0.00	384.91
Vendor#	Vendor Name				Class	Pay Code				
11368	CYRACOM LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024019215		02/29/202	02/29/202	03/30/202			395.00	0.00	0.00	395.00
	INTERPRETATION									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC					395.00	0.00	0.00	395.00
Vendor#	Vendor Name				Class	Pay Code				
10368	DEWITT POTHS & SON									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
747617-0		02/29/202	02/26/202	03/22/202			395.38	0.00	0.00	395.38
	SUPPLIES									
747612-0		02/29/202	02/26/202	03/22/202			339.65	0.00	0.00	339.65
	SUPPLIES									
748125-0		02/29/202	03/04/202	03/29/202			11.44	0.00	0.00	11.44
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10368	DEWITT POTHS & SON					746.47	0.00	0.00	746.47
Vendor#	Vendor Name				Class	Pay Code				
11291	DOWELL PEST CONTROL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25846		02/29/202	02/26/202	03/22/202			505.00	0.00	0.00	505.00
	PEST CONTROL									
25858		02/29/202	02/26/202	03/22/202			105.00	0.00	0.00	105.00
	PEST CONTROL									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL					610.00	0.00	0.00	610.00
Vendor#	Vendor Name				Class	Pay Code				
12044	DRIESSEN WATER INC. (CULLIGAN)									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

	02292024		02/29/202	02/29/202	03/22/202		981.85	0.00	0.00	981.85	✓
		WATER									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	12044	DRIESSEN WATER INC. (CULLIGAN)					981.85	0.00	0.00	981.85	
Vendor#	Vendor Name										
15240	ECLINICAL WORKS LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0002879248 ✓		03/14/202	03/01/202	03/31/202			457.70	0.00	0.00	457.70 ✓
	EMR MONTHLY MESSENGER										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	15240	ECLINICAL WORKS LLC					457.70	0.00	0.00	457.70	
Vendor#	Vendor Name										
11284	EMERGENCY STAFFING SOLUTIONS ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	43046 ✓		03/14/202	03/15/202	03/25/202			40,062.50	0.00	0.00	40,062.50 ✓
	PHYSICIAN SERV (1-15H)										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	11284	EMERGENCY STAFFING SOLUTIONS					40,062.50	0.00	0.00	40,062.50	
Vendor#	Vendor Name										
14708	EQUALIZE RCM SERVICES ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	534900 ✓		03/14/202	03/01/202	04/03/202			5,500.00	0.00	0.00	5,500.00 ✓
	REVENUE CYCLE/KPI/AR										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	14708	EQUALIZE RCM SERVICES					5,500.00	0.00	0.00	5,500.00	
Vendor#	Vendor Name										
C2510	EVIDENT ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	A2403051378		03/13/202	03/05/202	03/30/202			18,757.00	0.00	0.00	18,757.00 ✓
	MONTHLY SUB										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	C2510	EVIDENT					18,757.00	0.00	0.00	18,757.00	
Vendor#	Vendor Name										
10689	FASTHEALTH CORPORATION ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	03A24MMC ✓		03/01/202	03/01/202	03/16/202			545.00	0.00	0.00	545.00 ✓
	WEBISTE										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	10689	FASTHEALTH CORPORATION					545.00	0.00	0.00	545.00	
Vendor#	Vendor Name										
F1300	FIRESTONE OF PORT LAVACA ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0085119 ✓		03/13/202	03/12/202	03/15/202			383.72	0.00	0.00	383.72 ✓
	MOUNT/BALANCE										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	F1300	FIRESTONE OF PORT LAVACA					383.72	0.00	0.00	383.72	
Vendor#	Vendor Name										
F1400	FISHER HEALTHCARE ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0325255 ✓		02/29/202	02/29/202	03/25/202			13,209.27	0.00	0.00	13,209.27 ✓
	SUPPLIES										
	0325254 ✓		02/29/202	02/29/202	03/25/202			29.38	0.00	0.00	29.38 ✓
	SUPPLIES										
	0363653 ✓		03/01/202	03/01/202	03/26/202			527.90	0.00	0.00	527.90 ✓
	SUPPLIES										
	0363651 ✓		03/01/202	03/01/202	03/26/202			180.28	0.00	0.00	180.28 ✓

SUPPLIES

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		F1400	FISHER HEALTHCARE		13,946.83	0.00	0.00	13,946.83		
Vendor#	Vendor Name		Class	Pay Code						
11183	FRONTIER ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030224		03/13/202	03/02/202	03/26/202			1,297.34	0.00	0.00	1,297.34 ✓
	PHONE	<i>late fee 78.84</i>								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11183	FRONTIER		1,297.34	0.00	0.00	1,297.34		
Vendor#	Vendor Name		Class	Pay Code						
12404	GE PRECISION HEALTHCARE, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002625019 ✓		03/01/202	03/01/202	03/31/202			3,588.58	0.00	0.00	3,588.58 ✓
	IMAGING CONTRACT									
6002615657 ✓		03/01/202	03/01/202	03/31/202			998.34	0.00	0.00	998.34 ✓
	IMAGING CONTRACT									
6002615330 ✓		03/01/202	03/01/202	03/31/202			5,665.83	0.00	0.00	5,665.83 ✓
	IMAGING CONTRACT									
6002615324 ✓		03/01/202	03/01/202	03/31/202			2,422.50	0.00	0.00	2,422.50 ✓
	IMAGING CONTRACT									
6002615323 ✓		03/01/202	03/01/202	03/31/202			86.67	0.00	0.00	86.67 ✓
	IMAGING CONTRACT									
6002615325 ✓		03/01/202	03/01/202	03/31/202			61.67	0.00	0.00	61.67 ✓
	IMAGING CONTRACT									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		12404	GE PRECISION HEALTHCARE, LLC		12,823.59	0.00	0.00	12,823.59		
Vendor#	Vendor Name		Class	Pay Code						
10956	GETINGE USA SALES LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6992506042 ✓		02/29/202	02/29/202	03/29/202			57.77	0.00	0.00	57.77 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10956	GETINGE USA SALES LLC		57.77	0.00	0.00	57.77		
Vendor#	Vendor Name		Class	Pay Code						
W1300	GRAINGER ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9002093046 ✓		02/29/202	01/29/202	02/23/202			245.70	0.00	0.00	245.70 ✓
	SUPPLIES									
9013050415 ✓		02/29/202	02/07/202	03/03/202			47.15	0.00	0.00	47.15 ✓
	SUPPLIES									
9029334407 ✓		02/29/202	02/22/202	03/18/202			126.18	0.00	0.00	126.18 ✓
	SUPPLIES									
9034028135 ✓		02/29/202	02/27/202	03/23/202			360.91	0.00	0.00	360.91 ✓
	SUPPLIES									
9035423632 ✓		02/29/202	02/28/202	03/24/202			51.00	0.00	0.00	51.00 ✓
	SUPPLIES									
9037069912 ✓		02/29/202	02/29/202	03/25/202			390.10	0.00	0.00	390.10 ✓
	SUPPLIES									
9037069920 ✓		02/29/202	02/29/202	03/25/202			390.10	0.00	0.00	390.10 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		W1300	GRAINGER		1,611.14	0.00	0.00	1,611.14		
Vendor#	Vendor Name		Class	Pay Code						
12948	GREAT AMERICA FINANCIAL SVCS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

36060524		03/13/202	03/04/202	03/31/202			10,609.75	0.00	0.00	10,609.75
	COPIER LEASE - <i>calc for 45.37</i>									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS					10,609.75	0.00	0.00	10,609.75
Vendor#	Vendor Name		Class	Pay Code						
G0401	GULF COAST DELIVERY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022924		02/29/202	02/29/202	03/30/202			125.00	0.00	0.00	125.00
	SLIDES <i>(2/19-2/29/24)</i>									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					125.00	0.00	0.00	125.00
Vendor#	Vendor Name		Class	Pay Code						
G1210	GULF COAST PAPER COMPANY		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2504648		02/21/202	02/20/202	03/21/202			197.12	0.00	0.00	197.12
	SUPPLIES									
2509295		03/12/202	03/04/202	04/03/202			931.07	0.00	0.00	931.07
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					1,128.19	0.00	0.00	1,128.19
Vendor#	Vendor Name		Class	Pay Code						
H1100	HAYES ELECTRIC SERVICE		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A2240227-02		02/29/202	02/27/202	03/08/202			10.99	0.00	0.00	10.99
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	H1100	HAYES ELECTRIC SERVICE					10.99	0.00	0.00	10.99
Vendor#	Vendor Name		Class	Pay Code						
15348	HEALTH EQUITY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
EO6EF38		02/29/202	01/05/202	02/05/202			45.00	0.00	0.00	45.00
	MONTHLY FEE JAN 24									
MZ908Q4		02/29/202	02/06/202	03/06/202			653.70	0.00	0.00	653.70
	MONTHLY FEB 24									
A9KPAIT		03/06/202	03/06/202	04/01/202			358.10	0.00	0.00	358.10
	MONTHLEY FEES MAR 24									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	15348	HEALTH EQUITY					1,056.80	0.00	0.00	1,056.80
Vendor#	Vendor Name		Class	Pay Code						
10804	HEALTHCARE CODING & CONSULTING									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
14810		02/29/202	02/29/202	03/30/202			354.50	0.00	0.00	354.50
	CHARTS									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING					354.50	0.00	0.00	354.50
Vendor#	Vendor Name		Class	Pay Code						
11552	HEALTHCARE FINANCIAL SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100864727		03/14/202	02/26/202	04/01/202			4,610.52	0.00	0.00	4,610.52
	LEASE PMT 48									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES					4,610.52	0.00	0.00	4,610.52
Vendor#	Vendor Name		Class	Pay Code						
14916	HEWLETT-PACKARD									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
601043369		03/14/202	03/15/202	04/01/202			573.53	0.00	0.00	573.53

RENTAL

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14916	HEWLETT-PACKARD		573.53	0.00	0.00	573.53		
Vendor#	Vendor Name			Class	Pay Code					
H1399	HILL-ROM COMPANY, INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1826219 ✓		02/29/202	02/24/202	03/12/202			68.74	0.00	0.00	68.74 ✓
	SUPPLIES									
1830500 ✓		03/12/202	03/04/202	04/03/202			405.14	0.00	0.00	405.14 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		H1399	HILL-ROM COMPANY, INC		473.88	0.00	0.00	473.88		
Vendor#	Vendor Name			Class	Pay Code					
14872	HOLLAND & KNIGHT LLP ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33324672 ✓		02/29/202	03/05/202	03/06/202			409.50	0.00	0.00	409.50 ✓
	PROFESSION SERV									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14872	HOLLAND & KNIGHT LLP		409.50	0.00	0.00	409.50		
Vendor#	Vendor Name			Class	Pay Code					
H0416	HOLOGIC INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10845193 ✓		02/29/202	02/01/202	03/12/202			236.25	0.00	0.00	236.25 ✓
	SUPPLIES									
10831679 ✓		02/29/202	02/07/202	03/12/202			472.50	0.00	0.00	472.50 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		H0416	HOLOGIC INC		708.75	0.00	0.00	708.75		
Vendor#	Vendor Name			Class	Pay Code					
15208	HOSPITAL CARE CONSULTANTS INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6453 ✓		03/14/202	03/15/202	03/25/202			23,663.00	0.00	0.00	23,663.00 ✓
	HOSPITALIST SERV (4-15th)									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		15208	HOSPITAL CARE CONSULTANTS INC.		23,663.00	0.00	0.00	23,663.00		
Vendor#	Vendor Name			Class	Pay Code					
14976	INOVALON PROVIDER INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24M-0030621 ✓	Schedolar 3 DSM module (311-518124)	03/01/202	03/05/202	04/04/202			736.56	0.00	0.00	736.56 ✓
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14976	INOVALON PROVIDER INC.		736.56	0.00	0.00	736.56		
Vendor#	Vendor Name			Class	Pay Code					
I1260	INTOXIMETERS INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
755105 ✓		02/29/202	02/29/202	03/25/202			685.00	0.00	0.00	685.00 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		I1260	INTOXIMETERS INC		685.00	0.00	0.00	685.00		
Vendor#	Vendor Name			Class	Pay Code					
11122	K & M SPORTS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123120		03/13/202	03/12/202	03/13/202			300.00	0.00	0.00	300.00 ✓
	4X4 POSTER									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11122	K & M SPORTS		300.00	0.00	0.00	300.00		

Vendor#	Vendor Name	Class	Pay Code								
L1288	LANGUAGE LINE SERVICES ✓	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
11231976 ✓		02/29/202	02/29/202	03/25/202			41.28	0.00	0.00	41.28 ✓	
	INTERPRETATION										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	L1288	LANGUAGE LINE SERVICES						41.28	0.00	0.00	41.28
Vendor#	Vendor Name	Class	Pay Code								
14432	LGC CLINICAL DIAGNOSTICS, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
90255627 ✓		02/29/202	02/07/202	03/12/202			358.00	0.00	0.00	358.00 ✓	
	SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	14432	LGC CLINICAL DIAGNOSTICS, INC.						358.00	0.00	0.00	358.00
Vendor#	Vendor Name	Class	Pay Code								
10972	M G TRUST ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
031124		03/14/202	03/11/202	03/20/202			1,140.86	0.00	0.00	1,140.86 ✓	
	PAYROLL DEDUCT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10972	M G TRUST						1,140.86	0.00	0.00	1,140.86
Vendor#	Vendor Name	Class	Pay Code								
J1350	M.C. JOHNSON COMPANY INC ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
00395482 ✓		02/29/202	02/26/202	03/26/202			95.33	0.00	0.00	95.33 ✓	
	SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	J1350	M.C. JOHNSON COMPANY INC						95.33	0.00	0.00	95.33
Vendor#	Vendor Name	Class	Pay Code								
11141	MEDICAL DATA SYSTEMS, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
190501 ✓		02/29/202	02/29/202	03/25/202			533.02	0.00	0.00	533.02 ✓	
	BUSINESS SERV										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	11141	MEDICAL DATA SYSTEMS, INC.						533.02	0.00	0.00	533.02
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	
2306473644 ✓		02/21/202	02/07/202	03/03/202			31.56	0.00	0.00	31.56 ✓	
	SUPPLIES										
2309112373 ✓		02/29/202	02/28/202	03/24/202			2,490.45	0.00	0.00	2,490.45 ✓	
	SUPPLIES										
2309647303 ✓		03/06/202	03/02/202	03/27/202			27.91	0.00	0.00	27.91 ✓	
	SUPPLIES										
2309647302 ✓		03/06/202	03/02/202	03/27/202			27.91	0.00	0.00	27.91 ✓	
	SUPPLIES										
2310109257 ✓		03/13/202	03/06/202	03/31/202			24.55	0.00	0.00	24.55 ✓	
	SUPPLIES										
2310109258 ✓		03/13/202	03/06/202	03/31/202			359.84	0.00	0.00	359.84 ✓	
	SUPPLIES										
2310135250 ✓		03/13/202	03/06/202	03/31/202			-24.50	0.00	0.00	-24.50 ✓	
	CREDIT										
2310109265 ✓		03/13/202	03/06/202	03/31/202			74.26	0.00	0.00	74.26 ✓	
	SUPPLIES										
2310109263 ✓		03/13/202	03/06/202	03/31/202			1,222.16	0.00	0.00	1,222.16 ✓	
	SUPPLIES										

2310109260	SUPPLIES	03/13/202	03/06/202	03/31/202	116.30	0.00	0.00	116.30
2310135252	CREDIT	03/13/202	03/06/202	03/31/202	-75.04	0.00	0.00	-75.04
2310109264	SUPPLIES	03/13/202	03/06/202	03/31/202	2.78	0.00	0.00	2.78
2310109266	SUPPLIES	03/13/202	03/06/202	03/31/202	282.47	0.00	0.00	282.47
2310109261	SUPPLIES	03/13/202	03/06/202	03/31/202	226.23	0.00	0.00	226.23
2310109262	SUPPLIES	03/13/202	03/06/202	03/31/202	3,029.86	0.00	0.00	3,029.86
2310135251	CREDIT	03/13/202	03/06/202	03/31/202	-67.11	0.00	0.00	-67.11
2310314557	SUPPLIES	03/13/202	03/07/202	04/01/202	132.46	0.00	0.00	132.46

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	7,882.09	0.00	0.00	7,882.09

Vendor#	Vendor Name	Class	Pay Code							
10182	MERCEDES SCIENTIFIC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2809096	SUPPLIES	02/29/202	02/22/202	03/23/202			35.91	0.00	0.00	35.91

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES SCIENTIFIC	35.91	0.00	0.00	35.91

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
1719250	INVENTORY	03/12/202	03/05/202	03/15/202			5.70	0.00	0.00	5.70
1716727	INVENTORY	03/12/202	03/05/202	03/15/202			6.03	0.00	0.00	6.03
1722224	INVENTORY	03/12/202	03/06/202	03/16/202			241.25	0.00	0.00	241.25
1724253	INVENTORY	03/12/202	03/06/202	03/16/202			5.50	0.00	0.00	5.50
1723501	INVENTORY	03/12/202	03/06/202	03/16/202			0.10	0.00	0.00	0.10
1724254	INVENTORY	03/12/202	03/06/202	03/16/202			564.50	0.00	0.00	564.50
1730372	INVENTORY	03/12/202	03/07/202	03/17/202			907.66	0.00	0.00	907.66
CM10053	CREDIT	03/12/202	03/07/202	03/17/202			-80.86	0.00	0.00	-80.86
1730373	INVENTORY	03/12/202	03/07/202	03/17/202			1,591.42	0.00	0.00	1,591.42
1737109	INVENTORY	03/12/202	03/10/202	03/20/202			4,000.34	0.00	0.00	4,000.34
1735808	INVENTORY	03/12/202	03/10/202	03/20/202			23.57	0.00	0.00	23.57
1735811	INVENTORY	03/12/202	03/10/202	03/20/202			310.73	0.00	0.00	310.73
1735809	INVENTORY	03/12/202	03/10/202	03/20/202			140.12	0.00	0.00	140.12
1737110	INVENTORY	03/12/202	03/10/202	03/20/202			384.91	0.00	0.00	384.91

1737111		03/12/202	03/10/202	03/20/202			188.18	0.00	0.00	188.18
	INVENTORY									
1735812		03/12/202	03/10/202	03/20/202			49.47	0.00	0.00	49.47
	INVENTORY									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC					8,338.62	0.00	0.00	8,338.62
Vendor#	Vendor Name				Class	Pay Code				
M2659	MXR IMAGING, INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8801119484		02/29/202	02/21/202	03/22/202			86.43	0.00	0.00	86.43
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC					86.43	0.00	0.00	86.43
Vendor#	Vendor Name				Class	Pay Code				
10868	NOVA BIOMEDICAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91287026		02/29/202	02/27/202	03/27/202			60.00	0.00	0.00	60.00
	SUPPLIES									
91287027		02/29/202	02/27/202	03/27/202			294.00	0.00	0.00	294.00
	SUPPLIES									
91289823		03/12/202	03/04/202	04/04/202			150.00	0.00	0.00	150.00
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL					504.00	0.00	0.00	504.00
Vendor#	Vendor Name				Class	Pay Code				
11472	OCCUPRO LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
34764		03/14/202	03/07/202	04/05/202			472.50	0.00	0.00	472.50
	MONTHLY LICENSE									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC					472.50	0.00	0.00	472.50
Vendor#	Vendor Name				Class	Pay Code				
O1500	OLYMPUS AMERICA INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35886061		03/12/202	03/07/202	04/01/202			1,125.00	0.00	0.00	1,125.00
	CONTRACT									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC					1,125.00	0.00	0.00	1,125.00
Vendor#	Vendor Name				Class	Pay Code				
O1416	ORTHO CLINICAL DIAGNOSTICS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1852537021		02/29/202	08/09/202	09/08/202			230.59	0.00	0.00	230.59
	SUPPLIES									
1853193497		02/29/202	10/10/202	11/09/202			752.16	0.00	0.00	752.16
	SUPPLIES									
1853407788		02/29/202	02/20/202	03/21/202			209.44	0.00	0.00	209.44
	SUPPLIES									
1851842843		03/14/202	03/30/202	04/29/202			761.62	0.00	0.00	761.62
	SUPPLIES									
1852105909		03/14/202	10/19/202	11/18/202			137.30	0.00	0.00	137.30
	SUPPLIES									
1852132699		03/14/202	11/10/202	12/10/202			179.45	0.00	0.00	179.45
	SUPPLIES									
1852132700		03/14/202	11/10/202	12/10/202			278.61	0.00	0.00	278.61
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net

	01416	ORTHO CLINICAL DIAGNOSTICS					2,549.17	0.00	0.00	2,549.17
Vendor#	Vendor Name	Class	Pay Code							
10152	PARTSSOURCE, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05137516 ✓		02/29/202	02/14/202	03/15/202			612.05	0.00	0.00	612.05 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC					612.05	0.00	0.00	612.05
Vendor#	Vendor Name	Class	Pay Code							
14764	PL-CPR, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
294 ✓		03/12/202	03/01/202	03/04/202			670.00	0.00	0.00	670.00 ✓
	BLS RECERT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14764	PL-CPR, LLC					670.00	0.00	0.00	670.00
Vendor#	Vendor Name	Class	Pay Code							
11932	PRESS GANEY ASSOCIATES, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000638378 ✓		02/29/202	02/29/202	03/30/202			2,729.72	0.00	0.00	2,729.72 ✓
	CONTRACT FEES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASSOCIATES, INC.					2,729.72	0.00	0.00	2,729.72
Vendor#	Vendor Name	Class	Pay Code							
12480	PRO ENERGY PARTNERS LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2402-0600 ✓		02/29/202	02/29/202	03/15/202			3,124.44	0.00	0.00	3,124.44 ✓
	ENERGY/GAS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC					3,124.44	0.00	0.00	3,124.44
Vendor#	Vendor Name	Class	Pay Code							
15196	PROVATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INPVM498545 ✓		03/14/202	03/01/202	03/30/202			1,867.75	0.00	0.00	1,867.75 ✓
	APEX BASIC									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15196	PROVATION					1,867.75	0.00	0.00	1,867.75
Vendor#	Vendor Name	Class	Pay Code							
14920	REPUBLIC SERVICES, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
001323894 ✓		02/29/202	02/29/202	03/20/202			171.80	0.00	0.00	171.80 ✓
	WASTE CONTAINER									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14920	REPUBLIC SERVICES, INC.					171.80	0.00	0.00	171.80
Vendor#	Vendor Name	Class	Pay Code							
G0425	ROBERTS, ODEFEY, WITTE & WALL ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030824		02/29/202	03/08/202	03/18/202			36,426.75	0.00	0.00	36,426.75 ✓
	LEGAL SERV <i>6/17/23 - 2/29/24</i>									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ODEFEY, WITTE & WALL					36,426.75	0.00	0.00	36,426.75
Vendor#	Vendor Name	Class	Pay Code							
S1405	SERVICE SUPPLY OF VICTORIA INC ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701216513 ✓		03/12/202	03/06/202	04/05/202			232.97	0.00	0.00	232.97 ✓
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	S1405	SERVICE SUPPLY OF VICTORIA INC			232.97	0.00	0.00	232.97		
Vendor#	Vendor Name	Class	Pay Code							
S1800	SHERWIN WILLIAMS	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022924		02/29/202	02/29/202	03/15/202			26.97	0.00	0.00	26.97
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS					26.97	0.00	0.00	26.97
Vendor#	Vendor Name	Class	Pay Code							
S2001	SIEMENS MEDICAL SOLUTIONS INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116507952		02/29/202	02/26/202	03/22/202			3,507.72	0.00	0.00	3,507.72
	AGILE MAX									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					3,507.72	0.00	0.00	3,507.72
Vendor#	Vendor Name	Class	Pay Code							
10699	SIGN AD, LTD.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
297851		03/12/202	03/01/202	03/11/202			410.00	0.00	0.00	410.00
	ADVERTISING (3113-419124)									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.					410.00	0.00	0.00	410.00
Vendor#	Vendor Name	Class	Pay Code							
S2362	SMITH & NEPHEW, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
982613267		02/21/202	01/18/202	02/18/202			3,910.24	0.00	0.00	3,910.24
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.					3,910.24	0.00	0.00	3,910.24
Vendor#	Vendor Name	Class	Pay Code							
S2353	SMITHS MEDICAL ASD INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17268045		02/29/202	02/20/202	03/12/202			532.40	0.00	0.00	532.40
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC					532.40	0.00	0.00	532.40
Vendor#	Vendor Name	Class	Pay Code							
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
I07037894		02/29/202	01/31/202	02/25/202			4,609.00	0.00	0.00	4,609.00
	BLOOD									
CM11489		02/29/202	01/31/202	02/25/202			-2,376.00	0.00	0.00	-2,376.00
	CREDIT									
I07038595		02/29/202	02/29/202	03/25/202			2,914.00	0.00	0.00	2,914.00
	BLOOD									
CM11727		02/29/202	02/29/202	03/25/202			-264.00	0.00	0.00	-264.00
	CREDIT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					4,883.00	0.00	0.00	4,883.00
Vendor#	Vendor Name	Class	Pay Code							
10094	ST DAVIDS HEALTHCARE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL2024-01		02/29/202	02/26/202	03/26/202			745.00	0.00	0.00	745.00
	CONNECTIVITY FEE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE					745.00	0.00	0.00	745.00

Vendor#	Vendor Name	Class	Pay Code								
10845	STAPLES ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3560759016 ✓		02/29/202	02/29/202	03/29/202			127.49	0.00	0.00	127.49 ✓
		SUPPLIES									
	3560759017 ✓		02/29/202	02/29/202	03/29/202			25.13	0.00	0.00	25.13 ✓
		SUPPLIES									
	3560759018 ✓		02/29/202	02/29/202	03/29/202			48.31	0.00	0.00	48.31 ✓
		SUPPLIES									
	3560759014 ✓		02/29/202	02/29/202	03/29/202			80.95	0.00	0.00	80.95 ✓
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	10845	STAPLES						281.88	0.00	0.00	281.88

Vendor#	Vendor Name	Class	Pay Code								
S3940	STERIS CORPORATION ✓	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	12077743 ✓		02/29/202	02/14/202	03/10/202			389.68	0.00	0.00	389.68 ✓
		SUPPLIES									
	12096317 ✓		02/29/202	02/20/202	03/16/202			202.80	0.00	0.00	202.80 ✓
		SUPPLIES									
	12125133 ✓		02/29/202	02/28/202	03/24/202			613.36	0.00	0.00	613.36 ✓
		SUPPLIES									
	12139148 ✓		03/12/202	03/02/202	03/27/202			346.29	0.00	0.00	346.29 ✓
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION						1,552.13	0.00	0.00	1,552.13

Vendor#	Vendor Name	Class	Pay Code								
10735	STRYKER SUSTAINABILITY ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4911174 ✓		02/29/202	02/27/202	03/28/202			2,224.82	0.00	0.00	2,224.82 ✓
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY						2,224.82	0.00	0.00	2,224.82

Vendor#	Vendor Name	Class	Pay Code								
11075	SUMMIT MEDICAL ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6338989 ✓		02/29/202	02/28/202	03/28/202			199.00	0.00	0.00	199.00 ✓
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11075	SUMMIT MEDICAL						199.00	0.00	0.00	199.00

Vendor#	Vendor Name	Class	Pay Code								
T2539	T-SYSTEM, INC ✓	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	912452 ✓		02/29/202	02/29/202	03/30/202			6,130.42	0.00	0.00	6,130.42 ✓
		PHYSICIAN TRACKING									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC						6,130.42	0.00	0.00	6,130.42

Vendor#	Vendor Name	Class	Pay Code								
15244	TEXAS ELITE THERAPY TEAM LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	022924		02/29/202	02/29/202	03/29/202			7,150.00	0.00	0.00	7,150.00 ✓
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	15244	TEXAS ELITE THERAPY TEAM LLC						7,150.00	0.00	0.00	7,150.00

Vendor#	Vendor Name	Class	Pay Code							
T2204	TEXAS MUTUAL INSURANCE CO ✓	W								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1005521609	INSURANCE FEB 24 (21124 - 31124)	02/29/202	03/06/202	03/26/202			4,751.00	0.00	0.00	4,751.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
T2204 TEXAS MUTUAL INSURANCE CO							4,751.00	0.00	0.00	4,751.00
Vendor#	Vendor Name	Class		Pay Code						
10511	THERMO FISHER SCIENTIFIC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SLS26353613	SUPPLIES	02/29/202	02/28/202	03/28/202			287.58	0.00	0.00	287.58
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10511 THERMO FISHER SCIENTIFIC							287.58	0.00	0.00	287.58
Vendor#	Vendor Name	Class		Pay Code						
15120	TIGER SUPPLIES INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0001126632	SUPPLIES	02/29/202	02/28/202	02/28/202			1,117.20	0.00	0.00	1,117.20
0001126633	SUPPLIES	02/29/202	02/28/202	03/29/202			1,117.20	0.00	0.00	1,117.20
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15120 TIGER SUPPLIES INC.							2,234.40	0.00	0.00	2,234.40
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
030124	STEVEN SHAW CT Tech	03/01/202	03/01/202	04/01/202			3,467.50	0.00	0.00	3,467.50
INV1796925511	S SHAW CT Tech	03/06/202	03/01/202	03/30/202			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						
11067	TRIZETTO PROVIDER SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK032400	STATEMENTS	03/01/202	03/01/202	03/26/202			1,348.49	0.00	0.00	1,348.49
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11067 TRIZETTO PROVIDER SOLUTIONS							1,348.49	0.00	0.00	1,348.49

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	367,586.74	0.00	0.00	367,586.74

$367,586.74 +$
 $3,467.50 -$
 $364,119.24 =$

pg 15 correction - duplicate ξ $\langle 3,467.50 \rangle$
364,119.24

APPROVED ON

MAR 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203380 - 203473

MCKESSON

Company: 8000

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

STATEMENT

As of: 03/15/2024
 DC: 8115
 Customer INV SupplID:
 Territory:
 Customer: 632536
 Date: 03/16/2024

Page: 002

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

As of: 03/15/2024
 Mail to:
 AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only
 Page: 002
 Comp: 8000

Cust: 632536
 Date: 03/16/2024
 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
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PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 15,131.03 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

Due If Paid On Time: 14,828.46 ✓

USD

Disc lost if paid late: 302.57

Due If Paid Late: 15,131.03

USD

14,682.46
 3,133 +
 63,339 +
 73,088 +
 5,922 +
 14,828.46 *

Andrews Hernandez
 3/18/24

APPROVED ON

MAR 18 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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

As of: 03/15/2024

DC: 8115
 Customer INV SupplID:
 Territory: 7001
 Customer: 256342
 Date: 03/16/2024

Page: 001

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

As of: 03/15/2024 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 256342 PLEASE CHECK ANY
 Date: 03/16/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
03/11/2024	03/19/2024	7482634587	108833332	115 Invoice	3.42	170.91	✓	167.49	✓	7482634587
03/11/2024	03/19/2024	7482634588	108871680	115 Invoice	4.35	217.72	✓	213.37	✓	7482634588
03/11/2024	03/19/2024	7482634589	108871680	115 Invoice	0.03	1.67	✓	1.64	✓	7482634589
03/11/2024	03/19/2024	7482634591	108906315	115 Invoice	0.01	0.52	✓	0.51	✓	7482634591
03/11/2024	03/19/2024	7482634592	108939989	115 Invoice	0.03	1.58	✓	1.55	✓	7482634592
03/11/2024	03/19/2024	7482655896	108990437	115 Invoice	0.01	0.63	✓	0.62	✓	7482655896
03/11/2024	03/19/2024	7482655897	108995036	115 Invoice	25.07	1,253.65	✓	1,228.58	✓	7482655897
03/11/2024	03/19/2024	7482844186	108806043	115 Invoice	34.70	1,735.23	✓	1,700.53	✓	7482844186
03/11/2024	03/19/2024	7482844187	108800689	195 Invoice	31.88	1,593.95	✓	1,562.07	✓	7482844187
03/11/2024	03/19/2024	7482844188	108878082	195 Invoice	7.05	352.50	✓	345.45	✓	7482844188
03/12/2024	03/19/2024	7483006525	109033479	115 Invoice	1.00	50.24	✓	49.24	✓	7483006525
03/12/2024	03/19/2024	7483006526	109096064	115 Invoice	2.41	120.63	✓	118.22	✓	7483006526
03/12/2024	03/19/2024	7483179701	109040042	195 Invoice	8.10	404.76	✓	396.66	✓	7483179701
03/12/2024	03/19/2024	7483287594	109186278	115 Invoice	0.41	20.58	✓	20.17	✓	7483287594
03/13/2024	03/19/2024	7483467807	109193179	195 Invoice	0.03	1.71	✓	1.68	✓	7483467807
03/13/2024	03/19/2024	748354031	109320731	115 Invoice	6.42	321.01	✓	314.59	✓	748354031
03/14/2024	03/19/2024	7483738188	109327830	195 Invoice	20.56	1,028.08	✓	1,007.52	✓	7483738188
03/14/2024	03/19/2024	7483778683	99575750	115 Invoice	4.63	231.49	✓	226.86	✓	7483778683
03/14/2024	03/19/2024	7483778684	99350283	115 Invoice	2.31	115.74	✓	113.43	✓	7483778684
03/14/2024	03/19/2024	7483778685	103789944	115 Invoice	57.73	2,886.47	✓	2,828.74	✓	7483778685
03/14/2024	03/19/2024	7483783266	108015410	115 Invoice	2.60	130.19	✓	127.59	✓	7483783266
03/14/2024	03/19/2024	7483783267	99960783	115 Invoice	3.26	163.19	✓	159.93	✓	7483783267
03/15/2024	03/19/2024	7483829092	109434982	115 Invoice	81.68	4,083.92	✓	4,002.24	✓	7483829092
03/15/2024	03/19/2024	7483829094	109434982	115 Invoice	1.00	50.24	✓	49.24	✓	7483829094
03/15/2024	03/19/2024	7483829095	109498131	115 Invoice	0.02	0.95	✓	0.93	✓	7483829095
03/15/2024	03/19/2024	7484000196	109447528	115 Invoice	0.90	44.99	✓	44.09	✓	7484000196

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/15/2024

DC: 8115
Customer INV SupplID:
Territory: 7001
Customer: 256342
Date: 03/16/2024

Page: 002

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

As of: 03/15/2024 Page: 002
Mail to: Comp: 8000
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/16/2024 ITEMS NOT PAID (✓)

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS
Subtotals: 14,982.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,545.25

03/11/2024

If Paid By 03/19/2024,
Pay This Amount: 14,682.94 USD

If Paid After 03/19/2024,
Pay this Amount: 14,982.55 USD

Due if Paid On Time: 14,682.94 ✓
USD
Disc lost if paid late: 299.61

Due if Paid Late: 14,982.55
USD

Andrew D. Santos
3/18/24

APPROVED ON

MAR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

Company: 8000

CVS PHCY 10356/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: 03/15/2024

DC: 8115
Customer INV SupplID:
Territory: 7001
Customer: 835430
Date: 03/16/2024

Page: 001

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

As of: 03/15/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 PLEASE CHECK ANY
Date: 03/16/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
03/13/2024	03/19/2024	7483296309	3101209	115Invoice	0.06	3.19	F	3.13	F	7483296309

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

TOTAL: Customer Number 835430 CVS PHCY 10356/MEM MC PHS
Subtotals: 3.19 USD

Future Due: 0.00
Past Due: 0.00
Last Payment 02/12/2024 5,635.35

Due If Paid On Time: 3.13 ✓
USD
Disc lost if paid late: 0.06
Due If Paid Late: 3.19
USD

Andrew DeLords Santos
3118124

APPROVED ON

MAR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

Company: 8000

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

STATEMENT

As of: 03/15/2024

DC: 8115
Customer INV SupplID:
Territory: 7001
Customer: 835434
Date: 03/16/2024

Page: 001

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

As of: 03/15/2024
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434
Date: 03/16/2024
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
03/13/2024 03/19/2024 7483295425 3101900 115 Invoice

63.39 ✓ 7483295425

64.68

1.29

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS
Subtotals: 64.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/11/2024 9,545.25

If Paid By 03/19/2024,
Pay This Amount: 63.39 USD

If Paid After 03/19/2024,
Pay this Amount: 64.68 USD

Due If Paid On Time:
USD 63.39 ✓

Disc lost if paid late:
1.29

Due If Paid Late:
USD 64.68

Andrew Escobedo
3/18/24

APPROVED ON

MAR 18 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 KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/15/2024

DC: 8115
Customer INV SupplID:
Territory: 7001
Customer: 835437
Date: 03/16/2024

Page: 001

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

As of: 03/15/2024 Page: 001
Mail to: Comp: 8000
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 03/16/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
03/13/2024	03/19/2024	7483470189	3099531	115 Invoice	1.49	74.57		73.08	✓	7483470189

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: 74.57 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,545.25

03/11/2024

If Paid By 03/19/2024,
Pay This Amount: 73.08 USD

If Paid After 03/19/2024,
Pay this Amount: 74.57 USD

Due If Paid On Time: 73.08 ✓
USD

Disc lost if paid late: 1.49

Due If Paid Late: 74.57
USD

Andrew Valdez enters
3/18/24

APPROVED ON

MAR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

Company: 8000

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

STATEMENT

As of: 03/15/2024

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: 835438
Date: 03/16/2024

As of: 03/15/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 03/16/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
03/13/2024	03/19/2024	7483477127	3101261	115Invoice	0.12	6.04		5.92	✓	7483477127

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS
Subtotals: 6.04 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 61.80

03/04/2024

If Paid By 03/19/2024,
Pay This Amount: 5.92 USD

If Paid After 03/19/2024,
Pay this Amount: 6.04 USD

Due If Paid On Time: 5.92 ✓
USD

Disc lost if paid late: 0.12

Due If Paid Late: 6.04
USD

Andrew W. Foster
3/18/24

APPROVED ON

MAR 18 2024

COUNTY AUDITOR
COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Served By:
DEA: RA0289276
866-451-9655

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

Summary
Not Yet Due: 0.00
Current: 406.05
Past Due: 0.00
Total Due: 406.05
Account Balance: 406.05

Account Activity							
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt Amount Received	Balance
03-11-2024	03-22-2024	3167510035	7005915847	Invoice	59.52 ✓	0.00	59.52
03-11-2024	03-22-2024	3167510036	7005925978	Invoice	28.67 ✓	0.00	28.67
03-11-2024	03-22-2024	3167510037	7005931085	Invoice	57.59 ✓	0.00	57.59
03-11-2024	03-22-2024	357540360	7005895042	Invoice	(3.45) ✓	0.00	(3.45)
03-11-2024	03-22-2024	357540361	7005895042	Invoice	1.91 ✓	0.00	1.91
03-12-2024	03-22-2024	3167681023	7005939050	Invoice	77.42 ✓	0.00	77.42
03-13-2024	03-22-2024	3167836999	7005949886	Invoice	61.45 ✓	0.00	61.45
03-13-2024	03-22-2024	3167837500	7005950949	Invoice	5.47 ✓	0.00	5.47
03-14-2024	03-22-2024	3167986539	7005959504	Invoice	9.46 ✓	0.00	9.46
03-15-2024	03-22-2024	3168146964	7005968860	Invoice	108.01 ✓	0.00	108.01

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
406.05	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
03-22-2024	406.05
Total Due: 406.05	

APPROVED ON
MAR 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeFazio Santos
3/18/24

MEMORIAL MEDICAL CENTER
PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — Mar 11, 2024 - March 17, 2024

Date	Bank Description
3/15/2024	PAY PLUS ACHTrans 000000017355972 1010006910
3/15/2024	HEALTHCITY INC HealthEqui 1356888 91000014
3/15/2024	EXPERTPAY PAY 746003411 91000010254144
3/15/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002
3/15/2024	TEXAS COUNTY DRS RECEIVABLE 0419 21000029174
3/15/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650
3/15/2024	FDMS FDMS PYMT 052-2100911-000 4100012559112
3/15/2024	FDMS FDMS PYMT 052-1743548-000 4100012558310
3/15/2024	FDMS FDMS PYMT 052-1743547-000 4100012557061
3/15/2024	FDMS FDMS PYMT 052-1737276-000 4100012556586
3/14/2024	WIRE OUT HEALTHEQUITY
3/14/2024	PAY PLUS ACHTrans 000000017230511 1010006900
3/13/2024	PAY PLUS ACHTrans 000000017167811 1010006988
3/12/2024	PAY PLUS ACHTrans 000000017077967 1010006977
3/12/2024	MCKESSON DRUG AUTO ACH ACH05910179 910000124
3/11/2024	TSYS/TRANSFIRST MERCH FEES 39300982589946 61
3/11/2024	TSYS/TRANSFIRST MERCH FEES 39300982541616 61
3/11/2024	TSYS/TRANSFIRST MERCH FEES 41399801368397 61
3/11/2024	TSYS/TRANSFIRST MERCH FEES 41399801332419 61
3/11/2024	TSYS/TRANSFIRST MERCH FEES 41399801332401 61
3/11/2024	TSYS/TRANSFIRST MERCH FEES 41399801391837 61
3/11/2024	TSYS/TRANSFIRST MERCH FEES 41399801332393 61
3/11/2024	TSYS/TRANSFIRST MERCH FEES 41399801332385 61

Andrew DeFols Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

March 18, 2024

* Approved 03.13.24 CC

Date	Description	Amount	MMC Notes
3/20/2024	PROF	591,926.60	
	ELECTRONIC TRANSFERS FOR OPERATING ACCOU	1,392.83	
		510.34	
	WEBFILE TAX PYMT DD	188,424.94	- Sales Tax
		376,597.83	
		10,323.41	
		9,545.25	
		5,132.00	* March 18, 2024
		5,132.00	
		5,132.00	
		0.00	*

Andrew DeFols Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

Amount	MMC Notes
27.50	- 3rd Party Payor Fee
1,392.83	- EmpDeduct/Employer Contribut
570.69	- Child Support Payment
510.34	- 340B Drug Program Expense
188,424.94	- Retirement Funding
376,597.83	- Payroll
45.64	- Credit Card Processing Fee
80.06	- Credit Card Processing Fee
40.03	- Credit Card Processing Fee
120.09	- Credit Card Processing Fee
10,323.41	- Wagerworks
33.02	- 3rd Party Payor Fee
3.20	- 3rd Party Payor Fee
1.93	- 3rd Party Payor Fee
9,545.25	- 340B Drug Program Expense
48.77	- 3rd Party Payor Fee
129.00	- Credit Card Processing Fee
643.01	- Credit Card Processing Fee
239.88	- Credit Card Processing Fee
466.76	- Credit Card Processing Fee
1,556.25	- Credit Card Processing Fee
32.50	- Credit Card Processing Fee
894.18	- Credit Card Processing Fee
199.49	- Credit Card Processing Fee
591,926.60	

Pay Plus
27.50 +
33.02 +
3.20 +
3.20 +
1.93 +
48.77 +
114.42 *
CCRS
45.64 +
80.06 +
40.03 +
120.09 +
129.00 +
643.01 +
239.88 +
466.76 +
1,556.25 +
32.50 +
894.18 +
199.49 +
4,446.89 *
Expert
570.69 +
570.69 +
114.42 +
4,446.89 +
570.69 +
5,132.00 *

Amount	MMC Notes
1,967.55	
1,967.55	

APPROVED ON
MAR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 02/29/2024 (2402)

Taxpayer ID: 1	Taxpayer Name:	Entered By:
User ID:	MEMORIAL MEDICAL CENTER ✓	Email Address:
Reference Number:	Taxpayer Address:	
Date and Time of Filing:	815 N VIRGINIA ST PORT LAVACA , TX	Telephone Number: (361) 552-0342
03/12/2024, 02:54:05 PM	77979-3025	
	IP Address:	

PAYMENT SUMMARY

Electronic Check	Payment Reference Number	Type of Bank Account: Checking
State Amount: \$1,490.57	Trace Number:	Accountholder Name:
Local Amount: \$476.98		Bank Routing Number:
Amount to Pay: \$1,967.55		Bank Account Number:
Electronic Check: \$1,967.55		Payment Effective Date: 03/20/2024

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	23969	23969	0	23969	1498.06	23969	0.02	479.38
SubTotal	23969	23969	0	23969	1498.06	23969		479.38

Total Tax for Locations

Total Tax Due:	\$1,977.44
Timely Filing Discount:	- \$9.89
Balance Due:	\$1,967.55
Pending Payments:	- \$0.00
Total Amount Due and Payable:	\$1,967.55 ✓

(State amount due is \$1,490.57) (Local amount due is \$476.98)

90 degree claim invoice

CHIRO	GBNO	LOCNO	EMPMO	DEPMO	CLMNO	CLMSE	CHDRT	AMT	CLMTP	PAYE	QUGTP	JUSTNAME	LASTNAME	CODE	VOID	TRMADT	TRMSTRT	PRVNO	
1128	76351	1	2	0	2024	58000866	0	3/11/2024	581.53	1	172	SINGLETON ASSOCIATES PA							
1133	76351	2	33	0	2024	58000910	0	3/11/2024	\$134.82	1	457	1 BCM PHYSICIANS							
1134	76351	2	33	0	2024	58000970	0	3/11/2024	\$184.82	1	177	1 BCM PHYSICIANS							
1135	76351	3	32	0	2024	58000900	0	3/11/2024	\$11.61	1	181	1 SINGLETON ASSOCIATES PA							
1136	76351	3	49	1	2024	58000965	0	3/11/2024	\$13.79	1	181	1 SINGLETON ASSOCIATES PA							
1137	76351	3	35	0	2024	58001036	0	3/11/2024	\$21.08	1	189	1 SINGLETON ASSOCIATES PA							
1138	76351	3	20	0	2024	58000941	0	3/11/2024	\$55.23	1	457	1 ROBERT SABBARA							
1142	76351	3	40	3	2024	58000992	0	3/11/2024	\$55.89	1	457	1 MOE R. OLIVERA, MD, PA							
1143	76351	3	48	0	2024	58000993	0	3/11/2024	\$60.46	1	324	1 SINGLETON ASSOCIATES PA							
1144	76351	3	11	0	2024	58001533	0	3/11/2024	\$65.89	1	177	1 JESUS AGUIRRE-BURGOS							
1145	76351	3	55	0	2024	58000931	0	3/11/2024	\$65.89	1	177	1 PORT LAVACA CLINIC ASSOCIATES							
1146	76351	3	8	0	2024	58000974	0	3/11/2024	\$73.28	1	321	1 SINGLETON ASSOCIATES PA							
1147	76351	3	32	0	2024	58000872	0	3/11/2024	\$78.76	1	728	1 SCOTT & WHITE CLINIC							
1148	76351	3	43	3	2024	58000935	0	3/11/2024	\$88.52	1	172	1 SINGLETON ASSOCIATES PA							
1156	76351	3	31	0	2024	58001028	0	3/11/2024	\$90.47	1	321	1 SINGLETON ASSOCIATES PA							
1157	76351	3	49	0	2024	58000949	0	3/11/2024	\$90.47	1	321	1 SINGLETON ASSOCIATES PA							
1158	76351	3	50	0	2024	58000859	0	3/11/2024	\$90.47	1	321	1 SINGLETON ASSOCIATES PA							
1159	76351	3	35	0	2024	58000953	0	3/11/2024	\$90.47	1	321	1 SINGLETON ASSOCIATES PA							
1160	76351	3	32	0	2024	58001035	0	3/11/2024	\$90.47	1	321	1 SINGLETON ASSOCIATES PA							
1163	76351	3	20	0	2024	58000362	0	3/11/2024	\$153.60	1	176	1 VICTORIA EYE CENTER							
1164	76351	3	10	0	2024	58001047	0	3/11/2024	\$280.50	1	457	1 CITIZENS MEDICAL PROFESSIONALS							
1169	76351	3	19	0	2024	58000934	0	3/11/2024	\$280.50	1	172	1 CITIZENS MEDICAL PROFESSIONALS							
1179	76351	3	40	3	2024	58001000	0	3/11/2024	\$297.90	1	406	1 ESS OF PORT LAVACA LLC							
1185	76351	3	11	0	2024	58000693	0	3/11/2024	\$2,964.44	1	189	1 VICTORIA EYE CENTER							
1187	76360	2	62	0	2024	58000909	0	3/11/2024	\$11.61	1	177	1 LOURDES MEDICAL PROFESSIONALS							
1188	76360	2	36	0	2024	58000861	0	3/11/2024	\$26.38	1	181	1 MATAGORDA REGIONAL MEDICAL CENTER							
1189	76360	2	29	0	2024	58000878	0	3/11/2024	\$57.56	1	177	1 MEHRAN A. NEZHAD MD							
1192	76360	2	8	0	2024	58000928	0	3/11/2024	\$147.46	1	457	1 HILLCROFT MEDICAL CLINIC ASSOC							
1193	76360	2	101	0	2024	58000943	0	3/11/2024	\$160.00	1	487	1 ELIZER CASTANDEDA							
1194	76360	2	29	2	2024	60003117	0	3/11/2024	\$160.00	1	487	1 NEXTCARE URGENT CARE							
1198	76360	2	72	0	2024	58000972	0	3/11/2024	\$388.91	1	487	1 NEXTCARE URGENT CARE							
1199	76360	2	72	0	2024	58000986	0	3/11/2024	\$501.93	1	487	1 CITIZENS MEDICAL PROFESSIONALS							
1202	76360	3	21	1	2024	60000394	0	3/11/2024	\$16,336.00	1	378	1 CITIZENS MEDICAL PROFESSIONALS							
1203	76360	3	81	0	2024	58000936	0	3/11/2024	\$9.66	1	465	1 LIBERTY DIALYSIS VICTORIA							
1204	76360	3	19	0	2024	58001013	0	3/11/2024	\$20.37	1	185	1 BIORFERENCE LABORATORIES, INC.							
1206	76360	3	13	0	2024	58000857	0	3/11/2024	\$14.80	1	172	1 CLINICAL PATHOLOGY LABS, INC							
1207	76360	3	70	0	2024	58000912	0	3/11/2024	\$36.12	1	603	1 SINGLETON ASSOCIATES PA							
1210	76360	3	13	0	2024	59000369	0	3/11/2024	\$55.89	1	189	1 SINGLETON ASSOCIATES PA							
1211	76360	3	49	2	2024	58000891	0	3/11/2024	\$57.56	1	457	1 SCOTT P. STEIN, D. O., P. A.							
1212	76360	3	74	0	2024	58001026	0	3/11/2024	\$59.94	1	457	1 MELISSA A. BARNER ERWIN, MD PA							
1213	76360	3	68	0	2024	58001043	0	3/11/2024	\$65.89	1	177	1 AJO ADU, MD PLLC							
1214	76360	3	32	1	2024	58000966	0	3/11/2024	\$79.18	1	377	1 PORT LAVACA CLINIC ASSOCIATES							
1221	76360	3	81	0	2024	58000919	0	3/11/2024	\$90.08	1	457	1 VICTORIA EYE CENTER							
1224	76360	3	63	0	2024	58000935	0	3/11/2024	\$144.06	1	189	1 HOUSTON RHEUMATOLOGY CENTER							
1226	76360	3	70	0	2024	60000305	0	3/11/2024	\$153.60	1	184	1 ASPIRE FERTILITY SAN ANTONIO							
1228	76360	3	43	0	2024	60000310	0	3/11/2024	\$160.00	1	487	1 ESS OF PORT LAVACA LLC							
1229	76360	3	94	0	2024	58001038	0	3/11/2024	\$165.00	1	177	1 NEXTCARE URGENT CARE							
1231	76360	3	31	0	2024	58000901	0	3/11/2024	\$206.72	1	483	1 AJO ADU, MD PLLC							
									\$24,694.27										

Andrew D. Lopez-Lantada
3/18/24

APPROVED ON
MAR 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

90 Degree Benefits

Monthly Billing for 3/1/2024

MEMORIAL MEDICAL CENTER (Mst Grp: 76350)

Master Group Totals

SPEC AGG
 ADMIN FEES
 PPO UR
 CHIC MGMT FEE

179
 179
 179

\$56,506.82
 \$7,697.00
 \$3,409.95
 \$700.00

Total Due
 \$56,506.82
 \$7,697.00
 \$3,409.95
 \$700.00

Balance Forward:

\$68,999.82

Payments:

\$0.00

Adjustments:

\$0.00

Beginning Balance:

\$68,999.82

Current Amount Due:

\$68,313.77

Current Adjustments:

\$0.00

Total Amount Due:

\$137,313.59

February Total Due:

\$68,999.82

March Total Due:

\$68,313.77

Description

EE
 ES
 EF
 EC
 179

Medical

102
 18
 13
 46
 179

Make Check Payable To:

90 Degree Benefits
 4401 82nd Street, Suite 1200
 Lubbock, TX 79424

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.
 Premium payment is due by the 10th of the month.

APPROVED ON

MAR 1-8 2024

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Andrew DeBates-Linton
 3/18/24

RECEIVED BY THE COUNTY AUDITOR ON

MAR 14 2024

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name

11824 THE CRESCENT
CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030724		03/13/202	03/07/202	04/07/202			11,324.00	0.00	0.00	11,324.00 ✓

TRANSFER *WH insurance pymt deposited into mme operating*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	11,324.00	0.00	0.00	11,324.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,324.00	0.00	0.00	11,324.00

APPROVED ON

MAR 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKH 203178

RECEIVED BY THE COUNTY AUDITOR ON
03/14/2024
09:37
MAR 14 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDEN CREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030424		03/12/202	03/04/202	04/06/202			18,822.84	0.00	0.00	18,822.84 ✓
	TRANSFER									
030424A		03/12/202	03/04/202	04/06/202			6,398.99	0.00	0.00	6,398.99 ✓
	TRANSFER									
030524		03/12/202	03/05/202	04/06/202			1.26	0.00	0.00	1.26 ✓
	TRANSFER									
030524A		03/12/202	03/05/202	04/06/202			4,080.00	0.00	0.00	4,080.00 ✓
	TRANSFER									
030624		03/12/202	03/06/202	04/06/202			597.19	0.00	0.00	597.19 ✓
	TRANSFER									
030624A		03/12/202	03/06/202	04/06/202			10,568.06	0.00	0.00	10,568.06 ✓
	TRANSFER									
030824A		03/13/202	03/08/202	04/08/202			487.26	0.00	0.00	487.26 ✓
	TRANSFER									
030824		03/13/202	03/08/202	04/08/202			22,645.98	0.00	0.00	22,645.98 ✓
	TRANSFER									

Net Insurance pymt deposited into mmc operating

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDEN CREEK HEALTHCARE	63,601.58	0.00	0.00	63,601.58

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	63,601.58	0.00	0.00	63,601.58

APPROVED ON

MAR 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203475

RECEIVED BY THE
COUNTY AUDITOR ON

03/14/2024

MAR 14 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name
12696 GULF POINTE PLAZA

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030624		03/12/202	03/06/202	04/06/202			33.83	0.00	0.00	33.83 ✓

TRANSFER *Net insurance pymt deposited into mme opening*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA	33.83	0.00	0.00	33.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	33.83	0.00	0.00	33.83

APPROVED ON

MAR 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203476

RECEIVED BY THE
COUNTY AUDITOR ON
03/14/2024
09:35
MAR 14 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

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

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030424		03/12/202	03/04/202	04/06/202			2,030.00	0.00	0.00	2,030.00 ✓
	TRANSFER	<i>Ntt insurance pymt deposited into mme operating</i>								
030724		03/13/202	03/07/202	04/07/202			1,428.00	0.00	0.00	1,428.00 ✓
	TRANSFER	<i>u</i>								
								<i>u</i>		
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE							3,458.00	0.00	0.00	3,458.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,458.00	0.00	0.00	3,458.00

APPROVED ON

MAR 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203478

RECEIVED BY THE COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

0

03/14/2024 **MAR 14 2024**

09:41

AP Open Invoice List

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Dates Through:

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
030424A		03/12/202	03/04/202	04/06/202			94.47	0.00	0.00	94.47 ✓
	TRANSFER	<i>W/ insurance pymt deposited into mmc operating</i>								
030424		03/12/202	03/04/202	04/06/202			7,338.42	0.00	0.00	7,338.42 ✓
	TRANSFER	<i>"</i>								
030524		03/12/202	03/05/202	04/06/202			7.88	0.00	0.00	7.88 ✓
	TRANSFER	<i>"</i>								
030724A		03/13/202	03/07/202	04/07/202			123.03	0.00	0.00	123.03 ✓
	TRANSFER	<i>"</i>								
030724		03/13/202	03/07/202	04/07/202			291.23	0.00	0.00	291.23 ✓
	TRANSFER	<i>"</i>								
030824		03/13/202	03/08/202	04/08/202			1,419.28	0.00	0.00	1,419.28 ✓
	TRANSFER	<i>"</i>								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	9,274.31	0.00	0.00	9,274.31

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,274.31	0.00	0.00	9,274.31

APPROVED ON

MAR 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKH 203474

☒

RUN DATE:03/19/24
 TIME:14:58

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 03/20/24 THRU 03/20/24

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203380	03/20/24	2,519.50	ADVANCED STERILIZATION PRODUCT
A/P	203381	03/20/24	37.38	AMAZON CAPITAL SERVICES
A/P	203382	03/20/24	375.59	AUTO PARTS & MACHINE CO.
A/P	203383	03/20/24	4,295.02	BAXTER HEALTHCARE
A/P	203384	03/20/24	1,380.10	BAYER HEALTHCARE
A/P	203385	03/20/24	.00	VOIDED
A/P	203386	03/20/24	25,604.15	BECKMAN COULTER INC
A/P	203387	03/20/24	311.00	BEEKLEY CORPORATION
A/P	203388	03/20/24	4,175.46	BIO-RAD LABORATORIES, INC
A/P	203389	03/20/24	8,171.14	BIOMERIEUX, INC
A/P	203390	03/20/24	49.20	BOSART LOCK & KEY INC
A/P	203391	03/20/24	300.40	BRIGGS HEALTHCARE
A/P	203392	03/20/24	376.01	CDW GOVERNMENT, INC.
A/P	203393	03/20/24	1,075.00	CFI MECHANICAL INC
A/P	203394	03/20/24	55,797.22	CITIZENS MEDICAL CENTER
A/P	203395	03/20/24	358.50	CLARITY ENROLLMENT SOLUTIONS
A/P	203396	03/20/24	456.76	COASTAL OFFICE SOLUTONS
A/P	203397	03/20/24	501.72	COMBINED INSURANCE
A/P	203398	03/20/24	705.06	COMMED CORPORATION
A/P	203399	03/20/24	983.00	COVIDIEN SALES LLC
A/P	203400	03/20/24	384.91	CUSTOM MEDICAL SPECIALTIES
A/P	203401	03/20/24	395.00	CYRACOM LLC
A/P	203402	03/20/24	746.47	DEWITT POTH & SON
A/P	203403	03/20/24	610.00	DOWELL PEST CONTROL
A/P	203404	03/20/24	981.85	DRIESSEN WATER INC. (CULLIGAN)
A/P	203405	03/20/24	457.70	ECLINICAL WORKS LLC
A/P	203406	03/20/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	203407	03/20/24	5,500.00	EQUALIZE RCM SERVICES
A/P	203408	03/20/24	18,757.00	EVIDENT
A/P	203409	03/20/24	545.00	PASTHEALTH CORPORATION
A/P	203410	03/20/24	383.72	FIRESTONE OF PORT LAVACA
A/P	203411	03/20/24	3,812.96	FIRST INSURANCE FUNDING
A/P	203412	03/20/24	13,946.83	FISHER HEALTHCARE
A/P	203413	03/20/24	1,297.34	FRONTIER
A/P	203414	03/20/24	12,823.59	GE PRECISION HEALTHCARE, LLC
A/P	203415	03/20/24	57.77	GETINGE USA SALES LLC
A/P	203416	03/20/24	1,611.14	GRAINGER
A/P	203417	03/20/24	10,609.75	GREAT AMERICA FINANCIAL SVCS
A/P	203418	03/20/24	125.00	GULF COAST DELIVERY
A/P	203419	03/20/24	1,128.19	GULF COAST PAPER COMPANY
A/P	203420	03/20/24	10.99	HAYES ELECTRIC SERVICE
A/P	203421	03/20/24	1,056.80	HEALTH EQUITY
A/P	203422	03/20/24	354.50	HEALTHCARE CODING & CONSULTING
A/P	203423	03/20/24	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	203424	03/20/24	573.53	HEWLETT-PACKARD
A/P	203425	03/20/24	473.88	HILL-ROM COMPANY, INC
A/P	203426	03/20/24	409.50	HOLLAND & KNIGHT LLP
A/P	203427	03/20/24	708.75	HOLOGIC INC
A/P	203428	03/20/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	203429	03/20/24	736.56	INOVALON PROVIDER INC.

RUN DATE:03/19/24
TIME:14:58

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/20/24 THRU 03/20/24

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203430	03/20/24	685.00	INTOXIMETERS INC
A/P	203431	03/20/24	300.00	K & M SPORTS
A/P	203432	03/20/24	41.28	LANGUAGE LINE SERVICES
A/P	203433	03/20/24	358.00	LGC CLINICAL DIAGNOSTICS, INC.
A/P	203434	03/20/24	1,140.86	M G TRUST
A/P	203435	03/20/24	95.33	M.C. JOHNSON COMPANY INC
A/P	203436	03/20/24	533.02	MEDICAL DATA SYSTEMS, INC.
A/P	203437	03/20/24	.00	VOIDED
A/P	203438	03/20/24	.00	VOIDED
A/P	203439	03/20/24	7,882.09	MEDLINE INDUSTRIES INC
A/P	203440	03/20/24	35.91	MERCEDES SCIENTIFIC
A/P	203441	03/20/24	.00	VOIDED
A/P	203442	03/20/24	8,338.62	MORRIS & DICKSON CO, LLC
A/P	203443	03/20/24	86.43	MXR IMAGING, INC
A/P	203444	03/20/24	504.00	NOVA BIOMEDICAL
A/P	203445	03/20/24	472.50	OCCUPRO LLC
A/P	203446	03/20/24	1,125.00	OLYMPUS AMERICA INC
A/P	203447	03/20/24	2,549.17	ORTHO CLINICAL DIAGNOSTICS
A/P	203448	03/20/24	612.05	PARTSSOURCE, LLC
A/P	203449	03/20/24	670.00	PL-CPR, LLC
A/P	203450	03/20/24	2,729.72	PRESS GANEY ASSOCIATES, INC.
A/P	203451	03/20/24	3,124.44	PRO ENERGY PARTNERS LLC
A/P	203452	03/20/24	1,867.75	PROVATION
A/P	203453	03/20/24	171.80	REPUBLIC SERVICES, INC.
A/P	203454	03/20/24	36,426.75	ROBERTS, ODEFEY, WITTE & WALL
A/P	203455	03/20/24	232.97	SERVICE SUPPLY OF VICTORIA INC
A/P	203456	03/20/24	26.97	SHERWIN WILLIAMS
A/P	203457	03/20/24	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	203458	03/20/24	410.00	SIGN AD, LTD.
A/P	203459	03/20/24	3,910.24	SMITH & NEPHEW, INC.
A/P	203460	03/20/24	532.40	SMITHS MEDICAL ASD INC
A/P	203461	03/20/24	4,883.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	203462	03/20/24	745.00	ST DAVIDS HEALTHCARE
A/P	203463	03/20/24	281.88	STAPLES
A/P	203464	03/20/24	1,552.13	STERIS CORPORATION
A/P	203465	03/20/24	2,224.82	STRYKER SUSTAINABILITY
A/P	203466	03/20/24	199.00	SUMMIT MEDICAL
A/P	203467	03/20/24	6,130.42	T-SYSTEM, INC
A/P	203468	03/20/24	7,150.00	TEXAS ELITE THERAPY TEAM LLC
A/P	203469	03/20/24	4,751.00	TEXAS MUTUAL INSURANCE CO
A/P	203470	03/20/24	287.58	THERMO FISHER SCIENTIFIC
A/P	203471	03/20/24	2,234.40	TIGER SUPPLIES INC.
A/P	203472	03/20/24	3,467.50	TRIAGE, LLC
A/P	203473	03/20/24	1,348.49	TRIZETTO PROVIDER SOLUTIONS
A/P	203474	03/20/24	9,274.31	BETHANY SENIOR LIVING
A/P	203475	03/20/24	63,601.58	GOLDENCREEK HEALTHCARE
A/P	203476	03/20/24	33.83	GULF POINTE PLAZA
A/P	203477	03/20/24	11,324.00	THE CRESCENT
A/P	203478	03/20/24	3,458.00	TUSCANY VILLAGE
TOTALS:			455,623.92	

Payables 364-119-24
Critical 37812-96
NH Transfers 87-691-72
455-623-92

APPROVED
ON

MAR 26 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 3/18/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		167,969.74	167,494.05	145,863.57		146,339.26	111,541.20
						Bank Balance	146,339.26
						Variance	-
						Leave in Balance	100.00
						Molina January	11,308.30
						QIPP Y6 Comp Allocation Recon	22,927.93
						January Interest	291.32
						February Interest	170.51
						Adjust Balance/Transfer Amt	111,541.20
Broadmoor		150,130.03	149,603.28	168,225.47		168,752.22	164,014.16
						Bank Balance	168,752.22
						Variance	-
						Leave in Balance	100.00
						Molina January	4,211.31
						January Interest	220.97
						February Interest	205.78
						Adjust Balance/Transfer Amt	164,014.16
Crescent		196,590.65	195,869.84	201,195.64		201,916.45	191,723.53
						Bank Balance	201,916.45
						Variance	-
						Leave in Balance	100.00
						Molina January	3,178.12
						Claim payments owed to Tuscany	6,344.00
						January Interest	342.73
						February Interest	278.08
						Adjust Balance/Transfer Amt	191,723.53
Fort Bend		56,379.41	56,077.69	50,457.57		50,759.29	46,913.00
						Bank Balance	50,759.29
						Variance	-
						Leave in Balance	100.00
						Molina January	3,544.57
						January Interest	101.37
						February Interest	100.35
						Adjust Balance/Transfer Amt	46,913.00
Solera at W Houston		153,346.34	152,821.57	85,830.39		86,355.16	82,336.85
						Bank Balance	86,355.16
						Variance	-
						Leave in Balance	100.00
						Molina January	3,394.56
						January Interest	276.78
						February Interest	246.97
						Adjust Balance/Transfer Amt	82,336.85
TOTAL TRANSFERS							596,528.73

111,541.20 +
 164,014.16 +
 191,723.53 +
 46,913.00 +
 82,336.85 +
 596,528.74 *

g home
 ited to open account.

APPROVED ON
MAR 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 3/18/2024

Ashford Gardens

3/15/2024 Enhanced Analysis Ch
 3/15/2024 Check 1233
 3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293608
 3/15/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000125
 3/15/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 3/14/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 3/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255152
 3/13/2024 MOLINA HEALTHCAR MOLINAACH 01263633 42000011
 3/12/2024 MANAGEANDNET1718 MNS PMNT 0000000000093 41
 3/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/12/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000143
 3/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229182

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
86.14							
39,745.11							
	6,300.87						6,300.87
	14,157.00						14,157.00
	85.54						85.54
127,462.80							
	22,573.14						22,573.14
	12,997.91	10,584.18	2,413.73			11,308.30	1,689.61
	5,265.00						5,265.00
	57,323.33						57,323.33
	2,017.35						2,017.35
	1,650.32						1,650.32
	23,493.11						23,493.11
167,494.05	145,863.57	10,584.18	2,413.73			11,308.30	134,555.27

Broadmoor

3/15/2024 Check 269
 3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293490
 3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293608
 3/15/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 3/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/15/2024 HUMANA CHA DISB HCCLAIMPMT 43566327 42000010
 3/15/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2
 3/14/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 3/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255098
 3/14/2024 AARP Supplementa HCCLAIMPMT 746003411 124384
 3/13/2024 MOLINA HEALTHCAR MOLINAACH 01264167 42000011
 3/13/2024 MANAGEANDNET1718 MNS PMNT 00000000004293 41
 3/13/2024 HUMANA CHA DISB HCCLAIMPMT 43415112 42000015
 3/12/2024 MANAGEANDNET1718 MNS PMNT 00000000004293 41
 3/12/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 3/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/12/2024 HUMANA INS CO HCCLAIMPMT 43258769 8300005306
 3/12/2024 HUMANA CHA DISB HCCLAIMPMT 4333926 42000014
 3/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229183
 3/11/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 3/11/2024 HUMANA INS CO HCCLAIMPMT 43137614 8300005859
 3/11/2024 HUMANA CHA DISB HCCLAIMPMT 43186302 42000018
 3/11/2024 AARP Supplementa HCCLAIMPMT 746003411 124384

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
16,502.04							
	23,296.77						23,296.77
	10,888.91						10,888.91
	18,465.00						18,465.00
	674.70						674.70
	3,802.05						3,802.05
	395.00						395.00
	979.05						979.05
133,101.24							
	4,773.09						4,773.09
	2,652.00						2,652.00
	4,898.08	3,916.98	981.10			4,211.31	686.77
	7,935.47						7,935.47
	3,330.27						3,330.27
	2,636.00						2,636.00
	2,416.00						2,416.00
	11,156.73						11,156.73
	24,803.09						24,803.09
	5,115.00						5,115.00
	218.71						218.71
	26,678.23						26,678.23
	1,970.00						1,970.00
	3,950.00						3,950.00
	7,125.00						7,125.00
	66.32						66.32
149,603.28	168,225.47	3,916.98	981.10			4,211.31	164,014.16

Craicourt

3/15/2024 Check 330
 3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293608
 3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293490
 3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293608
 3/15/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025804217
 3/15/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025804219
 3/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/14/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 3/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255098
 3/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255152
 3/14/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026029767
 3/14/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026029769
 3/13/2024 MOLINA HEALTHCAR MOLINAACH 01264127 42000011
 3/13/2024 MANAGEANDNET1718 MNS PMNT 00000000003268 41
 3/13/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025486626
 3/13/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025486624
 3/13/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/12/2024 DEVOTED HEALTH P HCCLAIMPMT 21000023996078
 3/12/2024 UnitedHealthcare HCCLAIMPMT 746003411 910000
 3/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/12/2024 NOVITAS SOLUTION HCCLAIMPMT 676329 420000142
 3/12/2024 HUMANA CHA DISB HCCLAIMPMT 43336330 42000014
 3/12/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2
 3/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229182
 3/11/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022765866
 3/11/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022765864
 3/11/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022765862

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
12,274.91							
	15,539.49						15,539.49
	3,084.18						3,084.18
	4,997.82						4,997.82
	7,200.00						7,200.00
	8,100.00						8,100.00
	7,091.87						7,091.87
183,594.93							
	326.57						326.57
	4,160.25						4,160.25
	17,975.00						17,975.00
	9,900.00						9,900.00
	3,620.95	2,916.90	704.05			3,128.12	492.84
	337.50						337.50
	4,950.00						4,950.00
	4,950.00						4,950.00
	2,516.47						2,516.47
	3,150.00						3,150.00
	175.00						175.00
	32,141.10						32,141.10
	1,741.88						1,741.88
	1,665.01						1,665.01
	3,711.11						3,711.11
	25,374.00						25,374.00
	1,193.64						1,193.64
	4,472.80						4,472.80
	4,967.00						4,967.00
	27,404.00						27,404.00
	450.00						450.00
195,869.84	201,195.64	2,916.90	704.05			3,128.12	198,067.53

Fort Bend

3/15/2024 Check 241
 3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293608
 3/14/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 3/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255152
 3/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255098
 3/13/2024 MOLINA HEALTHCAR MOLINAACH 01263786 42000011
 3/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 3/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229183
 3/11/2024 AARP Supplementa HCCLAIMPMT 746003411 124384

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
13,917.62							
	13,154.95						13,154.95
42,160.07							
	1,362.60						1,362.60
	611.64						611.64
	4,101.66	3,305.82	795.84			3,544.57	557.09
	25,691.80						25,691.80
	2,195.57						2,195.57
	3,289.41						3,289.41
	49.94						49.94
56,077.69	50,457.57	3,305.82	795.84			3,544.57	46,913.00

Solara at West Houston

3/15/2024 Enhanced Analysis Ch
 3/15/2024 Check 1295
 3/15/2024 Check 1294
 3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293608
 3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293490
 3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293490
 3/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
98.98							
747.80							
13,333.54							
	1,450.55						1,450.55
	5,342.67						5,342.67
	559.62						559.62
	2,398.30						2,398.30

3/14/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	138,641.25	-	-	-	-	-
3/14/2024	HUMANA INS CO HCCLAIMPMT 43470784 8300005087	-	2,790.00	-	-	-	2,790.00
3/13/2024	MOLINA HEALTHCAR MOLINAACH 01264086 42000011	-	3,925.72	3,166.92	758.80	3,394.56	531.16
3/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,690.89	-	-	-	1,690.89
3/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000180	-	6,394.01	-	-	-	6,394.01
3/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,979.77	-	-	-	17,979.77
3/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000142	-	10,437.86	-	-	-	10,437.86
3/12/2024	HUMANA INS CO HCCLAIMPMT 43261854 8300005306	-	4,740.00	-	-	-	4,740.00
3/12/2024	HUMANA CHA DISB HCCLAIMPMT 43346294 42000014	-	9,085.00	-	-	-	9,085.00
3/12/2024	HUMANA CHA DISB HCCLAIMPMT 43346293 42000014	-	19,036.00	-	-	-	19,036.00
TOTALS		152,821.57	85,830.39	3,166.92	758.80	-	82,435.83
TOTALS		721,866.43	651,572.64	23,890.80	5,653.52	-	625,985.78

Diagnoses Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,933,622.75	\$1,962,897.91	\$1,933,622.75	\$2,422,829.29
*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 ✓	\$146,339.26 ✓	\$146,373.53	\$146,339.26	\$165,827.10
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$168,752.22 ✓	\$197,801.92	\$168,752.22	\$126,752.78
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$201,916.45 ✓	\$211,362.58	\$201,916.45	\$168,178.00
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$86,355.16 ✓	\$91,467.51	\$86,355.16	\$90,784.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$50,759.29 ✓	\$50,804.59	\$50,759.29	\$51,521.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$54,928.09	\$56,228.09	\$54,928.09	\$30,119.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$18,718.37	\$18,718.37	\$18,718.37	\$18,175.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$11,127.02	\$18,683.44	\$11,127.02	\$6,219.02
*5506 MMC -NH BETHANY SENIOR LIVING	\$105,387.49	\$118,599.33	\$105,387.49	\$83,494.44
*3407 MMC -NH TUSCANY VILLAGE	\$119,105.39	\$119,105.39	\$119,105.39	\$115,903.01
*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	\$3,506,282.03	\$3,601,313.20	\$3,506,282.03	\$3,889,075.73

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 3/18/2024

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		31,490.17	30,939.47	54,377.39		54,928.09	34,059.48
						Bank Balance Variance	54,928.09
						Leave in Balance Superior January	100.00 20,317.91
						January Interest	246.88
						February Interest	203.82
						Adjust Balance/Transfer Amt	34,059.48

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 3/18/2024

APPROVED ON
 MAR 18 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek ✓

MMC PORTION

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	754.27	-	-	-	-	-	754.27
-	18.71	-	-	-	-	-	18.71
-	1,072.00	-	-	-	-	-	1,072.00
-	22,952.56	18,561.48	4,391.08	-	-	20,317.91	2,634.65
-	11.10	-	-	-	-	-	11.10
30,939.47	-	-	-	-	-	-	-
-	9,483.35	-	-	-	-	-	9,483.35
-	8,549.25	-	-	-	-	-	8,549.25
-	3,377.63	-	-	-	-	-	3,377.63
-	2,893.57	-	-	-	-	-	2,893.57
-	4,789.95	-	-	-	-	-	4,789.95
-	475.00	-	-	-	-	-	475.00
30,939.47	54,377.39	18,561.48	4,391.08	-	-	20,317.91	34,059.48

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,933,622.75	\$1,962,897.91	\$1,933,622.75	\$2,422,829.29
*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	\$146,339.26	\$146,373.53	\$146,339.26	\$165,827.10
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$168,752.22	\$197,801.92	\$168,752.22	\$126,752.78
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$201,916.45	\$211,362.58	\$201,916.45	\$168,178.00
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$86,355.16	\$91,467.51	\$86,355.16	\$90,784.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$50,759.29	\$50,804.59	\$50,759.29	\$51,521.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$54,928.09 ✓	\$56,228.09	\$54,928.09	\$30,119.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$18,718.37	\$18,718.37	\$18,718.37	\$18,175.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$11,127.02	\$18,683.44	\$11,127.02	\$6,219.02
*5506 MMC -NH BETHANY SENIOR LIVING	\$105,387.49	\$118,599.33	\$105,387.49	\$83,494.44
*3407 MMC -NH TUSCANY VILLAGE	\$119,105.39	\$119,105.39	\$119,105.39	\$115,903.01
*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	\$3,506,282.03	\$3,601,313.20	\$3,506,282.03	\$3,889,075.73

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 3/18/2024

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		13,371.35	13,271.35	18,618.37			18,718.37	18,618.37
						Bank Balance	18,718.37	
						Variance		
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	18,618.37	
Gulf Pointe Plaza-Medicare/Medicaid		56,413.29	56,313.29	11,027.02			11,127.02	11,027.02
						Bank Balance	11,127.02	
						Variance		
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	11,027.02	
TOTAL TRANSFERS							29,645.39	

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 3/18/2024

APPROVED ON
MAR 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293608
 3/14/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 3/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284882
 3/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284882
 3/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284882
 3/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284882
 3/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284882

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	542.57	-	-	-	-	-	542.57
13,271.35	-	-	-	-	-	-	-
-	5,893.08	-	-	-	-	-	5,893.08
-	1,208.71	-	-	-	-	-	1,208.71
-	321.04	-	-	-	-	-	321.04
-	10,158.02	-	-	-	-	-	10,158.02
-	494.95	-	-	-	-	-	494.95
13,271.35	18,618.37	-	-	-	-	-	18,618.37

Gulf Pointe Plaza-Medicare/Medicaid

3/15/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 3/14/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 3/14/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 3/13/2024 Deposit
 3/11/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	4,908.00	-	-	-	-	-	4,908.00
56,313.29	-	-	-	-	-	-	-
-	80.00	-	-	-	-	-	80.00
-	119.02	-	-	-	-	-	119.02
-	5,920.00	-	-	-	-	-	5,920.00
56,313.29	11,027.02	-	-	-	-	-	11,027.02
69,584.64	29,645.39	-	-	-	-	-	29,645.39

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,933,622.75	\$1,962,897.91	\$1,933,622.75	\$2,422,829.29
*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	\$146,339.26	\$146,373.53	\$146,339.26	\$165,827.10
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$168,752.22	\$197,801.92	\$168,752.22	\$126,752.78
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$201,916.45	\$211,362.58	\$201,916.45	\$168,178.00
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$86,355.16	\$91,467.51	\$86,355.16	\$90,784.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$50,759.29	\$50,804.59	\$50,759.29	\$51,521.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$54,928.09	\$56,228.09	\$54,928.09	\$30,119.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$18,718.37 ✓	\$18,718.37 ✓	\$18,718.37	\$18,175.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$11,127.02 ✓	\$18,683.44 ✓	\$11,127.02	\$6,219.02
*5506 MMC -NH BETHANY SENIOR LIVING	\$105,387.49	\$118,599.33	\$105,387.49	\$83,494.44
*3407 MMC -NH TUSCANY VILLAGE	\$119,105.39	\$119,105.39	\$119,105.39	\$115,903.01
*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	\$3,506,282.03	\$3,601,313.20	\$3,506,282.03	\$3,889,075.73

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 3/18/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-in	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		48,908.26	48,808.26	119,005.39			119,105.39	53,410.58
						Bank Balance Variance	119,105.39	
						Leave in Balance	100.00	
						Molina January	6,965.11	
						QJPP Y6 Comp Allocation Recon	58,629.70	

Adjust Balance/Transfer Amt 53,410.58

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

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 3/18/2024

APPROVED ON
MAR 18 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

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

	Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
3/15/2024 Check 1149	30,824.73 ✓	-						-
3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293608	-	34,027.11						34,027.11
3/14/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	17,983.53 ✓	-						-
3/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255152	-	16,901.59						16,901.59
3/13/2024 Deposit	-	16,629.53						16,629.53
3/13/2024 MOLINA HEALTHCAR MOLINAACH 01264162 42000011	-	7,670.46	6,259.76	1,410.70			6,965.11 ✓	705.35 ✓
3/13/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000180	-	14,627.53						14,627.53
3/12/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000142	-	28,837.18						28,837.18
3/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000229183	-	311.99						311.99
	48,808.26 ✓	119,005.39 ✓	6,259.76	1,410.70	-	-	6,965.11	112,040.28 ✓

Differences Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,933,622.75	\$1,962,897.91	\$1,933,622.75	\$2,422,829.29
*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	\$146,339.26	\$146,373.53	\$146,339.26	\$165,827.10
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$168,752.22	\$197,801.92	\$168,752.22	\$126,752.78
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$201,916.45	\$211,362.58	\$201,916.45	\$168,178.00
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$86,355.16	\$91,467.51	\$86,355.16	\$90,784.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$50,759.29	\$50,804.59	\$50,759.29	\$51,521.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$54,928.09	\$56,228.09	\$54,928.09	\$30,119.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$18,718.37	\$18,718.37	\$18,718.37	\$18,175.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$11,127.02	\$18,683.44	\$11,127.02	\$6,219.02
*5506 MMC -NH BETHANY SENIOR LIVING	\$105,387.49	\$118,599.33	\$105,387.49	\$83,494.44
*3407 MMC -NH TUSCANY VILLAGE ✓	\$119,105.39 ✓	\$119,105.39	\$119,105.39	\$115,903.01
*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	\$3,506,282.03	\$3,601,313.20	\$3,506,282.03	\$3,889,075.73

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 3/18/2024

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		50,701.21	50,038.40	104,724.68			105,387.49	86,673.24
						Bank Balance	105,387.49	
						Variance	-	
						Leave in Balance	100.00	
						Superior Jan	18,051.44	
						January Interest	260.87	
						February Interest	301.94	
						Adjust Balance/Transfer Amt	86,673.24	

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 3/18/2024

APPROVED ON

MAR 18 2024

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
3/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000293608	-	1,417.60	-	-	-	-	-	1,417.60
3/15/2024 Centene Managem ACH 008765433514 1110000254	-	20,475.45	16,746.20	3,729.25	-	-	18,051.44	2,424.01
3/14/2024 WIRE OUT PORT LAVACA NH, LLC	50,038.40	-	-	-	-	-	-	-
3/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255098	-	3,177.01	-	-	-	-	-	3,177.01
3/13/2024 Deposit	-	19,448.19	-	-	-	-	-	19,448.19
3/12/2024 NDC SWEEP FAC K236 31316969928929 SWEEP FR	-	13,858.92	-	-	-	-	-	13,858.92
3/11/2024 Deposit	-	14,612.67	-	-	-	-	-	14,612.67
3/11/2024 Deposit	-	3,226.49	-	-	-	-	-	3,226.49
3/11/2024 Deposit	-	2,322.07	-	-	-	-	-	2,322.07
3/11/2024 Deposit	-	26,186.28	-	-	-	-	-	26,186.28
	50,038.40	104,724.68	16,746.20	3,729.25	-	-	18,051.44	86,673.24

Differences Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,933,622.75	\$1,962,897.91	\$1,933,622.75	\$2,422,829.29
*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	\$146,339.26	\$146,373.53	\$146,339.26	\$165,827.10
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$168,752.22	\$197,801.92	\$168,752.22	\$126,752.78
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$201,916.45	\$211,362.58	\$201,916.45	\$168,178.00
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$86,355.16	\$91,467.51	\$86,355.16	\$90,784.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$50,759.29	\$50,804.59	\$50,759.29	\$51,521.96
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$54,928.09	\$56,228.09	\$54,928.09	\$30,119.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$18,718.37	\$18,718.37	\$18,718.37	\$18,175.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$11,127.02	\$18,683.44	\$11,127.02	\$6,219.02
*5506 MMC -NH BETHANY SENIOR LIVING	\$105,387.49	\$118,599.33	\$105,387.49	\$83,494.44
*3407 MMC -NH TUSCANY VILLAGE	\$119,105.39	\$119,105.39	\$119,105.39	\$115,903.01
*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	\$3,506,282.03	\$3,601,313.20	\$3,506,282.03	\$3,889,075.73

Ashford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center
A _____
Y _____
E _____
E _____

Date Requested: 3/18/2024

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
MAR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 001234

AMOUNT: \$ 34,236.23 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina January and QIPP Y6 Comp 1 Allocation Recon

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. [Signature]

3/18/24

Broadmoor ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 3/18/2024

A _____

Y _____

E _____

E _____

APPROVED ON

MAR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 000270

FOR ACCT USE ONLY

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

AMOUNT: \$ 4,211.31 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina January

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Polenton

3/18/24

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 3/18/2024

A _____

Y _____

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FOR ACCT USE ONLY

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

APPROVED ON
MAR 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000331

AMOUNT: \$ 3,128.12 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina January

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. [Signature]

3/18/24

Fort Bend ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 3/18/2024

A _____

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APPROVED ON
MAR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000242

FOR ACCT USE ONLY

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

AMOUNT: \$ 3,544.57 G/L NUMBER: 10255040

EXPLANATION: Molina January

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Delos Santos

3/18/24

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 3/18/2024

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FOR ACCT USE ONLY

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

APPROVED ON
MAR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CIL# 001292

AMOUNT: \$ 3,394.56 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina January

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Lopez

3118/24

Golden Creek ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 3/18/2024

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APPROVED ON
MAR 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000208

FOR ACCT USE ONLY

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

AMOUNT: \$ 20,317.91 ✓ G/L NUMBER: 10255040

EXPLANATION: Superior Jan

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. [Signature]

3/18/24

Tuscany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
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Y
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E

Memorial Medical Center

Date Requested: 3/18/2024

FOR ACCT USE ONLY

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

APPROVED ON

MAR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck#1150

AMOUNT: \$ 65,594.81

G/L NUMBER: 10255040

EXPLANATION: Molina January and QIPP Y6 Comp 1 Allocation Recon

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLoe Santos

3/18/24

Bethany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 3/18/2024

A _____

Y _____

E _____

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APPROVED ON

MAR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 1039

FOR ACCT USE ONLY

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

AMOUNT: \$ 18,051.44 ✓ G/L NUMBER: 10255040

EXPLANATION: Superior Jan

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. [Signature]

3118/24

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

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

001234

Date 3.20.24

88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 34,236. ²³/₁₀₀

Thirty-four thousand, two hundred thirty-six dollars ²³/₁₀₀

DOLLARS



County auditor

FOR Molina Jan's 4th Comp 1 recon

County Treasurer
Security features are included. Details on back.



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

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

000270

Date 3.20.24

88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 4211. ³¹/₁₀₀

Four thousand two hundred eleven dollars ³¹/₁₀₀

DOLLARS



County auditor

FOR Molina January

County Treasurer
Security features are included. Details on back.



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

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

000331

Date 3.20.24

88-2265/1131

PAY
TO THE
ORDER OF

MMC Operating

\$ 3,128. ¹⁷/₁₀₀

Three thousand, one hundred twenty-eight dollars ¹⁷/₁₀₀

DOLLARS



County auditor

FOR

County Treasurer
Security features are included. Details on back.



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

MEMORIAL MEDICAL CENTER

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

000242

Date 3-20-24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 3,544. ⁵⁷/₁₀₀

Three thousand, five hundred forty-four dollars & ⁵⁷/₁₀₀

DOLLARS



County Auditor

FOR Molina January



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

001296

Date 3-20-24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 3,394. ⁵⁶/₁₀₀

Three thousand, three hundred ninety-four dollars & ⁵⁶/₁₀₀

DOLLARS



County Auditor

FOR Molina January



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

MEMORIAL MEDICAL CENTER

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

000208

Date 3-20-24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 20,317. ⁹¹/₁₀₀

Twenty thousand, three hundred seventeen dollars & ⁹¹/₁₀₀

DOLLARS



County Auditor

FOR Superior January



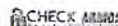
MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 361-559-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1150

88-2265/1131-87

DATE 3.20.24



PAY TO THE ORDER OF MMC Operating \$ 65,594. $\frac{91}{100}$

Sixty-five thousand, five hundred ninety-four dollars $\frac{91}{100}$ DOLLARS



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

County auditor

FOR Molina Jan $\frac{3}{4}$ Yr Comp Recor

County treasurer



MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

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

1039

88-2265/1131-87

DATE 3.20.24



PAY TO THE ORDER OF MMC Operating \$ 18,051. $\frac{44}{100}$

Eighteen thousand, fifty-one dollars $\frac{44}{100}$ DOLLARS



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

County auditor

FOR Superior January

County treasurer



0

RUN DATE:03/20/24
TIME:11:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/20/24 THRU 03/20/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000208	03/20/24	20,317.91	MMC OPERATING
NHF *	000242	03/20/24	3,544.57	MMC OPERATING
NHB *	000270	03/20/24	4,211.31	MMC OPERATING
NHC	000331	03/20/24	3,128.12	MMC OPERATING
NHC *	000332	03/20/24	6,344.00	TUSCANY VILLAGE
BSL *	001039	03/20/24	18,051.44	MMC OPERATING
TUS *	001150	03/20/24	65,594.81	MMC OPERATING
NHA *	001234	03/20/24	34,236.23	MMC OPERATING
NHS *	001296	03/20/24	3,394.56	MMC OPERATING
A/P	203380	03/20/24	2,519.50	ADVANCED STERILIZATION PRODUCT
A/P	203381	03/20/24	37.38	AMAZON CAPITAL SERVICES
A/P	203382	03/20/24	375.59	AUTO PARTS & MACHINE CO.
A/P	203383	03/20/24	4,295.02	BAXTER HEALTHCARE
A/P	203384	03/20/24	1,380.10	BAYER HEALTHCARE
A/P	203385	03/20/24	.00	VOIDED
A/P	203386	03/20/24	25,604.15	BECKMAN COULTER INC
A/P	203387	03/20/24	311.00	BEEKLEY CORPORATION
A/P	203388	03/20/24	4,175.46	BIO-RAD LABORATORIES, INC
A/P	203389	03/20/24	8,171.14	BIOMERIEUX, INC
A/P	203390	03/20/24	49.20	BOSART LOCK & KEY INC
A/P	203391	03/20/24	300.40	BRIGGS HEALTHCARE
A/P	203392	03/20/24	376.01	CDW GOVERNMENT, INC.
A/P	203393	03/20/24	1,075.00	CPI MECHANICAL INC
A/P	203394	03/20/24	55,797.22	CITIZENS MEDICAL CENTER
A/P	203395	03/20/24	358.50	CLARITY ENROLLMENT SOLUTIONS
A/P	203396	03/20/24	456.76	COASTAL OFFICE SOLUTIONS
A/P	203397	03/20/24	501.72	COMBINED INSURANCE
A/P	203398	03/20/24	705.06	CONMED CORPORATION
A/P	203399	03/20/24	983.00	COVIDIEN SALES LLC
A/P	203400	03/20/24	384.91	CUSTOM MEDICAL SPECIALTIES
A/P	203401	03/20/24	395.00	CYRACOM LLC
A/P	203402	03/20/24	746.47	DEWITT POT & SON
A/P	203403	03/20/24	610.00	DOWELL PEST CONTROL
A/P	203404	03/20/24	981.85	DRIESSEN WATER INC. (CULLIGAN)
A/P	203405	03/20/24	457.70	ECLINICAL WORKS LLC
A/P	203406	03/20/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	203407	03/20/24	5,500.00	EQUALIZE RCM SERVICES
A/P	203408	03/20/24	18,757.00	EVIDENT
A/P	203409	03/20/24	545.00	PASTHEALTH CORPORATION
A/P	203410	03/20/24	383.72	FIRESTONE OF PORT LAVACA
A/P	203411	03/20/24	3,812.96	FIRST INSURANCE FUNDING
A/P	203412	03/20/24	13,946.83	FISHER HEALTHCARE
A/P	203413	03/20/24	1,297.34	FRONTIER
A/P	203414	03/20/24	12,823.59	GE PRECISION HEALTHCARE, LLC
A/P	203415	03/20/24	57.77	GETINGE USA SALES LLC
A/P	203416	03/20/24	1,611.14	GRAINGER
A/P	203417	03/20/24	10,609.75	GREAT AMERICA FINANCIAL SVCS
A/P	203418	03/20/24	125.00	GULF COAST DELIVERY
A/P	203419	03/20/24	1,128.19	GULF COAST PAPER COMPANY
A/P	203420	03/20/24	10.99	HAYES ELECTRIC SERVICE

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court 3/20/2024

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina Jan	Superior Jan	QIPP Y6 Comp 1 Allocation Recon	TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC - Prosperity Operating #100000001	10255040	11,308.30		22,927.93	34,236.23	3/20/2024
Broadmoor ✓	10000019 - Prosperity		MMC - Prosperity Operating #100000001	10255040	4,211.31			4,211.31	3/20/2024
Crescent ✓	10000020 - Prosperity		MMC - Prosperity Operating #100000001	10255040	3,128.12			3,128.12	3/20/2024
Fort Bend ✓	10000021 - Prosperity		MMC - Prosperity Operating #100000001	10255040	3,544.57			3,544.57	3/20/2024
Solera ✓	10000022 - Prosperity		MMC - Prosperity Operating #100000001	10255040	3,394.56			3,394.56	3/20/2024
Golden Creek ✓	10000023 - Prosperity		MMC - Prosperity Operating #100000001	10255040		20,317.91		20,317.91	3/20/2024
Bethany ✓	10000026 - Prosperity		MMC - Prosperity Operating #100000001	10255040		18,051.44		18,051.44	3/20/2024
Tuscany ✓	10000015 - Prosperity		MMC - Prosperity Operating #100000001	10255040	6,965.11		58,629.70	65,594.81	3/20/2024
			Total:		32,551.97	38,369.35	81,557.63	152,478.95	3/13/2024

Note:

Andrew De los Santos

Approved:

ANDREW DE LOS SANTOS

3/18/2024

MEMORIAL MEDICAL CENTER

CHECK REQUEST - Crescent

P Tuscany Village Date Requested: 3/18/2024

A _____

Y _____

E _____

E _____

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

MAR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # ~~00332~~ | 000333

W/1P/EP

AMOUNT: \$ 6,344.00 G/L NUMBER: 10255040

EXPLANATION: Claim payment owed by Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeFor Santos

3/18/24

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

MP

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000332

Date 3.20.24 88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 6344.00/100

Six thousand, three hundred forty-four dollars 3/100

DOLLARS



**PROSPERITY
BANK**

VOIDED (Wrong pay to the order)
County Auditor

FOR _____



County Treasurer
Security features are included. Details on back.



MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000333

Date 3.20.24 88-2265/1131

PAY
TO THE
ORDER OF

Tuscany Village

\$ 6344 ⁰⁰/₁₀₀

Six thousand, three hundred forty-four dollars & ⁰⁰/₁₀₀ DOLLARS



PROSPERITY
BANK

FOR Claim payment transfer

County Auditor

Security features are included. Details on back.



0

RUN DATE:03/22/24
TIME:08:15

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/20/24 THRU 03/20/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000331 03/20/24 3,128.12 MMC OPERATING
NHC 000332 03/20/24 .00 TUSCANY VILLAGE *VOIDED*
NHC 000333 03/20/24 6,344.00 TUSCANY *Re-issued*
TOTALS: 9,472.12

15128 GEORGE SEALY MASSINGILL M
 3887 SOUTH HILLS CIRCLE, FORT WORTH, TX 76019
 MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

203376

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
113023	11/30/23	1,059.46			1,059.46
CHECK NO. 203376 03/13/24		TOTALS		TOTALS	1,059.46

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

203376

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
113023	11/30/23	1,059.46			1,059.46
CHECK NO. 203376		TOTALS		TOTALS	1,059.46

MEMORIAL
 MEDICAL  CENTER

Operating
 815 N. Virginia St.
 Port Lavaca, TX 77979

PROSPERITY BANK


88-2265
 1131

203376

15128 203376
 DATE AMOUNT
 03/13/24 \$1,059.46

One Thousand Fifty-Nine Dollars and Forty-Six Cents

PAY TO THE ORDER OF
 GEORGE SEALY MASSINGILL M.D.
 3887 SOUTH HILLS CIRCLE
 FORT WORTH, TX 76019

CALHOUN COUNTY AUDITOR 

CALHOUN COUNTY TREASURER

⑈ 203376 ⑈ ⑆ 113122655⑆ 216844357⑈

Lisa Trevino

From: Melissa McKissack <Melissa.McKissack@calhouncotx.org>
Sent: Thursday, March 14, 2024 9:13 AM
To: Lisa Trevino
Subject: RE: stop payment

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

Here you go Ma'am, sorry for the delay. 😊



Stop Payment Acti...

Request Stop Pay...

Request Stop Payment

Alerts 2

✔ Your stop payment request transaction number is STP-02621897

✔ Request

✔ Review

Company Name

COUNTY OF CALHOUN TEXAS

Contact Name

MELISSA MCKISSACK

Phone Number

(361)553-4620

Stop Request

Check	Date Written	Written to	Reason	Action
201928	12/13/2023	George Sealy Massingill	Lost	Stop

Showing 1 check

Port Lavaca, TX 77979
Phone: 361.552.0256

From: Lisa Trevino
Sent: Wednesday, March 13, 2024 11:58 AM
To: 'Melissa McKissack' <Melissa.McKissack@calhouncotx.org>
Subject: stop payment

Good morning,

Please issue a stop payment on check 201928 dated 12/13/23 to George Sealy Massingill M.D. He has not received the check and it has not cleared our account as of today.

Thank you,
Lisa M. Trevino
Accounts Payable
Memorial Medical Center
815 N. Virginia St.
Port Lavaca, TX 77979
Phone: 361.552.0256

Calhoun County Texas

" " " " " "

1543890 ROGERS MARCUS
 319 INDIANOLA, PORT LAVACA, TX 77979
 MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

203379

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1543890 REFUND FOR	03/31/23 S	285.88			285.88
CHECK NO. 203379 03/19/24		TOTALS	TOTALS		285.88

*Re-issued check
 198879 VOIDED - past 90 days*

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

203379

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1543890 REFUND FOR	03/31/23	285.88			285.88
CHECK NO. 203379		TOTALS	TOTALS		285.88

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 Port Lavaca, TX 77979

PROSPERITY BANK

88-2265
 1131

203379

1543890 203379
 DATE AMOUNT
 03/19/24 285.88

Two Hundred Eighty-Five Dollars and Eighty-Eight Cents

PAY
 TO THE
 ORDER
 OF

 CALHOUN COUNTY AUDITOR

 CALHOUN COUNTY TREASURER

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
1543890 REFUND FOR	03/31/23	285.88			285.88
CHECK NO. 198879	TOTALS	285.88	TOTALS		285.88

MEMORIAL
MEDICAL  CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK

88-2265
1131

198879

1543890 198879

DATE 04/10/23 AMOUNT 285.88

Two Hundred Eighty-Five Dollars and Eighty-Eight Cents

VOID

PAY
TO THE
ORDER
OF

CALHOUN COUNTY TREASURER