

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 03, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	370,848.33	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$	15,032.31	✓
TOTAL NURSING HOME UPL EXPENSES	\$	1,537,142.42	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$	-	
GRAND TOTAL DISBURSEMENTS APPROVED April 03, 2024	\$	1,923,023.06	✓

APPROVED

APR 03 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 03, 2024

PAYABLES AND PAYROLL

3/28/2024 Weekly Payables	338,426.41
4/1/2024 McKesson-supplies	8,586.28
4/1/2024 Sam's Club Direct-dietary supplies	345.78
4/1/2024 Republic Services Inc.-waste	2,324.90
4/1/2024 Capitalone-supplies	265.29
4/1/2024 Frontier-phone	82.23
4/1/2024 McKesson-340B Prescription Expense	3,539.65
4/1/2024 Amerisource Bergen-340B Prescription Expense	910.59

Prosperity Electronic Bank Payments

4/1/2024 nsKnox Technologies-account verification	10.00
3/25-3/29/24 Pay Plus-Patient Claims Processing Fee	338.84
4/1/2024 Health Equity-HSA Contributions	15,447.67
3/29/2024 ExpertPay- child support	570.69

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **370,848.33**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

3/28/2024 MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating	3,823.03
3/28/2024 MMC Operating to Tuscany Village-correction of nursing home insurance payment deposited into MMC Operating	10,747.88
3/28/2024 MMC Operating to Bethany-correction of nursing home insurance payment deposited into MMC Operating	461.40

TOTAL TRANSFERS BETWEEN FUNDS \$ **15,032.31**

NURSING HOME UPL EXPENSES

4/1/2024 Nursing Home UPL-Cantex Transfer	804,232.73
4/1/2024 Nursing Home UPL-Nexion Transfer	66,802.85
4/1/2024 Nursing Home UPL-HMG Transfer	30,120.73
4/1/2024 Nursing Home UPL-Tuscany Transfer	286,972.65
4/1/2024 Nursing Home UPL-HSL Transfer	276,505.28

QIPP CHECKS TO MMC

4/1/2024 Ashford	22,405.01
4/1/2024 Broadmoor	8,341.55
4/1/2024 Crescent	6,196.77
4/1/2024 Fort Bend	7,021.58
4/1/2024 Solera	6,724.64
4/1/2024 Tuscany	13,808.13

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

4/1/2024 Ashford-Interest Earned	705.78
4/1/2024 Broadmoor-Interest Earned	693.15
4/1/2024 Crescent-Interest Earned	972.37
4/1/2024 Fort Bend-Interest Earned	301.90
4/1/2024 Solera-Interest Earned	738.98
4/1/2024 Golden Creek-Interest earned	621.86
4/1/2024 Bethany-Interest Earned	826.46

TRANSFER OF FUNDS BETWEEN NURSING HOMES

4/1/2024 Tuscany to Solera - Solera insurance payment deposited into Tuscany in error	3,150.00
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TOTAL NURSING HOME UPL EXPENSES \$ **1,537,142.42**

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

GRAND TOTAL DISBURSEMENTS APPROVED April 03, 2024 \$ **1,923,023.06**

RECEIVED

MAR 28 2024

03/28/2024

10:44

California County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/19/2024

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ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
R1200	ADT COMMERCIAL ✓									
154139323		03/27/202	03/05/202	03/30/202			53.61	0.00	0.00	53.61 ✓

FIRE MONITORING (311-3/31/24)

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

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓									
9148097601		03/27/202	03/21/202	04/15/202			3,795.67	0.00	0.00	3,795.67 ✓

BULK

9146143131		03/27/202	01/23/202	02/17/202			2,840.25	0.00	0.00	2,840.25 ✓
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BULK

9146397262		03/27/202	01/25/202	02/19/202			274.43	0.00	0.00	274.43 ✓
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OXYGEN

5505597590		03/27/202	01/31/202	02/25/202			561.27	0.00	0.00	561.27 ✓
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OXYGEN

5505597592		03/27/202	01/31/202	02/25/202			257.11	0.00	0.00	257.11 ✓
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OXYGEN

9146444417		03/27/202	01/31/202	02/25/202			2,481.16	0.00	0.00	2,481.16 ✓
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BULK

5505597591		03/27/202	01/31/202	02/25/202			984.68	0.00	0.00	984.68 ✓
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OXYGEN

9146815858		03/27/202	02/12/202	03/08/202			237.75	0.00	0.00	237.75 ✓
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OXYGEN

9146815857		03/27/202	02/12/202	03/08/202			32.92	0.00	0.00	32.92 ✓
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OXYGEN

9147053565		03/27/202	02/19/202	03/15/202			795.00	0.00	0.00	795.00 ✓
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OXYGEN

9147424743		03/27/202	02/29/202	03/25/202			2,488.16	0.00	0.00	2,488.16 ✓
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BULK

5506315347		03/27/202	02/29/202	03/25/202			913.37	0.00	0.00	913.37 ✓
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OXYGEN

5506315348		03/27/202	02/29/202	03/25/202			242.01	0.00	0.00	242.01 ✓
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OXYGEN

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV	15,903.78	0.00	0.00	15,903.78

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES ✓									
1RMQ-96GQ-DR9M		03/27/202	03/20/202	04/19/202			419.97	0.00	0.00	419.97 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES	419.97	0.00	0.00	419.97

Vendor# Vendor Name Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10419	AMBU INC ✓									
224066944		03/27/202	03/05/202	04/05/202			87.00	0.00	0.00	87.00 ✓

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10419	AMBU INC	87.00	0.00	0.00	87.00

Vendor#	Vendor Name	Class	Pay Code								
B1220	BECKMAN COULTER INC ✓	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	111184237 ✓	SUPPLIES	03/27/202	03/04/202	03/29/202			87.50	0.00	0.00	87.50 ✓
	111187806 ✓	CONTRACT	03/27/202	03/05/202	03/30/202			4,470.76	0.00	0.00	4,470.76 ✓
	111189477 ✓	SUPPLIES	03/27/202	03/06/202	03/31/202			956.00	0.00	0.00	956.00 ✓
	7358109 ✓	SUPPLIES	03/27/202	03/11/202	04/05/202			7,979.31	0.00	0.00	7,979.31 ✓
	111202420 ✓	FREIGHT	03/27/202	03/13/202	04/07/202			48.81	0.00	0.00	48.81 ✓
	5485987 ✓	CONTRACT	03/27/202	03/13/202	04/07/202			5,016.58	0.00	0.00	5,016.58 ✓
	111206297 ✓	CONTRACT	03/27/202	03/15/202	04/09/202			1,288.45	0.00	0.00	1,288.45 ✓
	5486356 ✓	CONTRACT	03/27/202	03/21/202	04/15/202			1,935.15	0.00	0.00	1,935.15 ✓
	4526840 ✓	LEASE	03/27/202	03/21/202	04/15/202			1,484.00	0.00	0.00	1,484.00 ✓
		CONTRACT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC					23,266.56	0.00	0.00	23,266.56

Vendor#	Vendor Name	Class	Pay Code								
C1048	CALHOUN COUNTY ✓	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	032424	FUEL	03/27/202	03/24/202	04/03/202			83.79	0.00	0.00	83.79 ✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY					83.79	0.00	0.00	83.79

Vendor#	Vendor Name	Class	Pay Code								
14236	CARRIER CORPORATION ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	90350955 ✓	CHILLER RENTAL 11/6-12/3/23	03/27/202	03/12/202	04/11/202			12,830.00	0.00	0.00	12,830.00 ✓
	90350953 ✓	CHILLER RENTAL 12/4-12/31/23	03/27/202	03/12/202	04/11/202			12,830.00	0.00	0.00	12,830.00 ✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14236	CARRIER CORPORATION					25,660.00	0.00	0.00	25,660.00

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
	QC06715 ✓	SUPPLIES	03/27/202	03/08/202	04/07/202			120.82	0.00	0.00	120.82 ✓
	QC92952 ✓	SUPPLIES	03/27/202	03/12/202	04/11/202			127.62	0.00	0.00	127.62 ✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.					248.44	0.00	0.00	248.44

Vendor#	Vendor Name	Class	Pay Code								
C1390	CENTRAL DRUG ✓	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	032524 ✓	INVENTORY	03/27/202	03/25/202	04/15/202			38.80	0.00	0.00	38.80 ✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1390	CENTRAL DRUG					38.80	0.00	0.00	38.80

Vendor#	Vendor Name	Class	Pay Code
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12768	CHEMAQUA ✓									
8605804 ✓		03/27/202	03/10/202	03/20/202			593.69	0.00	0.00	593.69 ✓
WATER TREATMENT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12768 CHEMAQUA							593.69	0.00	0.00	593.69
Vendor#	Vendor Name		Class	Pay Code						
C1730	CITY OF PORT LAVACA ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031224		03/27/202	03/12/202	04/05/202			2,430.86	0.00	0.00	2,430.86 ✓
	WATER 815 N. Virginia									
031224A		03/27/202	03/12/202	04/05/202			38.64	0.00	0.00	38.64 ✓
	WATER 815 N. Virginia									
031224B		03/27/202	03/12/202	04/05/202			93.51	0.00	0.00	93.51 ✓
	WATER 1016 N Virginia									
031224C		03/27/202	03/12/202	04/11/202			65.66	0.00	0.00	65.66 ✓
	WATER 701 N Virginia									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1730 CITY OF PORT LAVACA							2,628.67	0.00	0.00	2,628.67
Vendor#	Vendor Name		Class	Pay Code						
15368	COLONIAL PENN LIFE INSURANCE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
258032 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
2197981 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
246785 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
206135 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
4 24095		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
250963 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
257511 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
260814 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
211934 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
200001 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
220547 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
224482 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
237825 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
247104 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
213341 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
254925 ✓		03/27/202	03/22/202	04/15/202			20.00	0.00	0.00	20.00 ✓
	PT REFUND									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15368 COLONIAL PENN LIFE INSURANCE							320.00	0.00	0.00	320.00

Vendor#	Vendor Name	Class	Pay Code							
C1970	CONMED CORPORATION ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10514429 ✓		03/27/202	03/12/202	04/10/202			243.90	0.00	0.00	243.90 ✓
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1970 CONMED CORPORATION							243.90	0.00	0.00	243.90

Vendor#	Vendor Name	Class	Pay Code							
C2157	COOPER SURGICAL INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CINV5500006443 ✓		03/27/202	02/18/202	03/27/202			1,494.59	0.00	0.00	1,494.59 ✓
SUPPLIES										
CINV55000068511 ✓		03/27/202	03/14/202	03/27/202			1,282.89	0.00	0.00	1,282.89 ✓
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C2157 COOPER SURGICAL INC							2,777.48	0.00	0.00	2,777.48

Vendor#	Vendor Name	Class	Pay Code							
C1443	CYGNUS MEDICAL LLC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
443834 ✓		03/27/202	03/13/202	04/12/202			419.00	0.00	0.00	419.00 ✓
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1443 CYGNUS MEDICAL LLC							419.00	0.00	0.00	419.00

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
749503-0 ✓		03/27/202	03/14/202	04/08/202			508.94	0.00	0.00	508.94 ✓
SUPPLIES										
748890-01 ✓		03/27/202	03/14/202	04/08/202			24.90	0.00	0.00	24.90 ✓
SUPPLIES										
749837-0 ✓		03/27/202	03/18/202	04/12/202			194.82	0.00	0.00	194.82 ✓
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10368 DEWITT POTHS & SON							728.66	0.00	0.00	728.66

Vendor#	Vendor Name	Class	Pay Code							
14800	DIRECTV ENTERTAINMENT HOLDINGS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
X240312 ✓		03/27/202	03/05/202	04/05/202			489.85	0.00	0.00	489.85 ✓
SATELLITE <i>Misc fee 6-25</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14800 DIRECTV ENTERTAINMENT HOLDINGS							489.85	0.00	0.00	489.85

Vendor#	Vendor Name	Class	Pay Code							
10789	DISCOVERY MEDICAL NETWORK INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC031524 ✓		03/27/202	03/15/202	03/16/202			144,932.37	0.00	0.00	144,932.37 ✓
PHYSICIAN SERV <i>Munk 1-15, 2024</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10789 DISCOVERY MEDICAL NETWORK INC							144,932.37	0.00	0.00	144,932.37

Vendor#	Vendor Name	Class	Pay Code							
10026	DONN STRINGO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032724		03/28/202	03/27/202	04/03/202			344.38	0.00	0.00	344.38 ✓
TRAVEL/TEXAS AIM <i>for Maternal Hypertension</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10026 DONN STRINGO							344.38	0.00	0.00	344.38

Vendor#	Vendor Name	Class	Pay Code							
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Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
E1320	EPIMED ✓	M		77874 ✓		03/27/202	03/13/202	03/27/202			143.92	0.00	0.00	143.92 ✓
SUPPLIES														
Vendor Totals: Number Name											Gross	Discount	No-Pay	Net
E1320 EPIMED											143.92	0.00	0.00	143.92
C2510	EVIDENT ✓	M		T2403151378 ✓		03/27/202	03/15/202	04/09/202			7,441.70	0.00	0.00	7,441.70 ✓
BUSINESS SERV														
Vendor Totals: Number Name											Gross	Discount	No-Pay	Net
C2510 EVIDENT											7,441.70	0.00	0.00	7,441.70
F1100	FEDERAL EXPRESS CORP. ✓	W		8-437-90946 ✓		03/27/202	03/14/202	04/08/202			46.18	0.00	0.00	46.18 ✓
FREIGHT														
<i>Late fee 5.51</i>														
F1100	FEDERAL EXPRESS CORP. ✓	W		8-431-216040 ✓		03/27/202	03/14/202	04/08/202			62.12	0.00	0.00	62.12 ✓
FREIGHT														
Vendor Totals: Number Name											Gross	Discount	No-Pay	Net
F1100 FEDERAL EXPRESS CORP.											108.30	0.00	0.00	108.30
14336	FIRETRON, INC ✓			252467 ✓		03/27/202	03/18/202	04/17/202			600.00	0.00	0.00	600.00 ✓
ANNUAL MONITORING														
Vendor Totals: Number Name											Gross	Discount	No-Pay	Net
14336 FIRETRON, INC											600.00	0.00	0.00	600.00
F1400	FISHER HEALTHCARE ✓	M		0635404 ✓		03/27/202	03/12/202	04/06/202			2,503.92	0.00	0.00	2,503.92 ✓
SUPPLIES														
F1400	FISHER HEALTHCARE ✓	M		0675142 ✓		03/27/202	03/13/202	04/07/202			4,248.00	0.00	0.00	4,248.00 ✓
SUPPLIES														
F1400	FISHER HEALTHCARE ✓	M		0713595 ✓		03/27/202	03/14/202	04/08/202			69.96	0.00	0.00	69.96 ✓
SUPPLIES														
F1400	FISHER HEALTHCARE ✓	M		0749265 ✓		03/27/202	03/15/202	04/09/202			127.56	0.00	0.00	127.56 ✓
SUPPLIES														
F1400	FISHER HEALTHCARE ✓	M		0785514 ✓		03/27/202	03/18/202	04/12/202			320.69	0.00	0.00	320.69 ✓
SUPPLIES														
F1400	FISHER HEALTHCARE ✓	M		0825705 ✓		03/27/202	03/19/202	04/13/202			318.13	0.00	0.00	318.13 ✓
SUPPLIES														
F1400	FISHER HEALTHCARE ✓	M		0825704 ✓		03/27/202	03/19/202	04/13/202			589.13	0.00	0.00	589.13 ✓
SUPPLIES														
Vendor Totals: Number Name											Gross	Discount	No-Pay	Net
F1400 FISHER HEALTHCARE											8,177.39	0.00	0.00	8,177.39
12636	FUSION CLOUD SERVICES, LLC ✓			1029139089 ✓		03/27/202	03/16/202	04/15/202			876.84	0.00	0.00	876.84 ✓
PHONE														
Vendor Totals: Number Name											Gross	Discount	No-Pay	Net
12636 FUSION CLOUD SERVICES, LLC											876.84	0.00	0.00	876.84

15380

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031124		03/28/202	03/11/202	04/11/202			306.00	0.00	0.00	306.00
REFUND										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15380							306.00	0.00	0.00	306.00

Vendor# Vendor Name Class Pay Code

11149	GBS ADMINISTRATORS, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
686073448930		03/27/202	03/19/202	04/01/202			5,080.91	0.00	0.00	5,080.91
LTD										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11149 GBS ADMINISTRATORS, INC							5,080.91	0.00	0.00	5,080.91

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
6992512707		03/27/202	03/06/202	03/27/202			66.74	0.00	0.00	66.74
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10956 GETINGE USA SALES LLC							66.74	0.00	0.00	66.74

Vendor# Vendor Name Class Pay Code

10642	GLAXOSMITHKLINE PHARMACUETICAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8254155142		03/27/202	10/04/202	01/04/202			8,859.20	0.00	0.00	8,859.20
INVENTORY										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10642 GLAXOSMITHKLINE PHARMACUETICAL							8,859.20	0.00	0.00	8,859.20

Vendor# Vendor Name Class Pay Code

W1300	GRAINGER									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9046808425		03/27/202	03/08/202	04/02/202			29.19	0.00	0.00	29.19
SUPPLIES										
9048275623		03/27/202	03/11/202	04/05/202			5.98	0.00	0.00	5.98
SUPPLIES										
9049465462		03/27/202	03/12/202	04/06/202			4.56	0.00	0.00	4.56
SUPPLIES										
9050082503		03/27/202	03/12/202	04/06/202			19.64	0.00	0.00	19.64
SUPPLIES										
9051131002		03/27/202	03/13/202	04/07/202			34.40	0.00	0.00	34.40
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
W1300 GRAINGER							93.77	0.00	0.00	93.77

Vendor# Vendor Name Class Pay Code

11984	GUERBET, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18739572		03/27/202	02/14/202	03/27/202			350.00	0.00	0.00	350.00
SUPPLIES										
18740672		03/27/202	02/21/202	03/27/202			350.00	0.00	0.00	350.00
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11984 GUERBET, LLC							700.00	0.00	0.00	700.00

Vendor# Vendor Name Class Pay Code

G1210	GULF COAST PAPER COMPANY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2507003		03/27/202	02/27/202	03/28/202			848.70	0.00	0.00	848.70
SUPPLIES										

2506974		03/27/202 02/27/202 03/28/202	69.00	0.00	0.00	69.00				
	SUPPLIES									
2514415		03/27/202 03/19/202 04/18/202	769.92	0.00	0.00	769.92				
	SUPPLIES									
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	G1210	GULF COAST PAPER COMPANY	1,687.62	0.00	0.00	1,687.62				
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
1826326		03/27/202	03/21/202	03/27/202			68.74	0.00	0.00	68.74
	SUPPLIES									
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	H1399	HILL-ROM COMPANY, INC	68.74	0.00	0.00	68.74				
Vendor#	Vendor Name	Class	Pay Code							
10341	JENISE SVETLIK									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032724		03/28/202	03/24/202	04/03/202			344.38	0.00	0.00	344.38
	TRAVEL/TEXAS AIM -maternal Hypertension 3/25-3/26/24									
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	10341	JENISE SVETLIK	344.38	0.00	0.00	344.38				
Vendor#	Vendor Name	Class	Pay Code							
15376	JOHN CHOVANETZ									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031824 270628	REFUND	03/28/202	03/18/202	04/15/202			120.00	0.00	0.00	120.00
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	15376	JOHN CHOVANETZ	120.00	0.00	0.00	120.00				
Vendor#	Vendor Name	Class	Pay Code							
15372	MARION JESSUP									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031524 270193	REFUND	03/28/202	03/15/202	04/15/202			120.00	0.00	0.00	120.00
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	15372	MARION JESSUP	120.00	0.00	0.00	120.00				
Vendor#	Vendor Name	Class	Pay Code							
M2178	MCKESSON MEDICAL SURGICAL INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21850059		03/20/202	03/18/202	04/02/202			742.45	0.00	0.00	742.45
	SUPPLIES									
19113095		03/26/202	02/27/202	03/14/202			264.75	0.00	0.00	264.75
	SUPPLIES									
19314081		03/26/202	04/24/202	05/09/202			264.75	0.00	0.00	264.75
	SUPPLIES									
21875771		03/27/202	03/22/202	04/06/202			119.51	0.00	0.00	119.51
	SUPPLIES									
21882388		03/27/202	03/25/202	04/09/202			2,113.54	0.00	0.00	2,113.54
	SUPPLIES									
21880815		03/27/202	03/25/202	04/09/202			410.51	0.00	0.00	410.51
	SUPPLIES									
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	M2178	MCKESSON MEDICAL SURGICAL INC	3,915.51	0.00	0.00	3,915.51				
Vendor#	Vendor Name	Class	Pay Code							
11203	MEDI-DOSE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0919290		03/27/202	03/18/202	04/01/202			285.00	0.00	0.00	285.00
	SUPPLIES									

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		11203	MEDI-DOSE, INC	285.00	0.00	0.00	285.00			
Vendor#	Vendor Name		Class	Pay Code						
M2470	MEDLINE INDUSTRIES INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2311696385 ✓	SUPPLIES	03/27/202	03/19/202	04/13/202			1,676.89	0.00	0.00	1,676.89 ✓
2311696384 ✓	SUPPLIES	03/27/202	03/19/202	04/13/202			33.05	0.00	0.00	33.05 ✓
2311779092 ✓	SUPPLIES	03/27/202	03/20/202	04/14/202			394.93	0.00	0.00	394.93 ✓
2311779096 ✓	SUPPLIES	03/27/202	03/20/202	04/14/202			8.74	0.00	0.00	8.74 ✓
2311779098 ✓	SUPPLIES	03/27/202	03/20/202	04/14/202			546.80	0.00	0.00	546.80 ✓
2311779089 ✓	SUPPLIES	03/27/202	03/20/202	04/14/202			1,058.98	0.00	0.00	1,058.98 ✓
2311780800 ✓	SUPPLIES	03/27/202	03/20/202	04/14/202			216.73	0.00	0.00	216.73 ✓
2311779091 ✓	SUPPLIES	03/27/202	03/20/202	04/14/202			34.25	0.00	0.00	34.25 ✓
2311779090 ✓	SUPPLIES	03/27/202	03/20/202	04/14/202			14.95	0.00	0.00	14.95 ✓
2311779094 ✓	SUPPLIES	03/27/202	03/20/202	04/14/202			248.65	0.00	0.00	248.65 ✓
2311779099 ✓	SUPPLIES	03/27/202	03/20/202	04/14/202			5,260.37	0.00	0.00	5,260.37 ✓
2311779095 ✓	SUPPLIES	03/27/202	03/20/202	04/14/202			98.28	0.00	0.00	98.28 ✓
2312055604 ✓	SUPPLIES	03/27/202	03/21/202	04/15/202			2.78	0.00	0.00	2.78 ✓
Vendor Totals:		M2470	MEDLINE INDUSTRIES INC	9,595.40	0.00	0.00	9,595.40			
Vendor#	Vendor Name		Class	Pay Code						
M2685	MICROTEK MEDICAL INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6342727655 ✓	SUPPLIES	03/27/202	12/26/202	01/26/202			380.24	0.00	0.00	380.24 ✓
Vendor Totals:		M2685	MICROTEK MEDICAL INC	380.24	0.00	0.00	380.24			
Vendor#	Vendor Name		Class	Pay Code						
M2621	MMC AUXILIARY GIFT SHOP ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032124	PAYROLL DEDUCT	03/27/202	03/21/202	04/03/202			315.58	0.00	0.00	315.58 ✓
Vendor Totals:		M2621	MMC AUXILIARY GIFT SHOP	315.58	0.00	0.00	315.58			
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
1769374 ✓	INVENTORY	03/27/202	03/18/202	03/28/202			686.70	0.00	0.00	686.70 ✓
1774055 ✓	INVENTORY	03/27/202	03/19/202	03/29/202			2,283.14	0.00	0.00	2,283.14 ✓
1774054 ✓	INVENTORY	03/27/202	03/19/202	03/29/202			273.88	0.00	0.00	273.88 ✓

1777574 ✓		03/27/202 03/20/202 03/30/202	34.31	0.00	0.00	34.31 ✓
	INVENTORY					
1780594 ✓		03/27/202 03/20/202 03/30/202	19.81	0.00	0.00	19.81 ✓
	INVENTORY					
1780595 ✓		03/27/202 03/20/202 03/30/202	682.90	0.00	0.00	682.90 ✓
	INVENTORY					
1777575 ✓		03/27/202 03/20/202 03/30/202	33.78	0.00	0.00	33.78 ✓
	INVENTORY					
1777573 ✓		03/27/202 03/20/202 03/30/202	37.83	0.00	0.00	37.83 ✓
	INVENTORY					
1776978 ✓		03/27/202 03/20/202 03/30/202	3,611.54	0.00	0.00	3,611.54 ✓
	INVENTORY					
1785354 ✓		03/27/202 03/21/202 03/31/202	267.74	0.00	0.00	267.74 ✓
	INVENTORY					
1782819 ✓		03/27/202 03/21/202 03/31/202	4,342.50	0.00	0.00	4,342.50 ✓
	INVENTORY					
1785353 ✓		03/27/202 03/21/202 03/31/202	35.86	0.00	0.00	35.86 ✓
	INVENTORY					
1787248 ✓		03/27/202 03/22/202 04/01/202	1,085.75	0.00	0.00	1,085.75 ✓
	INVENTORY					
1787184 ✓		03/27/202 03/22/202 04/01/202	12,381.92	0.00	0.00	12,381.92 ✓
	INVENTORY					
1790296 ✓		03/27/202 03/24/202 04/03/202	1,119.91	0.00	0.00	1,119.91 ✓
	INVENTORY					
1791527 ✓		03/27/202 03/24/202 04/03/202	1,357.40	0.00	0.00	1,357.40 ✓
	INVENTORY					
1790295 ✓		03/27/202 03/24/202 04/03/202	11.41	0.00	0.00	11.41 ✓
	INVENTORY					
1791528 ✓		03/27/202 03/24/202 04/03/202	545.17	0.00	0.00	545.17 ✓
	INVENTORY					
1796557 ✓		03/27/202 03/25/202 04/04/202	186.94	0.00	0.00	186.94 ✓
	INVENTORY					
1796556 ✓		03/27/202 03/25/202 04/04/202	287.10	0.00	0.00	287.10 ✓
	INVENTORY					
1801732 ✓		03/27/202 03/26/202 04/05/202	1,723.57	0.00	0.00	1,723.57 ✓
	INVENTORY					
1801731 ✓		03/27/202 03/26/202 04/05/202	600.45	0.00	0.00	600.45 ✓
	INVENTORY					

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	31,609.61	0.00	0.00	31,609.61

Vendor# Vendor Name Class Pay Code

11163 NINA GREEN ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032724		03/28/202	03/27/202	04/03/202			344.38	0.00	0.00	344.38 ✓

TRAVEL/TEXAS AIM - Maternal Hypertension

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11163	NINA GREEN	344.38	0.00	0.00	344.38

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
1853439356		03/27/202	03/12/202	04/11/202			782.16	0.00	0.00	782.16 ✓

SUPPLIES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1853444231		03/27/202	03/13/202	04/12/202			190.04	0.00	0.00	190.04 ✓

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	972.20	0.00	0.00	972.20

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
	301 ✓		03/27/202	03/21/202	04/15/202			525.00	0.00	0.00	525.00 ✓
		PALS RECERT									
	300 ✓		03/27/202	03/21/202	04/15/202			1,200.00	0.00	0.00	1,200.00 ✓
		ACLS									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14764	PL-CPR, LLC					1,725.00	0.00	0.00	1,725.00
11080	RADSOURCE ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PSI001228 ✓		03/27/202	03/16/202	04/10/202			1,708.33	0.00	0.00	1,708.33 ✓
		CONTRACT									
	PSI001205 ✓		03/27/202	03/16/202	04/10/202			1,791.67	0.00	0.00	1,791.67 ✓
		CONTRACT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11080	RADSOURCE					3,500.00	0.00	0.00	3,500.00
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	I07038959 ✓		03/27/202	03/15/202	04/09/202			5,544.00	0.00	0.00	5,544.00 ✓
		BLOOD									
	CM11856 ✓		03/27/202	03/15/202	04/09/202			-4,224.00	0.00	0.00	-4,224.00 ✓
		CREDIT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN					1,320.00	0.00	0.00	1,320.00
C1010	SPARKLIGHT ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	031424		03/27/202	03/14/202	03/15/202			113.22	0.00	0.00	113.22 ✓
		CABLE									
	031624		03/27/202	03/16/202	03/17/202			132.93	0.00	0.00	132.93 ✓
		CABLE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1010	SPARKLIGHT					246.15	0.00	0.00	246.15
S2694	STANFORD VACUUM SERVICE ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	695095 ✓		03/27/202	03/18/202	04/15/202			550.00	0.00	0.00	550.00 ✓
		GREASE TRAP									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2694	STANFORD VACUUM SERVICE					550.00	0.00	0.00	550.00
S3940	STERIS CORPORATION ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	12182234 ✓		03/27/202	03/14/202	04/08/202			907.12	0.00	0.00	907.12 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION					907.12	0.00	0.00	907.12
T0420	TELEFLEX MEDICAL ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9508149406 ✓		03/27/202	03/07/202	04/06/202			27.00	0.00	0.00	27.00 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

Vendor#	Vendor Name	Class	Pay Code							
	T0420 TELEFLEX MEDICAL			27.00	0.00	0.00	27.00			
Vendor# 15364	Vendor Name IDO ✓									
Invoice# 263670 ✓	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PT REFUND	03/27/202	03/26/202	04/15/202			168.00	0.00	0.00	168.00 ✓
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	15364						168.00	0.00	0.00	168.00
Vendor# 13616	Vendor Name TRIOSE, INC ✓									
Invoice# TRI179268 ✓	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	FREIGHT	03/27/202	03/12/202	03/27/202			253.23	0.00	0.00	253.23 ✓
	TRI80049 ✓									
	FREIGHT	03/27/202	03/20/202	04/04/202			168.97	0.00	0.00	168.97 ✓
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	13616 TRIOSE, INC						422.20	0.00	0.00	422.20
Vendor# U1064	Vendor Name UNIFIRST HOLDINGS INC ✓									
Invoice# 2921027409 ✓	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	LAUNDRY	03/27/202	03/14/202	04/08/202			251.93	0.00	0.00	251.93 ✓
	2921027406 ✓									
	LAUNDRY	03/27/202	03/14/202	04/08/202			29.95	0.00	0.00	29.95 ✓
	2921027410 ✓									
	LAUNDRY	03/27/202	03/14/202	04/08/202			112.14	0.00	0.00	112.14 ✓
	2921027405 ✓									
	LAUNDRY	03/27/202	03/14/202	04/08/202			2,581.68	0.00	0.00	2,581.68 ✓
	2921027408 ✓									
	LAUNDRY	03/27/202	03/14/202	04/08/202			282.90	0.00	0.00	282.90 ✓
	2921027403 ✓									
	LAUNDRY	03/27/202	03/14/202	04/08/202			114.42	0.00	0.00	114.42 ✓
	2921027404 ✓									
	LAUNDRY	03/27/202	03/14/202	04/08/202			166.02	0.00	0.00	166.02 ✓
	2921027407 ✓									
	LAUNDRY	03/27/202	03/14/202	04/08/202			314.87	0.00	0.00	314.87 ✓
	2921027621 ✓									
	LAUNDRY	03/27/202	03/18/202	04/12/202			102.07	0.00	0.00	102.07 ✓
	2921027620 ✓									
	LAUNDRY	03/27/202	03/18/202	04/12/202			2,852.26	0.00	0.00	2,852.26 ✓
	2921027950 ✓									
	LAUNDRY	03/27/202	03/21/202	04/15/202			29.15	0.00	0.00	29.15 ✓
	2921027954 ✓									
	LAUNDRY	03/27/202	03/21/202	04/15/202			155.08	0.00	0.00	155.08 ✓
	2921027952 <i>laundry</i> ✓									
	LAUNDRY	03/27/202	03/21/202	04/15/202			282.90	0.00	0.00	282.90 ✓
	2921027946 ✓									
	LAUNDRY	03/27/202	03/21/202	04/15/202			111.68	0.00	0.00	111.68 ✓
	2921027949 ✓									
	LAUNDRY	03/27/202	03/21/202	04/15/202			2,329.34	0.00	0.00	2,329.34 ✓
	2921027947 ✓									
	LAUNDRY	03/27/202	03/21/202	04/15/202			208.64	0.00	0.00	208.64 ✓
	2921027951 ✓									
	LAUNDRY	03/27/202	03/21/202	04/15/202			315.03	0.00	0.00	315.03 ✓
	2921027953 ✓									
	LAUNDRY	03/27/202	03/21/202	04/15/202			259.80	0.00	0.00	259.80 ✓

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				10,499.86	0.00	0.00	10,499.86
Vendor#	Vendor Name			Class		Pay Code				
11064	VELOCITY EHS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
305947 ✓		03/27/202	03/13/202	04/12/202			4,796.76	0.00	0.00	4,796.76 ✓
	SDS MANAGEMENT									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11064	VELOCITY EHS				4,796.76	0.00	0.00	4,796.76
Vendor#	Vendor Name			Class		Pay Code				
14752	VYAIR MEDICAL 211 INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31662565 ✓		03/27/202	03/13/202	03/27/202			190.94	0.00	0.00	190.94 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14752	VYAIR MEDICAL 211 INC				190.94	0.00	0.00	190.94
Vendor#	Vendor Name			Class		Pay Code				
15360	PT REFUND ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
269413 ✓		03/27/202	03/22/202	04/15/202			120.00	0.00	0.00	120.00 ✓
	PT REFUND									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15360					120.00	0.00	0.00	120.00
Vendor#	Vendor Name			Class		Pay Code				
10556	WOUND CARE SPECIALISTS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00006450 ✓		03/27/202	01/01/202	01/30/202			12,500.00	0.00	0.00	12,500.00 ✓
	WOUND CARE									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10556	WOUND CARE SPECIALISTS				12,500.00	0.00	0.00	12,500.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	338,426.41	0.00	0.00	338,426.41

APPROVED
ON

MAR 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CLK # 203554-203620

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4/1/24 10:20 AM

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APR 01 2024

04/01/2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Calhoun County Auditor

Vendor# Vendor Name

Class Pay Code

M2178 MCKESSON MEDICAL SURGICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21850059	SUPPLIES	03/20/202	03/18/202	04/02/202			742.45	0.00	0.00	742.45
19113095	SUPPLIES	03/26/202	02/27/202	03/14/202			264.75	0.00	0.00	264.75
19314081	SUPPLIES	03/26/202	04/24/202	05/09/202			264.75	0.00	0.00	264.75
21875771	SUPPLIES	03/27/202	03/22/202	04/06/202			119.51	0.00	0.00	119.51
21880815	SUPPLIES	03/27/202	03/25/202	04/09/202			410.51	0.00	0.00	410.51
21882388	SUPPLIES	03/27/202	03/25/202	04/09/202			2,113.54	0.00	0.00	2,113.54
18715233 ✓	SUPPLIES	03/29/202	01/02/202	01/17/202			333.48	0.00	0.00	333.48 * ✓
19777108 ✓	SUPPLIES	03/29/202	09/01/202	09/16/202			771.17	0.00	0.00	771.17 * ✓
19891777 ✓	SUPPLIES	03/29/202	10/03/202	10/18/202			303.68	0.00	0.00	303.68 * ✓
20070089 ✓	SUPPLIES	03/29/202	11/25/202	12/10/202			771.17	0.00	0.00	771.17 * ✓
20335358 ✓	SUPPLIES	03/29/202	02/17/202	03/04/202			870.79	0.00	0.00	870.79 * ✓
20604719 ✓	SUPPLIES	03/29/202	05/03/202	05/18/202			2,052.83	0.00	0.00	2,052.83 * ✓
20643011 ✓	SUPPLIES	03/29/202	05/12/202	05/27/202			870.79	0.00	0.00	870.79 * ✓
2094756 ✓	SUPPLIES	03/29/202	08/06/202	08/21/202			870.79	0.00	0.00	870.79 * ✓
21281641 ✓	SUPPLIES	03/29/202	10/27/202	11/11/202			870.79	0.00	0.00	870.79 * ✓
21628587 ✓	SUPPLIES	03/29/202	01/24/202	02/08/202			870.79	0.00	0.00	870.79 * ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	12,501.79	0.00	0.00	12,501.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,501.79	0.00	0.00	12,501.79

APPROVED ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203594

critical added: \$ 8,586.28 ✓

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4/1/24, 11:28 AM

APR 01 2024

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04/01/2024
Calloway County Auditor
11:28

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

S0900 SAM'S CLUB DIRECT

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032324		03/29/202	03/23/202	04/08/202			345.78	0.00	0.00	345.78

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
S0900	SAM'S CLUB DIRECT	345.78	0.00	0.00	345.78

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	345.78	0.00	0.00	345.78

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALLOWAY COUNTY, TEXAS

CK# 203607

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11:37

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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Dates Through:

Class Pay Code

Vendor# Vendor Name

14920 REPUBLIC SERVICES, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
001324754		03/29/202	03/15/202	04/04/202			586.28	0.00	0.00	586.28

001327206	WASTE DISPOSAL	03/29/202	03/25/202	04/15/202			1,738.62	0.00	0.00	1,738.62
-----------	----------------	-----------	-----------	-----------	--	--	----------	------	------	----------

Vendor Totals: Number Name		Gross	Discount	No-Pay	Net
14920	REPUBLIC SERVICES, INC.	2,324.90	0.00	0.00	2,324.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,324.90	0.00	0.00	2,324.90

APPROVED ON

APR 01 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

C.I.# 203606

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4/1/24 10:26 AM

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APR 01 2024

04/01/2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Calhoun County Auditor

10:26

Vendor# Vendor Name

14064 CAPITAL ONE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1654564663		03/29/202	03/19/202	04/13/202			265.29	0.00	0.00	265.29 ✓

MISC Supplies

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14064	CAPITAL ONE	265.29	0.00	0.00	265.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	265.29	0.00	0.00	265.29

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APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# W3520

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4/1/24, 11:49 AM

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APR 01 2024

04/01/2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Calhoun County Auditor

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name
11183 FRONTIER ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03192024	PHONE	03/29/202	03/19/202	04/12/202			56.40	0.00	0.00	56.40 ✓
032324	TELEPHONE	03/29/202	03/23/202	04/16/202			25.83	0.00	0.00	25.83 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11183	FRONTIER	82.23	0.00	0.00	82.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	82.23	0.00	0.00	82.23



APPROVED ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203580

☒

RUN DATE:04/02/24
 TIME:09:48

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

PAGE 1
 GLCKREG

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203554	04/03/24	53.61	ADT COMMERCIAL
A/P	203555	04/03/24	15,903.78	AIRGAS USA, LLC - CENTRAL DIV
A/P	203556	04/03/24	419.97	AMAZON CAPITAL SERVICES
A/P	203557	04/03/24	87.00	AMBU INC
A/P	203558	04/03/24	23,266.56	BECKMAN COULTER INC
A/P	203559	04/03/24	83.79	CALHOUN COUNTY
A/P	203560	04/03/24	265.29	CAPITAL ONE
A/P	203561	04/03/24	25,660.00	CARRIER CORPORATION
A/P	203562	04/03/24	248.44	CDW GOVERNMENT, INC.
A/P	203563	04/03/24	38.80	CENTRAL DRUG
A/P	203564	04/03/24	593.69	CHEMAQUA
A/P	203565	04/03/24	2,628.67	CITY OF PORT LAVACA
A/P	203566	04/03/24	.00	VOIDED
A/P	203567	04/03/24	320.00	COLONIAL PENN LIFE INSURANCE
A/P	203568	04/03/24	243.90	CONMED CORPORATION
A/P	203569	04/03/24	2,777.48	COOPER SURGICAL INC
A/P	203570	04/03/24	419.00	CYGNUS MEDICAL LLC
A/P	203571	04/03/24	728.66	DEWITT POTH & SON
A/P	203572	04/03/24	489.85	DIRECTV ENTERTAINMENT HOLDINGS
A/P	203573	04/03/24	144,932.37	DISCOVERY MEDICAL NETWORK INC
A/P	203574	04/03/24	344.38	DONN STRINGO
A/P	203575	04/03/24	143.92	EPIMED
A/P	203576	04/03/24	7,441.70	EVIDENT
A/P	203577	04/03/24	108.30	FEDERAL EXPRESS CORP.
A/P	203578	04/03/24	600.00	FIRETRON, INC
A/P	203579	04/03/24	8,177.39	FISHER HEALTHCARE
A/P	203580	04/03/24	82.23	FRONTIER
A/P	203581	04/03/24	876.84	FUSION CLOUD SERVICES, LLC
A/P	203582	04/03/24	306.00	GAIL BROTHERS
A/P	203583	04/03/24	5,080.91	GBS ADMINISTRATORS, INC
A/P	203584	04/03/24	66.74	GETINGE USA SALES LLC
A/P	203585	04/03/24	8,859.20	GLAXOSMITHKLINE PHARMACUETICAL
A/P	203586	04/03/24	93.77	GRAINGER
A/P	203587	04/03/24	700.00	GUERBET, LLC
A/P	203588	04/03/24	1,687.62	GULF COAST PAPER COMPANY
A/P	203589	04/03/24	68.74	HILL-ROM COMPANY, INC
A/P	203590	04/03/24	344.38	JENISE SVETLIK
A/P	203591	04/03/24	120.00	
A/P	203592	04/03/24	120.00	
A/P	203593	04/03/24	.00	VOIDED
A/P	203594	04/03/24	12,501.79	MCKESSON MEDICAL SURGICAL INC
A/P	203595	04/03/24	285.00	MEDI-DOSE, INC
A/P	203596	04/03/24	.00	VOIDED
A/P	203597	04/03/24	9,595.40	MEDLINE INDUSTRIES INC
A/P	203598	04/03/24	380.24	MICROTEK MEDICAL INC
A/P	203599	04/03/24	315.58	MMC AUXILIARY GIFT SHOP
A/P	203600	04/03/24	.00	VOIDED
A/P	203601	04/03/24	31,609.61	MORRIS & DICKSON CO, LLC
A/P	203602	04/03/24	344.38	NINA GREEN
A/P	203603	04/03/24	972.20	ORTHO CLINICAL DIAGNOSTICS

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203604	04/03/24	1,725.00	PL-CPR, LLC
A/P	203605	04/03/24	3,500.00	RADSOURCE
A/P	203606	04/03/24	2,324.90	REPUBLIC SERVICES, INC.
A/P	203607	04/03/24	345.78	SAM'S CLUB DIRECT
A/P	203608	04/03/24	1,320.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	203609	04/03/24	246.15	SPARKLIGHT
A/P	203610	04/03/24	550.00	STANFORD VACUUM SERVICE
A/P	203611	04/03/24	907.12	STERIS CORPORATION
A/P	203612	04/03/24	27.00	TELEFLEX MEDICAL
A/P	203613	04/03/24	168.00	
A/P	203614	04/03/24	422.20	TRIOSE, INC
A/P	203615	04/03/24	.00	VOIDED
A/P	203616	04/03/24	10,499.86	UNIFIRST HOLDINGS INC
A/P	203617	04/03/24	4,796.76	VELOCITY EHS
A/P	203618	04/03/24	190.94	VYAIR MEDICAL 211 INC
A/P	203619	04/03/24	120.00	
A/P	203620	04/03/24	12,500.00	WOUND CARE SPECIALISTS
A/P	203621	04/03/24	461.40	BETHANY SENIOR LIVING
A/P	203622	04/03/24	3,823.03	GOLDENCREEK HEALTHCARE
A/P	203623	04/03/24	10,747.88	TUSCANY VILLAGE
TOTALS:			365,063.20	

Payables 338,426.41 +
 8,586.28 +
 345.78 +
 2,324.90 +
 265.29 +
 82.23 +
NH Transfers 15,032.31 +
 365,063.20 *

APPROVED
ON
APR 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

Company: 8000

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

STATEMENT

As of: 03/29/2024

Page: 002

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

DC: 8115
Customer INV SupplID:
Territory:
Customer: 632536
Date: 03/30/2024

As of: 03/29/2024
Mail to:
Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 03/30/2024
PLEASE CHECK ANY ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,611.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97

Due If Paid On Time: 3,539.65 ✓
USD

Disc lost if paid late: 72.22

Due If Paid Late: 3,611.87
USD

3,388.67 *
3,002 +
137.29 *
7.65 +
3,002 +
3,539.65 *

Andrew Schossentes
411624

APPROVED
ON

APR 01 2024

For AR Inquiries please contact 800-867-0333

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

STATEMENT

As of: 03/29/2024

Page: 001

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

DC: 8115
Customer INV Suppld:
Territory: 7001
Customer: 256342
Date: 03/30/2024

As of: 03/29/2024
Mail to:

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 03/30/2024

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
03/25/2024	04/02/2024	7485637298	110350681	115Invoice	9.58	479.09		469.51	✓	7485637298
03/25/2024	04/02/2024	7485637299	110427645	115Invoice	1.34	66.99		65.65	✓	7485637299
03/25/2024	04/02/2024	7485869858	110501512	195Invoice	0.01	0.63		0.62	✓	7485869858
03/26/2024	04/02/2024	7486161547	110597906	195Invoice	1.27	63.54		62.27	✓	7486161547
03/27/2024	04/02/2024	7486270631	110745054	115Invoice	1.05	52.59		51.54	✓	7486270631
03/27/2024	04/02/2024	7486465312	110757111	115Invoice	0.62	31.24		30.62	✓	7486465312
03/28/2024	04/02/2024	7486558943	110876496	115Invoice	46.53	2,326.65		2,280.12	✓	7486558943
03/28/2024	04/02/2024	7486728701	110883278	195Invoice	5.25	262.45		257.20	✓	7486728701
03/29/2024	04/02/2024	7486826714	110990372	115Invoice	0.18	0.18		0.18	✓	7486826714
03/29/2024	04/02/2024	7486977352	110997422	195Invoice	0.42	20.90		20.48	✓	7486977352
03/29/2024	04/02/2024	7486977353	111002943	115Invoice	3.07	153.55		150.48	✓	7486977353

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

TOTAL:

Subtotals: 3,457.81 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/25/2024 2,178.29

Due If Paid On Time: 3,388.67 ✓
USD

Disc lost if paid late: 69.14

Due If Paid Late: 3,457.81
USD

Andrew DeLos Santos
4/1/24

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/29/2024

Page: 001

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

DC: 8115
Customer INV SupplD:
Territory: 7001
Customer: 835430
Date: 03/30/2024

As of: 03/29/2024
Mail to:
Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430
Date: 03/30/2024
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 835430	CVS PHCY 10356/MEM MC PHS	7486275832	3133591	115Invoice	0.06	3.08		3.02		7486275832 ✓
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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: 3.08 USD

Future Due: 0.00
 Past Due: 0.00
 Last Payment 03/18/2024 14,828.46

If Paid By 04/02/2024,
 Pay This Amount: 3.02 USD
 If Paid After 04/02/2024,
 Pay this Amount: 3.08 USD

Due If Paid On Time: 3.02 X ✓
 USD
 Disc lost if paid late: 0.06
 Due If Paid Late: 3.08
 USD

Andrew De los Santos
41124

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/29/2024

Page: 001

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

DC: 8115

Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 03/30/2024

As of: 03/29/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 03/30/2024 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
03/27/2024	04/02/2024	7486314224	3133922	115Invoice	0.06	3.08		3.02	✓	7486314224
03/27/2024	04/02/2024	7486314225	3133922	115Invoice	2.74	137.01		134.27	✓	7486314225

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: 140.09 USD

Future Due: 0.00
Past Due: 0.00
Last Payment 03/25/2024 2,178.29

Due If Paid On Time: 137.29 USD
Disc lost if paid late: 2.80
Due If Paid Late: 140.09 USD

Andrew De los Santos
411124

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/29/2024

Page: 001

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

DC: 8115

Customer INV SupplID:
Territory: 7001

Customer: 835437
Date: 03/30/2024

As of: 03/29/2024
Mail to:
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Page: 001
Comp: 8000

Cust: 835437
Date: 03/30/2024
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

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

Customer Number 835437 CVS PHCY 7416/MEM MC PHS
 03/27/2024 04/02/2024 7486462515 3131834 115Invoice 0.16 7.81 7.65 7486462515 ✓

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: 7.81 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/25/2024 2,178.29

If Paid By 04/02/2024,
Pay This Amount: 7.65 USD

If Paid After 04/02/2024,
Pay this Amount: 7.81 USD

Due if Paid On Time:
USD 7.65 ✓

Disc lost if paid late: 0.16

Due if Paid Late:
USD 7.81

Andrew D. Santos
411124

APPROVED
ON

APR 01 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
8-15 N VIRGINIA ST
PORT LAVACA TX 77979

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/29/2024

DC: 8115
Customer INV SupplID:
Territory: 7001
Customer: 835438
Date: 03/30/2024

Page: 001

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

As of: 03/29/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 03/30/2024 ITEMS NOT PAID (✓)

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

Customer Number 835438 CVS PHCY 7475/MEM MC PHS
03/27/2024 04/02/2024 7486456094 3134343 115Invoice 0.06 3.08 3.02 7486456094 ✓

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS
Subtotals: 3.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/25/2024 2,178.29

If Paid By 04/02/2024,
Pay This Amount: 3.02 USD

If Paid After 04/02/2024,
Pay this Amount: 3.08 USD

Due If Paid On Time:
USD 3.02 ✓

Disc lost if paid late:
0.06

Due If Paid Late:
USD 3.08

Andrews De la Santos
41124

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 67130664
Date: 03-29-2024

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

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

DEA: RA0289276
866-451-9655

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

Customer Number
100135284 / 037028186
Terms
Sat - Fri Due in 7 days
Summary
Not Yet Due: 0.00
Current: 910.59
Past Due: 0.00
Total Due: 910.59
Account Balance: 910.59

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-25-2024	04-05-2024	3169123482	7006044550	Invoice	95.04 ✓		0.00	95.04
03-25-2024	04-05-2024	3169123483	7006045111	Invoice	46.47 ✓		0.00	46.47
03-25-2024	04-05-2024	3169123484	7006054448	Invoice	61.99 ✓		0.00	61.99
03-25-2024	04-05-2024	3169123485	7006064327	Invoice	33.20 ✓		0.00	33.20
03-26-2024	04-05-2024	3169298778	7006073008	Invoice	15.36 ✓		0.00	15.36
03-27-2024	04-05-2024	3169442371	7006079623	Invoice	599.05 ✓		0.00	599.05
03-28-2024	04-05-2024	3169596899	7006089680	Invoice	14.35 ✓		0.00	14.35
03-29-2024	04-05-2024	3169740931	7006101488	Invoice	43.78 ✓		0.00	43.78
03-29-2024	04-05-2024	3169740932	7006097885	Invoice	1.35 ✓		0.00	1.35

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
910.59	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment
Date 03-29-2024
Amount (406.46)

Reminders
Due Date 04-05-2024
Amount 910.59
Total Due: 910.59

APPROVED ON
APR 01 2024

Andrew Dubois
4/1/24

MEMORIAL MEDICAL CENTER
PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Mar 25, 2024 - March 31, 2024 ✓

Pay Plus

Date	Bank Description	Amount	CPSI '1	C
3/29/2024	PAY PLUS ACHTrans 000000018578574 1010006920	21.57		
3/29/2024	EXPERTPAY EXPERTPAY 746003411 91000015618090	570.69		
3/29/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	406.46	*	
3/29/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	411,188.95	*	
3/28/2024	PAY PLUS ACHTrans 000000018407037 1010006907	201.23	*	
3/27/2024	PAY PLUS ACHTrans 000000018295355 1010006997	22.38	*	
3/27/2024	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	68,313.77	*	
3/26/2024	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	23,488.78	*	
3/26/2024	PAY PLUS ACHTrans 000000018172034 1010006985	71.94	*	
3/26/2024	MCKESSON DRUG AUTO ACH ACH05929787 910000126	2,178.29	*	
3/26/2024	HPHG LLC ACH3.4 MemMedCtr PtLav 113122650007	35,022.27	*	
3/25/2024	PAY PLUS ACHTrans 000000018096193 1010006975	21.72	*	
		541,508.05		

MMC Notes
 - 3rd Party Payor Fee
 - Child Support Payment
 - 340B Drug Program Expense
 - Payroll
 - 3rd Party Payor Fee
 - 3rd Party Payor Fee
 - Health Insurance Premium Payment corrected with transfer from DDA 4462
 - 3rd Party Payor Fee
 - 340B Drug Program Expense
 - Health Insurance Claim Payments
 - 3rd Party Payor Fee

Date	Description	Amount	CPSI '1	C
April 1, 2024		541,508.05		
	X County credit card	406.46		
	paid out of wrong account	411,188.95		
	Treasurer transferred funds from operating to MMC	68,313.77		
	operating to cover pymnt made in error,	23,488.78		
		2,178.29		
		35,022.27		
		909.53		
		909.53		
		909.53		
		0.00		

APPROVED ON APR 01 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

ANDREW DE LOS SANTOS
Memorial Medical Center

ANDREW DE LOS SANTOS
Memorial Medical Center

Memorial Medical Center
Transfer Request

Amount: 10.00 ✓

From Account: Operating- *4357

To Account: Bank of America

APPROVED
ON
APR 01 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Number: 466007904549

Routing Number: 026009593

Explanation:

Account Validation to receive rebates from Medline

Requested by: Caitlin Clevenger

Date: 4/1/2024

Authorized by: Andrew DeBorja Santos

Date: 4/1/24



Powered by **nsknox**

Welcome

Company
Details

Bank Account
Details

Validation
Instructions

Standard Account Validation

Thank you for registering. To complete the validation of your account, please make a one time transfer of USD \$10 or equivalent in the currency you expect to receive your payments.

Payment instructions

Do not use ACH

Only wire transfer (SWIFT)

Beneficiary name

nsknox Technologies, Inc

Address

Account number

Swift code

ires)

ABA Fedwire

Bank name and address

Bank of America,
222 Broadway,
New York, NY 10038

[Privacy - Terms](#)

Memorial Medical Center
Transfer Request

Amount: 15,447.67 ✓

From Account: Operating- *4357

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

APPROVED
ON
APR 01 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Number: 158300195894

Routing Number: 122235821

Explanation:

Invoice numbers: 6255948, 6292085, 6314053, 6334398

Requested by: Caitlin Clevenger

Date: 4/1/2024

Authorized by: Andrew DeCobert

Date: 4/1/24

HealthEquity WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	03/04/2024
PO #	DUE DATE
	06/03/2024
Invoice #	AMOUNT DUE
INV6255948	\$2,268.06

Description	Plan Code	Amount
PMB Payments - HCFA 2024	HCFA2024	261.01
PMP Payments - HCFA 2024	HCFA2024	209.46
Visa Card Payments - HCFA 2024	HCFA2024	1,399.14
Visa Card Payments - HCFA 2023	HCFA2023	398.45

Total Amount Due

\$2,268.06 ✓

R.D.
4/1/24

HealthEquity WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	03/11/2024
PO #	DUE DATE
	06/10/2024
Invoice #	AMOUNT DUE
INV6292085	\$5,724.44

Description	Plan Code	Amount
PMP Payments - DCFSA 2024	DCFSA2024	190.00
Visa Card Payments - HCFSA 2024	HCFSA2024	4,876.38
Visa Card Payments - HCFSA 2023	HCFSA2023	658.06

Total Amount Due

\$5,724.44 ✓

A.D.
4/11/24

HealthEquity

WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	03/18/2024
PO #	DUE DATE
	06/17/2024
Invoice #	AMOUNT DUE
INV6314053	\$3,291.55

Description	Plan Code	Amount
PMB Payments - DCFSA 2024	DCFSA2024	380.00
PMP Payments - HCFSA 2024	HCFSA2024	424.08
Visa Card Payments - HCFSA 2024	HCFSA2024	2,386.80
Visa Card Payments - HCFSA 2023	HCFSA2023	100.67

Total Amount Due

\$3,291.55 ✓

Acct.
4/11/24

HealthEquity WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	03/25/2024
PO #	DUE DATE
	06/24/2024
Invoice #	AMOUNT DUE
INV6334398	\$4,163.62

Description	Plan Code	Amount
PMB Payments - HCFA 2024	HCFA2024	72.46
Visa Card Payments - HCFA 2024	HCFA2024	2,757.56
PMB Payments - HCFA 2023	HCFA2023	987.49
Visa Card Payments - HCFA 2023	HCFA2023	346.11

Total Amount Due

\$4,163.62 ✓

D.D.
4/1/24

RECEIVED

03/28/2024

09:32

MAR 28 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code									
11836	GOLDENCREEK HEALTHCARE ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
031524A		03/27/202	03/15/202	04/20/202			59.04	0.00	0.00	59.04 ✓		
	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>										
031524B		03/27/202	03/15/202	04/20/202			43.30	0.00	0.00	43.30 ✓		
	TRANSFER	<i>"</i>										
031524		03/27/202	03/15/202	04/20/202			622.58	0.00	0.00	622.58 ✓		
	TRANSFER	<i>"</i>										
031824		03/27/202	03/18/202	04/20/202			684.62	0.00	0.00	684.62 ✓		
	TRANSFER	<i>"</i>										
031824A		03/27/202	03/18/202	04/20/202			0.57	0.00	0.00	0.57 ✓		
	TRANSFER	<i>"</i>										
032024A		03/27/202	03/20/202	04/20/202			22.58	0.00	0.00	22.58 ✓		
	TRANSFER	<i>"</i>										
032024		03/27/202	03/20/202	04/20/202			146.34	0.00	0.00	146.34 ✓		
	TRANSFER	<i>"</i>										
032024B		03/27/202	03/20/202	04/20/202			2,244.00	0.00	0.00	2,244.00 ✓		
	TRANSFER	<i>"</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
11836 GOLDENCREEK HEALTHCARE							3,823.03	0.00	0.00	3,823.03		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,823.03	0.00	0.00	3,823.03

APPROVED ON

MAR 28 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

RECEIVED

03/28/2024
09:32

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Calhoun County Auditor

Class Pay Code

Vendor# Vendor Name
13004 TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
031524		03/27/202	03/15/202	04/20/202			10,524.00	0.00	0.00	10,524.00 ✓
	TRANSFER	<i>MH insurance pymt deposited into MMC operating</i>								
032024		03/27/202	03/20/202	04/20/202			223.88	0.00	0.00	223.88 ✓
	TRANSFER "	"								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	10,747.88	0.00	0.00	10,747.88

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,747.88	0.00	0.00	10,747.88

APPROVED
ON

MAR 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

MAR 28 2024

03/28/2024

09:33

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

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
031524		03/27/202	03/15/202	04/20/202			461.40	0.00	0.00	461.40 ✓

TRANSFER *NH insurance pymt deposited into MMC operating*

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	461.40	0.00	0.00	461.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	461.40	0.00	0.00	461.40

APPROVED
ON

MAR 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 4/1/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		88,315.27	87,773.44	251,268.51		151,830.34	228,619.56
						Bank Balance	251,830.34
						Variance	-
						Leave in Balance	100.00
						Wellpoint January	22,405.01
						January Interest	291.32
						February Interest	170.51
						March Interest	243.95
						Adjust Balance/Transfer Amt	228,619.56
Broadmoor	1	225,036.80	224,510.05	211,875.98		212,402.73	203,268.03
						Bank Balance	212,402.73
						Variance	-
						Leave in Balance	100.00
						Wellpoint January	8,341.55
						January Interest	220.97
						February Interest	205.78
						March Interest	266.40
						Adjust Balance/Transfer Amt	203,268.03
Crescent		410,376.45	409,655.64	188,300.25		189,021.06	181,751.92
						Bank Balance	189,021.06
						Variance	-
						Leave in Balance	100.00
						Wellpoint January	6,196.77
						January Interest	342.73
						February Interest	278.08
						March Interest	351.56
						Adjust Balance/Transfer Amt	181,751.92
Fort Bend		81,315.28	81,013.58	61,676.99		61,978.71	54,555.23
						Bank Balance	61,978.71
						Variance	-
						Leave in Balance	100.00
						Wellpoint January	7,021.58
						January Interest	101.37
						February Interest	100.35
						March Interest	100.18
						Adjust Balance/Transfer Amt	54,555.23
Solera at W Houston		213,062.35	212,438.60	142,977.86		143,601.61	136,037.99
						Bank Balance	143,601.61
						Variance	-
						Leave in Balance	100.00
						Wellpoint January	6,724.64
						January Interest	276.78
						February Interest	246.97
						March Interest	215.23
						Adjust Balance/Transfer Amt	136,037.99

228,619.56 +
 203,268.03 + *Broadmoor*
 181,751.92 +
 54,555.23 +
 136,037.99 +
 804,232.73 * *nc*
 open account

APPROVED ON
 APR 01 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 804,232.72
 Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 4/1/2024

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
Ashford Gardens								
3/31/2024 Added to Account	-	243.95	-	-	-	-	-	243.95
3/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000213180	-	29,385.53	-	-	-	-	-	29,385.53
3/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,311.39	-	-	-	-	-	17,311.39
3/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,957.82	-	-	-	-	-	5,957.82
3/29/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	799.47	-	-	-	-	-	799.47
3/28/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	87,773.44	-	-	-	-	-	-	-
3/28/2024 HNB - ECHO HCCLAIMPMT 746003411 4400002171670	-	121.31	-	-	-	-	-	121.31
3/28/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000112	-	2,012.36	-	-	-	-	-	2,012.36
3/27/2024 HNB - ECHO HCCLAIMPMT 746003411 440000230945	-	7,825.00	-	-	-	-	-	7,825.00
3/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	814.26	-	-	-	-	-	814.26
3/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	35,396.48	-	-	-	-	-	35,396.48
3/27/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	41,763.47	-	-	-	-	-	41,763.47
3/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,492.81	-	-	-	-	-	1,492.81
3/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	57,656.23	-	-	-	-	-	57,656.23
3/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	11,839.03	-	-	-	-	-	11,839.03
3/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,082.59	-	-	-	-	-	2,082.59
3/26/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000137	-	340.19	-	-	-	-	-	340.19
3/26/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	490.04	-	-	-	-	-	490.04
3/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000247676	-	8,353.36	-	-	-	-	-	8,353.36
3/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000247676	-	115.86	-	-	-	-	-	115.86
3/25/2024 WELLPOINT CO AP E-PAYMENT EES2766947 1110000	-	25,797.24	20,951.19	4,846.05	-	-	22,405.01	3,392.24
3/25/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	1,470.12	-	-	-	-	-	1,470.12
TOTAL	87,773.44	251,268.51	20,951.19	4,846.05	-	-	22,405.01	228,863.51

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
Broadmoor								
3/31/2024 Added to Account	-	266.40	-	-	-	-	-	266.40
3/29/2024 MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	67.50	-	-	-	-	-	67.50
3/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000213180	-	27,158.56	-	-	-	-	-	27,158.56
3/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000213448	-	3,989.01	-	-	-	-	-	3,989.01
3/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	969.39	-	-	-	-	-	969.39
3/29/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000149	-	12,013.46	-	-	-	-	-	12,013.46
3/28/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	224,510.05	-	-	-	-	-	-	-
3/28/2024 Deposit	-	6,880.00	-	-	-	-	-	6,880.00
3/28/2024 HNB - ECHO HCCLAIMPMT 746003411 440000271314	-	775.79	-	-	-	-	-	775.79
3/28/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,370.00	-	-	-	-	-	6,370.00
3/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,873.43	-	-	-	-	-	1,873.43
3/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	21,355.71	-	-	-	-	-	21,355.71
3/27/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000169	-	16,978.69	-	-	-	-	-	16,978.69
3/27/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	20,300.02	-	-	-	-	-	20,300.02
3/26/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	5,460.00	-	-	-	-	-	5,460.00
3/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,680.17	-	-	-	-	-	3,680.17
3/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,610.18	-	-	-	-	-	17,610.18
3/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,986.13	-	-	-	-	-	7,986.13
3/26/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000137	-	3,730.88	-	-	-	-	-	3,730.88
3/26/2024 HUMANA CHA DISB HCCLAIMPMT 44333584 42000012	-	2,383.00	-	-	-	-	-	2,383.00
3/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000247827	-	11,351.73	-	-	-	-	-	11,351.73
3/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000247676	-	5,542.80	-	-	-	-	-	5,542.80
3/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000247676	-	6,488.05	-	-	-	-	-	6,488.05
3/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000247406	-	10,632.71	-	-	-	-	-	10,632.71
3/25/2024 WELLPOINT CO AP E-PAYMENT EES2766949 1110000	-	9,713.46	7,753.59	1,959.87	-	-	8,341.55	1,371.91
3/25/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000103	-	8,298.91	-	-	-	-	-	8,298.91
TOTAL	224,510.05	211,875.98	7,753.59	1,959.87	-	-	8,341.55	203,534.43

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
Crossett								
3/31/2024 Added to Account	-	351.56	-	-	-	-	-	351.56
3/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000213448	-	1,332.94	-	-	-	-	-	1,332.94
3/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000213180	-	3,368.76	-	-	-	-	-	3,368.76
3/29/2024 DEVOTED HEALTH P HCCLAIMPMT 21000029341836	-	1,050.00	-	-	-	-	-	1,050.00
3/29/2024 DEVOTED HEALTH P HCCLAIMPMT 21000029341834	-	6,300.00	-	-	-	-	-	6,300.00
3/29/2024 DEVOTED HEALTH P HCCLAIMPMT 21000029341838	-	8,550.00	-	-	-	-	-	8,550.00
3/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	14,349.41	-	-	-	-	-	14,349.41
3/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	13,149.90	-	-	-	-	-	13,149.90
3/29/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000149	-	729.78	-	-	-	-	-	729.78
3/29/2024 HUMANA INS CO HCCLAIMPMT 44407531 8300005756	-	2,325.00	-	-	-	-	-	2,325.00
3/29/2024 HUMANA CHA DISB HCCLAIMPMT 4448531 42000012	-	375.00	-	-	-	-	-	375.00
3/28/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	403,311.64	-	-	-	-	-	-	-
3/28/2024 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	89.50	-	-	-	-	-	89.50
3/28/2024 DEVOTED HEALTH P HCCLAIMPMT 21000028391209	-	6,300.00	-	-	-	-	-	6,300.00
3/28/2024 DEVOTED HEALTH P HCCLAIMPMT 21000028391207	-	350.00	-	-	-	-	-	350.00
3/28/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	690.00	-	-	-	-	-	690.00
3/27/2024 Deposit	-	11,324.00	-	-	-	-	-	11,324.00
3/27/2024 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	5,939.50	-	-	-	-	-	5,939.50
3/27/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025646801	-	7,782.00	-	-	-	-	-	7,782.00
3/27/2024 DEVOTED HEALTH P HCCLAIMPMT 21000025646799	-	14,400.00	-	-	-	-	-	14,400.00
3/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,765.59	-	-	-	-	-	2,765.59
3/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	21,001.97	-	-	-	-	-	21,001.97
3/27/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000169	-	591.90	-	-	-	-	-	591.90
3/26/2024 Check	6,344.00	-	-	-	-	-	-	-
3/26/2024 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	4,016.50	-	-	-	-	-	4,016.50
3/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,115.14	-	-	-	-	-	2,115.14
3/26/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	16,430.62	-	-	-	-	-	16,430.62
3/26/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000137	-	3,436.37	-	-	-	-	-	3,436.37
3/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000248010	-	3,145.63	-	-	-	-	-	3,145.63
3/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000247953	-	11,613.57	-	-	-	-	-	11,613.57
3/25/2024 WELLPOINT CO AP E-PAYMENT EES2766949 1110000	-	7,182.35	5,773.95	1,409.40	-	-	6,196.77	986.58
3/25/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000103	-	13,377.63	-	-	-	-	-	13,377.63
3/25/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	3,864.63	-	-	-	-	-	3,864.63
TOTAL	409,655.64	188,300.25	5,773.95	1,409.40	-	-	6,196.77	182,103.48

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
Fort Band								
3/31/2024 Added to Account	-	100.18	-	-	-	-	-	100.18
3/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000213180	-	2,612.83	-	-	-	-	-	2,612.83
3/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,761.54	-	-	-	-	-	4,761.54
3/29/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	349.42	-	-	-	-	-	349.42
3/28/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	81,013.56	-	-	-	-	-	-	-
3/27/2024 Deposit	-	6,634.54	-	-	-	-	-	6,634.54
3/27/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	12,680.77	-	-	-	-	-	12,680.77
3/27/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000169	-	9,335.16	-	-	-	-	-	9,335.16

3/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	12,804.42	-	-	-	12,804.42
3/26/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000137	-	3,281.87	-	-	-	3,281.87
3/25/2024	WELLPOINT CO AP E-PAYMENT EES2766946 1110000	-	8,136.39	6,543.81	1,592.58	7,021.58	1,114.81
3/25/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000103	-	959.87	-	-	-	959.87
		81,013.56	61,676.99	6,543.81	1,592.58	7,021.58	54,655.41

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	
3/31/2024	Added to Account	215.23	-	-	-	-	215.23
3/29/2024	HNB - ECHO HCCLAIMPMT 746003411 44000213448	3,087.31	-	-	-	-	3,087.31
3/29/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	1,800.00	-	-	-	-	1,800.00
3/29/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,009.87	-	-	-	-	2,009.87
3/28/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	212,438.60	-	-	-	-	-
3/28/2024	MANAGEANDNET1718 MNS PMNT 00000000002482 41	1,969.00	-	-	-	-	1,969.00
3/28/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	3,600.00	-	-	-	-	3,600.00
3/28/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000111	5,188.85	-	-	-	-	5,188.85
3/27/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	11,617.57	-	-	-	-	11,617.57
3/27/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000169	2,733.46	-	-	-	-	2,733.46
3/26/2024	MANAGEANDNET1718 MNS PMNT 00000000002482 41	4,828.50	-	-	-	-	4,828.50
3/26/2024	HNB - ECHO HCCLAIMPMT 746003411 44000294122	23,375.38	-	-	-	-	23,375.38
3/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	25,931.27	-	-	-	-	25,931.27
3/26/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	19,155.34	-	-	-	-	19,155.34
3/26/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000137	13,047.13	-	-	-	-	13,047.13
3/26/2024	HUMANA INS CO HCCLAIMPMT 44244953 8300005501	6,715.00	-	-	-	-	6,715.00
3/25/2024	WELLPOINT CO AP E-PAYMENT EES2766948 1110000	7,788.12	6,268.86	1,519.26	-	6,724.64	1,063.48
3/25/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000103	9,374.09	-	-	-	-	9,374.09
3/25/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	541.74	-	-	-	-	541.74
		212,438.60	142,977.86	6,268.86	1,519.26	6,724.64	136,253.22
TOTALS		1,015,391.29	856,099.59	47,291.40	11,327.16	50,689.55	805,410.04

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,689,145.09	\$1,621,400.69	\$1,689,145.09	\$1,991,449.27
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.19	\$543.19	\$543.19	\$542.50
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.28	\$437.28	\$437.28	\$436.73
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$251,830.34 ✓	\$266,137.17	\$251,830.34	\$198,132.18
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$212,402.73 ✓	\$219,118.01	\$212,402.73	\$167,938.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$189,021.06 ✓	\$197,975.74	\$189,021.06	\$137,138.71
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$143,601.61 ✓	\$156,563.46	\$143,601.61	\$136,489.20
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$61,978.71 ✓	\$63,016.16	\$61,978.71	\$54,134.74
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$67,524.71	\$78,587.24	\$67,524.71	\$67,353.55
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$394.27	\$394.27	\$394.27	\$382.86
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,220.73	\$30,220.73	\$30,220.73	\$27,767.95
*5506 MMC -NH BETHANY SENIOR LIVING	\$277,431.74	\$282,370.24	\$277,431.74	\$277,168.09
*3407 MMC -NH TUSCANY VILLAGE	\$304,030.78	\$304,030.78	\$304,030.78	\$272,069.10
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$609,891.25	\$609,891.25	\$609,891.25	\$608,191.31
Total Balance	\$3,838,553.49	\$3,830,786.21	\$3,838,553.49	\$3,939,294.60

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 4/1/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		158,616.79	158,066.09	66,974.01		67,524.71	66,802.85
						Bank Balance Variance	
						Leave in Balance	100.00

January Interest	246.88
February Interest	203.82
March Interest	171.16
Adjust Balance/Transfer Amt	66,802.85

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 4/1/2024

APPROVED
 ON
 APR 01 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

3/31/2024 Added to Account
 3/28/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 3/27/2024 Deposit
 3/27/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 3/26/2024 AETNA AS01 HCCLAIMPMT 1588075964 51000014676

		MMC PORTION						
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION	
-	171.16	-	-	-	-	-	171.16	
158,066.09	-	-	-	-	-	-	-	
-	63,601.58	-	-	-	-	-	63,601.58	
-	1,901.27	-	-	-	-	-	1,901.27	
-	1,300.00	-	-	-	-	-	1,300.00	
-	-	-	-	-	-	-	-	
158,066.09	66,974.01	-	-	-	-	-	66,974.01	

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,689,145.09	\$1,621,400.69	\$1,689,145.09	\$1,991,449.27
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.19	\$543.19	\$543.19	\$542.50
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.28	\$437.28	\$437.28	\$436.73
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$251,830.34	\$266,137.17	\$251,830.34	\$198,132.18
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$212,402.73	\$219,118.01	\$212,402.73	\$167,938.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$189,021.06	\$197,975.74	\$189,021.06	\$137,138.71
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$143,601.61	\$156,563.46	\$143,601.61	\$136,489.20
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$61,978.71	\$63,016.16	\$61,978.71	\$54,134.74
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$67,524.71 ✓	\$78,587.24	\$67,524.71	\$67,353.55
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$394.27	\$394.27	\$394.27	\$382.86
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,220.73	\$30,220.73	\$30,220.73	\$27,767.95
*5506 MMC -NH BETHANY SENIOR LIVING	\$277,431.74	\$282,370.24	\$277,431.74	\$277,168.09
*3407 MMC -NH TUSCANY VILLAGE	\$304,030.78	\$304,030.78	\$304,030.78	\$272,069.10
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$609,891.25	\$609,891.25	\$609,891.25	\$608,191.31
Total Balance	\$3,838,553.49	\$3,830,786.21	\$3,838,553.49	\$3,939,294.60

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 4/1/2024

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza- Private Pay	100.00		294.27			394.27	no transfer
					Bank Balance Variance	394.27	
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	294.27	
Nursing Home Gulf Pointe Plaza-Medicare/Medicaid	65,493.18	65,393.18	30,120.73			30,220.73	30,120.73
					Bank Balance Variance	30,220.73	
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	30,120.73	
TOTAL TRANSFERS						30,415.00	

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 4/1/2024

APPROVED
 ON
 APR 01 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay ✓

3/31/2024 Added to Account
 3/28/2024 HNB - ECHO HCCLAIMPMT 746003411 440000271314
 3/26/2024 HNB - ECHO HCCLAIMPMT 746003411 440000294122

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	11.41	-	-	-	-	-	11.41
-	64.73	-	-	-	-	-	64.73
-	218.13	-	-	-	-	-	218.13
-	294.27	-	-	-	-	-	294.27

Gulf Pointe Plaza-Medicare/Medicaid ✓

3/31/2024 Added to Account
 3/29/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 3/28/2024 Check 1016
 3/28/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 3/27/2024 Deposit
 3/25/2024 NORIDIAN J3A HCCLAIMPMT 675892 4200001009861

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	49.78	-	-	-	-	-	49.78
-	2,403.00	-	-	-	-	-	2,403.00
6,880.00	-	-	-	-	-	-	-
58,513.18	-	-	-	-	-	-	-
-	19,253.09	-	-	-	-	-	19,253.09
-	8,414.86	-	-	-	-	-	8,414.86
65,393.18	30,120.73	-	-	-	-	-	30,120.73
65,393.18	30,415.00	-	-	-	-	-	30,415.00

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,689,145.09	\$1,621,400.69	\$1,689,145.09	\$1,991,449.27
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.19	\$543.19	\$543.19	\$542.50
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.28	\$437.28	\$437.28	\$436.73
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$251,830.34	\$266,137.17	\$251,830.34	\$198,132.18
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$212,402.73	\$219,118.01	\$212,402.73	\$167,938.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$189,021.06	\$197,975.74	\$189,021.06	\$137,138.71
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$143,601.61	\$156,563.46	\$143,601.61	\$136,489.20
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$61,978.71	\$63,016.16	\$61,978.71	\$54,134.74
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$67,524.71	\$78,587.24	\$67,524.71	\$67,353.55
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	✓ \$394.27 ✓	\$394.27	\$394.27	\$382.86
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	✓ \$30,220.73 ✓	\$30,220.73	\$30,220.73	\$27,767.95
*5506 MMC -NH BETHANY SENIOR LIVING	\$277,431.74	\$282,370.24	\$277,431.74	\$277,168.09
*3407 MMC -NH TUSCANY VILLAGE	\$304,030.78	\$304,030.78	\$304,030.78	\$272,069.10
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$609,891.25	\$609,891.25	\$609,891.25	\$608,191.31
Total Balance	\$3,838,553.49	\$3,830,786.21	\$3,838,553.49	\$3,939,294.60

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 4/1/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		92,906.50	92,806.50	303,930.78			304,030.78	286,972.65
						Bank Balance Variance	304,030.78	
						Leave in Balance	100.00	
						Wellpoint January	13,808.13	
						Claim pymt owed to Solera	3,150.00	
						Adjust Balance/Transfer Amt	<u>286,972.65</u>	

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 4/1/2024

APPROVED
 ON
 APR 01 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MMC PORTION

Tuscany Village

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	
3/31/2024 Added to Account	-	203.77					203.77
3/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000213448	-	9,478.55					9,478.55
3/29/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000149	-	22,279.36					22,279.36
3/28/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	92,806.50	-					-
3/27/2024 Deposit	-	3,458.00					3,458.00
3/27/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000169	-	5,580.72					5,580.72
3/26/2024 Deposit	-	6,344.00					6,344.00
3/26/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000137	-	96,665.34					96,665.34
3/25/2024 HNB - ECHO HCCLAIMPMT 746003411 440000247827	-	6,680.36					6,680.36
3/25/2024 WELLPOINT CO AP E-PAYMENT EE52766951 1110000	-	15,225.18	12,391.08	2,834.10		13,808.13	1,417.05
3/25/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000103	-	138,015.50					138,015.50
	92,806.50	303,930.78	12,391.08	2,834.10	-	13,808.13	290,122.65

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,689,145.09	\$1,621,400.69	\$1,689,145.09	\$1,991,449.27
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.19	\$543.19	\$543.19	\$542.50
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.28	\$437.28	\$437.28	\$436.73
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$251,830.34	\$266,137.17	\$251,830.34	\$198,132.18
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$212,402.73	\$219,118.01	\$212,402.73	\$167,938.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$189,021.06	\$197,975.74	\$189,021.06	\$137,138.71
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$143,601.61	\$156,563.46	\$143,601.61	\$136,489.20
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$61,978.71	\$63,016.16	\$61,978.71	\$54,134.74
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$67,524.71	\$78,587.24	\$67,524.71	\$67,353.55
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$394.27	\$394.27	\$394.27	\$382.86
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,220.73	\$30,220.73	\$30,220.73	\$27,767.95
*5506 MMC -NH BETHANY SENIOR LIVING	\$277,431.74	\$282,370.24	\$277,431.74	\$277,168.09
*3407 MMC -NH TUSCANY VILLAGE ✓	\$304,030.78 ✓	\$304,030.78 ✓	\$304,030.78	\$272,069.10
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$609,891.25	\$609,891.25	\$609,891.25	\$608,191.31
Total Balance	\$3,838,553.49	\$3,830,786.21	\$3,838,553.49	\$3,939,294.60

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 4/1/2024

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		222,403.82	221,741.01	276,768.93			277,431.74	276,505.28
						Bank Balance	277,431.74	
						Variance		
						Leave in Balance	100.00	

January Interest	260.87
February Interest	301.94
March Interest	263.65
Adjust Balance/Transfer Amt	276,505.28

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 4/1/2024

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

APPROVED
 ON
 APR 01 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

3/31/2024 Added to Account
 3/28/2024 WIRE OUT PORT LAVACA NH, LLC
 3/28/2024 Deposit
 3/28/2024 Deposit
 3/27/2024 Deposit
 3/27/2024 Deposit
 3/27/2024 Deposit
 3/27/2024 Deposit

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	263.65	-	-	-	-	-	263.65
221,741.01	-	-	-	-	-	-	-
-	46,490.43	-	-	-	-	-	46,490.43
-	14,057.80	-	-	-	-	-	14,057.80
-	181,231.19	-	-	-	-	-	181,231.19
-	13,511.75	-	-	-	-	-	13,511.75
-	18,691.82	-	-	-	-	-	18,691.82
-	2,522.29	-	-	-	-	-	2,522.29
221,741.01	276,768.93	-	-	-	-	-	276,768.93

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,689,145.09	\$1,621,400.69	\$1,689,145.09	\$1,991,449.27
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.19	\$543.19	\$543.19	\$542.50
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.28	\$437.28	\$437.28	\$436.73
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$251,830.34	\$266,137.17	\$251,830.34	\$198,132.18
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$212,402.73	\$219,118.01	\$212,402.73	\$167,938.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$189,021.06	\$197,975.74	\$189,021.06	\$137,138.71
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$143,601.61	\$156,563.46	\$143,601.61	\$136,489.20
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$61,978.71	\$63,016.16	\$61,978.71	\$54,134.74
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*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$30,220.73	\$30,220.73	\$30,220.73	\$27,767.95
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$277,431.74 ✓	\$282,370.24 ✓	\$277,431.74	\$277,168.09
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*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$609,891.25	\$609,891.25	\$609,891.25	\$608,191.31
Total Balance	\$3,838,553.49	\$3,830,786.21	\$3,838,553.49	\$3,939,294.60

Ashford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 4/1/2024
A _____
Y _____
E _____
E _____

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 001235

FOR ACCT USE ONLY

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

AMOUNT: \$ 22,405.01 ✓ G/L NUMBER: 21400007

EXPLANATION: Wellpoint January QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew Dubois Santos*

4/1/24

Broadmoor ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 4/1/2024

A _____

Y _____

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E _____

FOR ACCT USE ONLY

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

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000271

AMOUNT: \$ 8,341.55 G/L NUMBER: 21400007

EXPLANATION: Wellpoint January QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. [Signature]

4/1/24

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 4/1/2024

A _____

Y _____

E _____

E _____

FOR ACCT USE ONLY

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

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 00334

AMOUNT: \$ 6,196.77 ✓ G/L NUMBER: 10255040

EXPLANATION: Wellpoint January QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Delos Santos

4/1/24

Fort Bend ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 4/1/2024

A _____

Y _____

E _____

E _____

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000243

FOR ACCT USE ONLY

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

AMOUNT: \$ 7,021.58 ✓ G/L NUMBER: 10255040

EXPLANATION: Wellpoint January QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Delos Santos

4/1/24

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 4/1/2024

A _____

Y _____

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APPROVED
ON
APR 01 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 001297

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT: \$ 6,724.64 ✓ G/L NUMBER: 10255040

EXPLANATION: Wellpoint January QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeFos Solera

4/1/24

Tuscany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

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

Date Requested: 4/1/2024

FOR ACCT USE ONLY

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

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
C.K. # 001151

AMOUNT: \$ 13,808.13 G/L NUMBER: 10255040

EXPLANATION: Wellpoint January QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeFonzo

4/1/24

MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001235

Date 4-3-24

88-2265/1131

PAY

TO THE ORDER OF

MMC Operating

\$ 22,405. ⁰¹/₁₀₀

Twenty-two thousand, four hundred five dollars ⁰¹/₁₀₀

DOLLARS



PROSPERITY BANK

county auditor

FOR Wellpoint January

MP
County Treasurer
Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000271

Date 4-3-24

88-2265/1131

PAY

TO THE ORDER OF

MMC Operating

\$ 8341. ⁵⁵/₁₀₀

Eight thousand, three hundred forty-one dollars ⁵⁵/₁₀₀

DOLLARS



PROSPERITY BANK

county auditor

FOR Wellpoint January

MP
County Treasurer
Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000334

Date 4-3-24

88-2265/1131

PAY

TO THE ORDER OF

MMC Operating

\$ 6,196. ⁷⁷/₁₀₀

Six thousand, one hundred ninety-six dollars ⁷⁷/₁₀₀

DOLLARS



PROSPERITY BANK

county auditor

FOR Wellpoint January

MP
County Treasurer
Security features are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000243

Date 4.3.24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 7021.58/100

Seven thousand, twenty-one dollars & 58/100

DOLLARS



PROSPERITY
BANK

county auditor

FOR Wellpoint January



MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001297

Date 4.3.24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 6724.44/100

Six thousand, seven hundred twenty-four dollars & 44/100

DOLLARS



PROSPERITY
BANK

county auditor

FOR Wellpoint January



MEMORIAL MEDICAL CENTER

TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001151

Date 4.3.24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 13,808.13/100

Thirteen thousand, eight hundred eight dollars & 13/100

DOLLARS



PROSPERITY
BANK

county auditor

FOR Wellpoint January



Commissioner's Court 4/3/2024

QIPP Payment to MMC from Nursing Facilities

NH Name	From Bank Acct #	Ck #	Payee	GL #	Wellpoint January				TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC - Prosperity Operating #100000001	10255040	22,405.01				22,405.01	4/3/2024
Broadmoor ✓	10000019 - Prosperity		MMC - Prosperity Operating #100000001	10255040	8,341.55				8,341.55	4/3/2024
Crescent ✓	10000020 - Prosperity		MMC - Prosperity Operating #100000001	10255040	6,196.77				6,196.77	4/3/2024
Fort Bend ✓	10000021 - Prosperity		MMC - Prosperity Operating #100000001	10255040	7,021.58				7,021.58	4/3/2024
Solera ✓	10000022 - Prosperity		MMC - Prosperity Operating #100000001	10255040	6,724.64				6,724.64	4/3/2024
Golden Creek	10000023 - Prosperity		MMC - Prosperity Operating #100000001	10255040					-	4/3/2024
Bethany	10000026 - Prosperity		MMC - Prosperity Operating #100000001	10255040					-	4/3/2024
Tuscany ✓	10000015 - Prosperity		MMC - Prosperity Operating #100000001	10255040	13,808.13				13,808.13	4/3/2024
				Total:	64,497.68				64,497.68	

Note:

Andrew De los Santos

Approved:

ANDREW DE LOS SANTOS

4/1/2024

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Memorial Medical Center

Date Requested: 4/1/2024

APPROVED
ON
APR 01 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK #001234

FOR ACCT USE ONLY

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

AMOUNT: \$ 705.78 ✓ G/L NUMBER: _____

EXPLANATION: Quarter 1 2024 Interest

Ashford

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew J. Datas Santos
4/1/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Memorial Medical Center

Date Requested: 4/1/2024

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APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#000272

FOR ACCT USE ONLY

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

AMOUNT: \$ 693.15 ✓

G/L NUMBER: _____

EXPLANATION: Quarter 1 2024 Interest

Broadmoor

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew J. DeLeon

4/1/24

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Date Requested: 4/1/2024

A _____

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APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
C.A.# 000335

FOR ACCT USE ONLY

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

AMOUNT: \$ 972.37 ✓ G/L NUMBER: _____

EXPLANATION: Quarter 1 2024 Interest

Crescent ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Galt

411124

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Date Requested: 4/1/2024

A _____

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APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#00244

FOR ACCT USE ONLY

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

AMOUNT: \$ 301.90 G/L NUMBER: _____

EXPLANATION: Quarter 1 2024 Interest

Fort Bend

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Deloza Sinter

4/1/24

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Date Requested: 4/1/2024

A _____

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E _____

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 001298

FOR ACCT USE ONLY

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

AMOUNT: \$ 738.98 G/L NUMBER: _____

EXPLANATION: Quarter 1 2024 Interest

Salera

REQUESTED BY: Caitlin Clevenger AUTHORIZED BY: Andrea Delosbntol

4/1/24

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center

Date Requested: 4/1/2024

A _____

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E _____

APPROVED
ON

APR 01 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000209

FOR ACCT USE ONLY

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

AMOUNT: \$ 621.86 ✓

G/L NUMBER: _____

EXPLANATION: Quarter 1 2024 Interest

Golden Creek ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Datas

4/1/24

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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

Date Requested: 4/1/2024

APPROVED
ON
APR 01 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#1040

FOR ACCT USE ONLY

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

AMOUNT: \$ 826.46 ✓ G/L NUMBER: _____

EXPLANATION: Quarter 1 2024 Interest

Bethany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. ...

4/1/24

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

001236

Date 4-3-24 88-2265/1131

PAY TO THE ORDER OF MMC Operating \$ 705. $\frac{70}{100}$
Seven hundred five dollars $\frac{70}{100}$ DOLLARS



PROSPERITY BANK

FOR Q1 Interest

County auditor

MP
County Treasurer
Security measures are included. Details on back.

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

000272

Date 4-3-24 88-2265/1131

PAY TO THE ORDER OF MMC Operating \$ 693. $\frac{15}{100}$
Six hundred ninety-three dollars $\frac{15}{100}$ DOLLARS



PROSPERITY BANK

FOR Q1 Interest

County auditor

MP
County Treasurer
Security measures are included. Details on back.

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

000335

Date 4-3-24 88-2265/1131

PAY TO THE ORDER OF MMC Operating \$ 972. $\frac{37}{100}$
Nine hundred seventy-two dollars $\frac{37}{100}$ DOLLARS



PROSPERITY BANK

FOR Q1 Interest

County auditor

MP
County Treasurer
Security measures are included. Details on back.

MEMORIAL MEDICAL CENTER

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

000244

88-2265/1131

Date 4-3-24

PAY

TO THE ORDER OF

MMC Operating

\$ 301. ⁹⁰/₁₀₀

Three hundred one dollars & ⁹⁰/₁₀₀

DOLLARS



County auditor

FOR

Q1 Interest



MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001298

88-2265/1131

Date 4-3-24

PAY

TO THE ORDER OF

MMC Operating

\$ 738. ⁷⁸/₁₀₀

Seven hundred thirty-eight dollars & ⁷⁸/₁₀₀

DOLLARS



County auditor

FOR

Q1 Interest



MEMORIAL MEDICAL CENTER

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

000209

88-2265/1131

Date 4-3-24

PAY

TO THE ORDER OF

MMC Operating

\$ 621. ⁸⁰/₁₀₀

Six hundred twenty-one dollars & ⁸⁰/₁₀₀

DOLLARS



County auditor

FOR

Q1 Interest



MEMORIAL MEDICAL CENTER 102019
NH BETHANY SENIOR LIVING

PH 361-553-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1040

88-2255/1131-67

DATE 4-3-24

CHECK ARMOR

PAY
TO THE
ORDER OF

MMC Operating

\$ 826-⁴⁶/₁₀₀

Eight hundred and twenty-six dollars ; ⁴⁶/₁₀₀

DOLLARS

Photo
Safe
Deposit
Check or Lock



PROSPERITY BANK

PORT LAVACA BANKING CENTER
1109 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-553-7411 www.prosperitybankusa.com

FOR Q1 Interest

country and/or

country transfer

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #	GL #	Amt	Date
Ashford ✓	10000018 - Prosperity		MMC - Prosperity Operating #10000001	21400012	21400012	705.78	1/8/2024 ✓
Broadmoor ✓	10000019 - Prosperity		MMC - Prosperity Operating #10000001	21400009	21400009	693.15	1/8/2024 ✓
Crescent ✓	10000020 - Prosperity		MMC - Prosperity Operating #10000001	21400010	21400010	972.37	1/8/2024 ✓
Fort Bend ✓	10000021 - Prosperity		MMC - Prosperity Operating #10000001	21400008	21400008	301.90	1/8/2024 ✓
Solera ✓	10000022 - Prosperity		MMC - Prosperity Operating #10000001	21400011	21400011	738.98	1/8/2024 ✓
Golden Creek ✓	10000023 - Prosperity		MMC - Prosperity Operating #10000001	21400013	21400013	621.86	1/8/2024 ✓
Bethany ✓	10000026 - Prosperity		MMC - Prosperity Operating #10000001	21400015	21400015	826.46	1/8/2024 ✓
						4,860.50	✓

Note:

Approved: *Andrew De Los Santos*
 Andrew De Los Santos

4/1/2024

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Tuscany*

P Solera ✓

Date Requested: 4/1/2024

A _____

Y _____

E _____

E _____

APPROVED
ON
APR 01 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 001152

FOR ACCT USE ONLY

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

AMOUNT: \$ 3,150.00

G/L NUMBER: 21400007

EXPLANATION: Claim payment owed ^{by} Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andreia DeFonseca*

4/1/24

MEMORIAL MEDICAL CENTER
TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001152

Date 4.3.24 88-2265/1131

PAY
TO THE
ORDER OF

Solera

\$ 3,150 $\frac{00}{100}$

Three thousand, one hundred fifty dollars $\frac{00}{100}$ DOLLARS



PROSPERITY
BANK

county auditor

county treasurer
Security features and
included. Details on back.

FOR _____

0

RUN DATE:04/03/24
 TIME:11:50

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

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000209	04/03/24	621.86	MMC OPERATING
NHF	000243	04/03/24	7,021.58	MMC OPERATING
NHF *	000244	04/03/24	301.90	MMC OPERATING
NHB	000271	04/03/24	8,341.55	MMC OPERATING
NHB *	000272	04/03/24	693.15	MMC OPERATING
NHC	000334	04/03/24	6,196.77	MMC OPERATING
NHC *	000335	04/03/24	972.37	MMC OPERATING
BSL *	001040	04/03/24	826.46	MMC OPERATING
TUS	001151	04/03/24	13,808.13	MMC OPERATING
TUS *	001152	04/03/24	3,150.00	SOLERA
NHA	001235	04/03/24	22,405.01	MMC OPERATING
NHA *	001236	04/03/24	705.78	MMC OPERATING
NHS	001297	04/03/24	6,724.64	MMC OPERATING
NHS *	001298	04/03/24	738.98	MMC OPERATING
A/P	203554	04/03/24	53.61	ADT COMMERCIAL
A/P	203555	04/03/24	15,903.78	AIRGAS USA, LLC - CENTRAL DIV
A/P	203556	04/03/24	419.97	AMAZON CAPITAL SERVICES
A/P	203557	04/03/24	87.00	AMBU INC
A/P	203558	04/03/24	23,266.56	BECKMAN COULTER INC
A/P	203559	04/03/24	83.79	CALHOUN COUNTY
A/P	203560	04/03/24	265.29	CAPITAL ONE
A/P	203561	04/03/24	25,660.00	CARRIER CORPORATION
A/P	203562	04/03/24	248.44	CDW GOVERNMENT, INC.
A/P	203563	04/03/24	38.80	CENTRAL DRUG
A/P	203564	04/03/24	593.69	CHEMAQUA
A/P	203565	04/03/24	2,628.67	CITY OF PORT LAVACA
A/P	203566	04/03/24	.00	VOIDED
A/P	203567	04/03/24	320.00	COLONIAL PENN LIFE INSURANCE
A/P	203568	04/03/24	243.90	CONMED CORPORATION
A/P	203569	04/03/24	2,777.48	COOPER SURGICAL INC
A/P	203570	04/03/24	419.00	CYGNUS MEDICAL LLC
A/P	203571	04/03/24	728.66	DEWITT POTH & SON
A/P	203572	04/03/24	489.85	DIRECTV ENTERTAINMENT HOLDINGS
A/P	203573	04/03/24	144,932.37	DISCOVERY MEDICAL NETWORK INC
A/P	203574	04/03/24	344.38	DONN STRINGO
A/P	203575	04/03/24	143.92	EPIMED
A/P	203576	04/03/24	7,441.70	EVIDENT
A/P	203577	04/03/24	108.30	FEDERAL EXPRESS CORP.
A/P	203578	04/03/24	600.00	FIRETRON, INC
A/P	203579	04/03/24	8,177.39	FISHER HEALTHCARE
A/P	203580	04/03/24	82.23	FRONTIER
A/P	203581	04/03/24	876.84	FUSION CLOUD SERVICES, LLC
A/P	203582	04/03/24	306.00	GAIL BROTHERS
A/P	203583	04/03/24	5,080.91	GBS ADMINISTRATORS, INC
A/P	203584	04/03/24	66.74	GETINGE USA SALES LLC
A/P	203585	04/03/24	8,859.20	GLAXOSMITHKLINE PHARMACUETICAL
A/P	203586	04/03/24	93.77	GRAINGER
A/P	203587	04/03/24	700.00	GUERBET, LLC
A/P	203588	04/03/24	1,687.62	GULF COAST PAPER COMPANY
A/P	203589	04/03/24	68.74	HILL-ROM COMPANY, INC

14920 REPUBLIC SERVICES, INC.
 REPUBLIC SERVICES #847, PHOENIX, AZ 85062-8829
 MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

203553

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
001317348	01/26/24	1,738.62			1,738.62
CHECK NO. 203553 03/29/24		TOTALS		TOTALS	1,738.62

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

203553

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
001317348	01/26/24	1,738.62			1,738.62
CHECK NO. 203553		TOTALS		TOTALS	1,738.62

MEMORIAL
 MEDICAL  CENTER

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

PROSPERITY BANK

88-2265
 1131

203553

14920 203553
 DATE AMOUNT
 03/29/24 \$1,738.62

One Thousand Seven Hundred Thirty-Eight Dollars and Sixty-Two Cents

PAY TO THE ORDER OF
 REPUBLIC SERVICES, INC.
 REPUBLIC SERVICES #847
 PO BOX 78829
 PHOENIX, AZ 85062-8829

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER



Dashboard

Stop Payment Activ... X

Request Stop Pay... X

Stop Payment Acti...

Request Stop Pay...

Request Stop Payment

Request

Review

Company Name

COUNTY OF CALHOUN TEXAS

Contact Name

MELISSA MCKISSACK

Phone Number

(361)553-4620

Stop Request

Check	Date Written	Amount	Written to	Reason
202739	02/07/2024	\$1,738.62	republic services, inc.	Lost

Showing 1 check

From: ltrevino@mmcportlavaca.com (Lisa Trevino) [mailto:ltrevino@mmcportlavaca.com]

Sent: Tuesday, March 26, 2024 2:49 PM

To: Melissa McKissack <Melissa.McKissack@calhouncotx.org>

Subject: 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.

Hi Melissa,

Please issue a stop payment on check # 202739 issued to Republic Services Inc. on 2/7/24 in the amount of \$1738.62. As of today it has not cleared our account.

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