

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 10, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	866,108.87	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$	213,993.45	✓
TOTAL NURSING HOME UPL EXPENSES	\$	803,804.45	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$	-	
GRAND TOTAL DISBURSEMENTS APPROVED April 10, 2024	\$	1,883,906.77	✓

APPROVED

APR 10 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 10, 2024

PAYABLES AND PAYROLL

4/4/2024 Weekly Payables	195,074.91
4/4/2024 Patient Refunds	1,259.59
4/9/2024 Texas State Board of Pharmacy-license renewal	580.00
4/8/2024 McKesson-340B Prescription Expense	4,329.78
4/8/2024 Amerisource Bergen-340B Prescription Expense	420.66
4/8/2024 Payroll Liabilities -Payroll Taxes	121,228.32
4/8/2024 Payroll	378,831.21

Prosperity Electronic Bank Payments

4/3-4/5/24 Credit Card & Lease Fees	847.09
3/18-4/1/24 90 Degree Benefits-employee insurance claims	46,337.13
2/26-3/24/24 Truescripts-prescription claim fee	48,711.58
4/1-4/5/24 Pay Plus-Patient Claims Processing Fee	563.64
4/1/2024 HPHG- April health insurance premium payments	66,570.23
4/12/2024 Health Equity-HSA Contributions	1,322.83
4/2/2024 Authnet Gateway Billing-3rd Party Payor Fee	31.90

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 866,108.87**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

4/4/2024 MMC Operating to Broadmoor-correction of nursing home payment deposited into MMC Operating	3,264.00
4/4/2024 MMC Operating to The Crescent-correction of nursing home insurance payment deposited into MMC Operating	16,975.20
4/4/2024 MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating	105,849.38
4/4/2024 MMC Operating to Gulf Pointe Plaza - correction of nursing home payment deposited into MMC Operating	1,065.26
4/4/2024 MMC Operating to Tuscany Village-correction of nursing home insurance payment deposited into MMC Operating	39,875.92
4/4/2024 MMC Operating to Bethany-correction of nursing home insurance payment deposited into MMC Operating	46,963.69

TOTAL TRANSFERS BETWEEN FUNDS **\$ 213,993.45**

NURSING HOME UPL EXPENSES

4/8/2024 Nursing Home UPL-Cantex Transfer	292,882.76
4/8/2024 Nursing Home UPL-Nexion Transfer	201,343.45
4/8/2024 Nursing Home UPL-HMG Transfer	69,173.30
4/8/2024 Nursing Home UPL-Tuscany Transfer	27,978.96
4/8/2024 Nursing Home UPL-HSL Transfer	149,302.30

QIPP CHECKS TO MMC

4/8/2024 Broadmoor	25,123.35
4/8/2024 Crescent	13,338.04
4/8/2024 Fort Bend	2,379.01
4/8/2024 Solera	20,883.28

TRANSFER OF FUNDS BETWEEN NURSING HOMES

4/8/2024 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	1,400.00
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TOTAL NURSING HOME UPL EXPENSES **\$ 803,804.45**

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

GRAND TOTAL DISBURSEMENTS APPROVED April 10, 2024 **\$ 1,883,906.77**

RECEIVED

04/04/2024 APR 04 2024

11:24

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/26/2024

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ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

A1680 AIRGAS USA, LLC - CENTRAL DIV ✓
M
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
9148156194 ✓ 03/29/202 03/21/202 04/15/202 369.52 0.00 0.00 369.52 ✓

OXYGEN

Vendor Totals: Number Name Gross Discount No-Pay Net
A1680 AIRGAS USA, LLC - CENTRAL DIV 369.52 0.00 0.00 369.52

Vendor# Vendor Name Class Pay Code

A1715 ALCO SALES & SERVICE CO ✓
M
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
2944855-IN ✓ 03/29/202 03/22/202 04/02/202 215.04 0.00 0.00 215.04 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
A1715 ALCO SALES & SERVICE CO 215.04 0.00 0.00 215.04

Vendor# Vendor Name Class Pay Code

14028 AMAZON CAPITAL SERVICES ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
1WQ1-JHQH-N6J6 ✓ 02/29/202 02/22/202 03/23/202 49.99 0.00 0.00 49.99 ✓

SUPPLIES

13H9-CYWH-KG9H ✓ 03/27/202 03/21/202 04/20/202 27.90 0.00 0.00 27.90 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
14028 AMAZON CAPITAL SERVICES 77.89 0.00 0.00 77.89

Vendor# Vendor Name Class Pay Code

A1360 AMERISOURCEBERGEN DRUG CORP ✓
W
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
804539307 ✓ 03/29/202 02/29/202 03/06/202 102.06 0.00 0.00 102.06 ✓

804570332 ✓ 03/29/202 03/15/202 03/21/202 131.31 0.00 0.00 131.31 ✓

INVENTORY

Vendor Totals: Number Name Gross Discount No-Pay Net
A1360 AMERISOURCEBERGEN DRUG CORP 233.37 0.00 0.00 233.37

Vendor# Vendor Name Class Pay Code

14088 AZALEA HEALTH ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
101684 ✓ 03/29/202 03/01/202 03/01/202 594.00 0.00 0.00 594.00 ✓

MONTHLY FEES

Vendor Totals: Number Name Gross Discount No-Pay Net
14088 AZALEA HEALTH 594.00 0.00 0.00 594.00

Vendor# Vendor Name Class Pay Code

10024 BECTON, DICKINSON & CO (BD) ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
9112471634 ✓ 03/27/202 03/13/202 04/12/202 273.25 0.00 0.00 273.25 ✓

SUPPLIES

Vendor Totals: Number Name Gross Discount No-Pay Net
10024 BECTON, DICKINSON & CO (BD) 273.25 0.00 0.00 273.25

Vendor# Vendor Name Class Pay Code

11072 BIO-RAD LABORATORIES, INC ✓
Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
907113840 ✓ 03/29/202 03/12/202 03/07/202 859.47 0.00 0.00 859.47 ✓

SUPPLIES

907121581 ✓ 03/29/202 03/14/202 04/02/202 596.70 0.00 0.00 596.70 ✓

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
907121 ⁵⁸ 32	SUPPLIES			2,119.47	0.00	0.00	2,119.47 ✓
	03/29/202 03/14/202 04/02/202						
	SUPPLIES						
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC		3,575.64	0.00	0.00	3,575.64
Vendor#	Vendor Name	Class	Pay Code				
B1655	BOSTON SCIENTIFIC CORPORATION ✓	M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross
99786548 ✓	Supplies	03/29/202	03/18/202	04/02/202			393.00 ✓
							Discount
							No-Pay
							Net
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION		393.00	0.00	0.00	393.00
Vendor#	Vendor Name	Class	Pay Code				
14120	CALHOUN COUNTY EMS ✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross
2024-02 ✓		02/29/202	03/11/202	04/20/202			2,640.00 ✓
	FEB EMS TRANSFERS (2/2-24/21/24)						Discount
							No-Pay
							Net
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	14120	CALHOUN COUNTY EMS		2,640.00	0.00	0.00	2,640.00
Vendor#	Vendor Name	Class	Pay Code				
C1992	CDW GOVERNMENT, INC. ✓	M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross
QB79036 ✓		03/27/202	03/08/202	04/07/202			175.72 ✓
	SUPPLIES - monitor						Discount
							No-Pay
							Net
QB78889 ✓		03/27/202	03/08/202	04/07/202			294.21 ✓
	SUPPLIES						Discount
							No-Pay
							Net
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.		469.93	0.00	0.00	469.93
Vendor#	Vendor Name	Class	Pay Code				
13000	CLEARFLY ✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross
INV595956 ✓		04/03/202	04/01/202	04/15/202			1,203.95 ✓
	PHONE						Discount
							No-Pay
							Net
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	13000	CLEARFLY		1,203.95	0.00	0.00	1,203.95
Vendor#	Vendor Name	Class	Pay Code				
13336	COCA COLA SOUTHWEST BEVERAGES ✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross
40213840004 ✓		03/29/202	03/06/202	04/05/202			703.86 ✓
	BEVERAGES						Discount
							No-Pay
							Net
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES		703.86	0.00	0.00	703.86
Vendor#	Vendor Name	Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS ✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross
43084 ✓		03/29/202	03/29/202	04/08/202			40,062.50 ✓
	PHYSICIAN SERV (16th - EDM)						Discount
							No-Pay
							Net
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS		40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name	Class	Pay Code				
14336	FIRETRON, INC ✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross
253268 ✓		03/25/202	03/25/202	04/24/202			680.00 ✓
	CLINIC INSPECITIONS						Discount
							No-Pay
							Net
253265 ✓		03/25/202	03/25/202	04/24/202			1,973.00 ✓
	INSPECTIONS						Discount
							No-Pay
							Net

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14336	FIRETRON, INC		2,653.00	0.00	0.00	2,653.00		
Vendor#	Vendor Name		Class	Pay Code						
F1400	FISHER HEALTHCARE ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0866182 ✓		03/29/202	03/20/202	04/14/202			16.26	0.00	0.00	16.26 ✓
	SUPPLIES									
0866181 ✓		03/29/202	03/20/202	04/14/202			622.29	0.00	0.00	622.29 ✓
	SUPPLIES									
0905060 ✓		03/29/202	03/21/202	04/15/202			375.98	0.00	0.00	375.98 ✓
	SUPPLIES									
0905059 ✓		03/29/202	03/21/202	04/15/202			375.98	0.00	0.00	375.98 ✓
	SUPPLIES									
0905058 ✓		03/29/202	03/21/202	04/15/202			187.99	0.00	0.00	187.99 ✓
	SUPPLIES									
0905061 ✓		03/29/202	03/21/202	04/15/202			691.53	0.00	0.00	691.53 ✓
	SUPPLIES									
0905062 ✓		03/29/202	03/21/202	04/15/202			202.28	0.00	0.00	202.28 ✓
	SUPPLIES									
0940719 ✓		03/29/202	03/22/202	04/16/202			375.98	0.00	0.00	375.98 ✓
	SUPPLIES									
0940718 ✓		03/29/202	03/22/202	04/16/202			24.34	0.00	0.00	24.34 ✓
	SUPPLIES									
0976711 ✓		03/29/202	03/25/202	04/19/202			5,973.20	0.00	0.00	5,973.20 ✓
	SUPPLIES									
0976710 ✓		03/29/202	03/25/202	04/19/202			37.13	0.00	0.00	37.13 ✓
	SUPPLIES									
0976709 ✓		03/29/202	03/25/202	04/19/202			38.39	0.00	0.00	38.39 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		F1400	FISHER HEALTHCARE		8,921.35	0.00	0.00	8,921.35		
Vendor#	Vendor Name		Class	Pay Code						
14156	FUJI FILM ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91460948 ✓		03/29/202	03/25/202	04/15/202			7,908.33	0.00	0.00	7,908.33 ✓
	CONTRACT									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14156	FUJI FILM		7,908.33	0.00	0.00	7,908.33		
Vendor#	Vendor Name		Class	Pay Code						
10956	GETINGE USA SALES LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6992511664 ✓		03/29/202	02/28/202	04/04/202			64.13	0.00	0.00	64.13 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10956	GETINGE USA SALES LLC		64.13	0.00	0.00	64.13		
Vendor#	Vendor Name		Class	Pay Code						
W1300	GRAINGER ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9055745823 ✓		03/29/202	03/18/202	04/12/202			67.68	0.00	0.00	67.68 ✓
	SUPPLIES									
9056542468 ✓		03/29/202	03/18/202	04/12/202			94.85	0.00	0.00	94.85 ✓
	SUPPLIES									
9056771364 ✓		03/29/202	03/18/202	04/12/202			341.40	0.00	0.00	341.40 ✓
	SUPPLIES									
9056771372 ✓		03/29/202	03/18/202	04/12/202			134.34	0.00	0.00	134.34 ✓
	SUPPLIES									

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				638.27	0.00	0.00	638.27
Vendor#	Vendor Name			Class	Pay Code					
15348	HEALTH EQUITY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
VOS0897 ✓		04/04/202	04/04/202	04/04/202		353.60	0.00	0.00	353.60	✓
	APR 24 FEES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15348	HEALTH EQUITY				353.60	0.00	0.00	353.60
Vendor#	Vendor Name			Class	Pay Code					
12380	HEALTH SOLUTIONS DIETETICS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
033024		03/29/202	03/30/202	04/15/202		4,250.00	0.00	0.00	4,250.00	✓
	DIETICIAN SERV (211-3130/24)									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12380	HEALTH SOLUTIONS DIETETICS				4,250.00	0.00	0.00	4,250.00
Vendor#	Vendor Name			Class	Pay Code					
H1226	HEALTHMARK INDUSTRIES CO INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
INV1854475 ✓		03/29/202	12/18/202	01/18/202		72.43	0.00	0.00	72.43	✓
	SUPPLIES									
INV1862127 ✓		03/29/202	01/05/202	02/05/202		55.22	0.00	0.00	55.22	✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		H1226	HEALTHMARK INDUSTRIES CO INC				127.65	0.00	0.00	127.65
Vendor#	Vendor Name			Class	Pay Code					
10829	HEALTHSTREAM, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
0351131 ✓		03/29/202	03/22/202	04/21/202		120.96	0.00	0.00	120.96	✓
	ANNUAL									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10829	HEALTHSTREAM, INC.				120.96	0.00	0.00	120.96
Vendor#	Vendor Name			Class	Pay Code					
15208	HOSPITAL CARE CONSULTANTS INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
030824 ✓		03/29/202	03/08/202	03/18/202		-3,000.00	0.00	0.00	-3,000.00	✓
	CREDIT									
6473 ✓		03/29/202	03/31/202	04/10/202		23,663.00	0.00	0.00	23,663.00	✓
	HOSPITALIST (16-FOM)									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15208	HOSPITAL CARE CONSULTANTS INC.				20,663.00	0.00	0.00	20,663.00
Vendor#	Vendor Name			Class	Pay Code					
11285	ITA RESOURCES INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
MMC42024 ✓		03/29/202	03/29/202	04/18/202		29,065.42	0.00	0.00	29,065.42	✓
	RESPIRATORY SERV									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11285	ITA RESOURCES INC				29,065.42	0.00	0.00	29,065.42
Vendor#	Vendor Name			Class	Pay Code					
11108	ITERSOURCE CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
711753 ✓		04/01/202	04/01/202	04/02/202		250.00	0.00	0.00	250.00	✓
	MONTHLY SRV									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11108	ITERSOURCE CORPORATION				250.00	0.00	0.00	250.00
Vendor#	Vendor Name			Class	Pay Code					

J0150	J & J HEALTH CARE SYSTEMS, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
937783941 ✓		03/20/202	03/18/202	04/17/202			184.40	0.00	0.00	184.40 ✓
	SUPPLIES									
937805567 ✓		03/29/202	03/19/202	04/18/202			481.98	0.00	0.00	481.98 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
J0150 J & J HEALTH CARE SYSTEMS, INC							666.38	0.00	0.00	666.38
Vendor#	Vendor Name	Class		Pay Code						
M2310	MEDELA INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7002021438 ✓		03/29/202	03/12/202	04/02/202			284.80	0.00	0.00	284.80 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
M2310 MEDELA INC							284.80	0.00	0.00	284.80
Vendor#	Vendor Name	Class		Pay Code						
11141	MEDICAL DATA SYSTEMS, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
189845 ✓		03/29/202	02/29/202	03/25/202			1,800.01	0.00	0.00	1,800.01 ✓
	COLLECTION FEES									
189844 ✓		03/29/202	02/29/202	03/25/202			1,239.86	0.00	0.00	1,239.86 ✓
	COLLECTION FEES									
190673 ✓		03/29/202	03/31/202	04/25/202			192.25	0.00	0.00	192.25 ✓
	BUSINESS SERV									
191018 ✓		03/31/202	03/31/202	04/25/202			117.33	0.00	0.00	117.33 ✓
	COLLECTION FEES									
191016 ✓		03/31/202	03/31/202	04/25/202			2,993.82	0.00	0.00	2,993.82 ✓
	COLLECTION FEES									
191017 ✓		03/31/202	03/31/202	04/25/202			2,899.51	0.00	0.00	2,899.51 ✓
	COLLECTION FEES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11141 MEDICAL DATA SYSTEMS, INC.							9,242.78	0.00	0.00	9,242.78
Vendor#	Vendor Name	Class		Pay Code						
M2470	MEDLINE INDUSTRIES INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2310915179 ✓		03/21/202	03/13/202	04/07/202			1,131.04	0.00	0.00	1,131.04 ✓
	SUPPLIES									
2311779088 ✓		03/27/202	03/20/202	04/14/202			377.79	0.00	0.00	377.79 ✓
	SUPPLIES									
2310440100 ✓		03/29/202	03/08/202	04/02/202			48.50	0.00	0.00	48.50 ✓
	SUPPLIES									
2312516931 ✓		03/29/202	03/25/202	04/19/202			11.14	0.00	0.00	11.14 ✓
	SUPPLIES									
2312516930 ✓		03/29/202	03/26/202	04/20/202			11.14	0.00	0.00	11.14 ✓
	SUPPLIES									
2312618374 ✓		03/29/202	03/26/202	04/20/202			304.45	0.00	0.00	304.45 ✓
	SUPPLIES									
2312516933 ✓		03/29/202	03/26/202	04/20/202			8.92	0.00	0.00	8.92 ✓
	SUPPLIES									
2312733347 ✓		03/29/202	03/27/202	04/21/202			30.73	0.00	0.00	30.73 ✓
	SUPPLIES									
2312733351 ✓		03/29/202	03/27/202	04/21/202			480.13	0.00	0.00	480.13 ✓
	SUPPLIES									
2312733353 ✓		03/29/202	03/27/202	04/21/202			116.30	0.00	0.00	116.30 ✓
	SUPPLIES									
2312733352 ✓		03/29/202	03/27/202	04/21/202			2,501.94	0.00	0.00	2,501.94 ✓

		SUPPLIES								
2312733349			03/29/202	03/27/202	04/21/202		1,727.71	0.00	0.00	1,727.71
		SUPPLIES								
2312733350			03/29/202	03/27/202	04/21/202		7.13	0.00	0.00	7.13
		SUPPLIES								
2313036450			03/29/202	03/29/202	04/23/202		152.78	0.00	0.00	152.78
		SUPPLIES								
2313036449			03/29/202	03/29/202	04/23/202		79.44	0.00	0.00	79.44
		SUPPLIES								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				6,989.14	0.00	0.00	6,989.14
Vendor#	Vendor Name		Class	Pay Code						
10182	MERCEDES SCIENTIFIC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2820360		03/29/202	03/25/202	04/24/202			35.88	0.00	0.00	35.88
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		10182	MERCEDES SCIENTIFIC				35.88	0.00	0.00	35.88
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
CM1360		03/29/202	03/25/202	04/04/202			-11.41	0.00	0.00	-11.41
	CREDIT									
SC4858		03/31/202	03/25/202	04/04/202			127.36	0.00	0.00	127.36
	SERV CHARGE									
SC4859		03/31/202	03/25/202	04/04/202			98.07	0.00	0.00	98.07
	SERV CHARGE									
1807405		03/31/202	03/27/202	04/06/202			528.15	0.00	0.00	528.15
	INVENTORY									
1807406		03/31/202	03/27/202	04/06/202			698.54	0.00	0.00	698.54
	INVENTORY									
2271		03/31/202	03/28/202	04/07/202			-195.44	0.00	0.00	-195.44
	CREDIT									
1811596		03/31/202	03/28/202	04/07/202			955.81	0.00	0.00	955.81
	INVENTORY									
1811595		03/31/202	03/28/202	04/07/202			676.23	0.00	0.00	676.23
	INVENTORY									
1818679		03/31/202	03/31/202	04/10/202			8.79	0.00	0.00	8.79
	INVENTORY									
1818680		03/31/202	03/31/202	04/10/202			170.08	0.00	0.00	170.08
	INVENTORY									
1820220		04/03/202	04/01/202	04/11/202			93.38	0.00	0.00	93.38
	INVENTORY									
1822227		04/03/202	04/01/202	04/11/202			52.92	0.00	0.00	52.92
	INVENTORY									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				3,202.48	0.00	0.00	3,202.48
Vendor#	Vendor Name		Class	Pay Code						
13548	NACOGDOCHES TRANSCRIPTION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8314		03/29/202	03/19/202	03/29/202			99.10	0.00	0.00	99.10
	TRANSCRIPTION SERV									
8335		04/03/202	04/02/202	04/12/202			203.70	0.00	0.00	203.70
	TRANSCRIPTION SERV									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		13548	NACOGDOCHES TRANSCRIPTION				302.80	0.00	0.00	302.80

Vendor#	Vendor Name	Class	Pay Code							
S0905	PERFORMANCE HEALTH ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN97447890 ✓		03/27/202	03/20/202	04/14/202			191.73	0.00	0.00	191.73 ✓
SUPPLIES										
Vendor Totals: Number		Name			Gross	Discount	No-Pay	Net		
S0905		PERFORMANCE HEALTH			191.73	0.00	0.00	191.73		
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
302 ✓		03/29/202	03/28/202	03/29/202			900.00	0.00	0.00	900.00 ✓
ACLS										
303 ✓		03/29/202	03/28/202	04/15/202			700.00	0.00	0.00	700.00 ✓
PALS										
Vendor Totals: Number		Name			Gross	Discount	No-Pay	Net		
14764		PL-CPR, LLC			1,600.00	0.00	0.00	1,600.00		
Vendor#	Vendor Name	Class	Pay Code							
P2200	POWER HARDWARE ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
033124		03/31/202	03/31/202	04/10/202			68.14	0.00	0.00	68.14 ✓
SUPPLIES										
Vendor Totals: Number		Name			Gross	Discount	No-Pay	Net		
P2200		POWER HARDWARE			68.14	0.00	0.00	68.14		
Vendor#	Vendor Name	Class	Pay Code							
10936	SIEMENS FINANCIAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382400037997 ✓		03/31/202	03/30/202	04/19/202			1,333.33	0.00	0.00	1,333.33 ✓
LEASE										
Vendor Totals: Number		Name			Gross	Discount	No-Pay	Net		
10936		SIEMENS FINANCIAL SERVICES			1,333.33	0.00	0.00	1,333.33		
Vendor#	Vendor Name	Class	Pay Code							
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116519808 ✓		03/29/202	03/16/202	04/10/202			2,451.95	0.00	0.00	2,451.95 ✓
SYMBIA EVO CONTRACT										
116522332 ✓		03/29/202	03/24/202	04/18/202			3,507.72	0.00	0.00	3,507.72 ✓
LUMINOS AGILE MAX										
Vendor Totals: Number		Name			Gross	Discount	No-Pay	Net		
S2001		SIEMENS MEDICAL SOLUTIONS INC			5,959.67	0.00	0.00	5,959.67		
Vendor#	Vendor Name	Class	Pay Code							
12472	SOMETHING MORE MEDIA, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2183 ✓		03/29/202	03/27/202	04/11/202			2,525.00	0.00	0.00	2,525.00 ✓
ADVERTISING										
Vendor Totals: Number		Name			Gross	Discount	No-Pay	Net		
12472		SOMETHING MORE MEDIA, INC.			2,525.00	0.00	0.00	2,525.00		
Vendor#	Vendor Name	Class	Pay Code							
S3940	STERIS CORPORATION ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12199877 ✓		03/29/202	03/20/202	04/14/202			-234.82	0.00	0.00	-234.82 ✓
SUPPLIES										
12210998 ✓		03/29/202	03/22/202	04/16/202			234.82	0.00	0.00	234.82 ✓
SUPPLIES										
Vendor Totals: Number		Name			Gross	Discount	No-Pay	Net		
S3940		STERIS CORPORATION			0.00	0.00	0.00	0.00		

14212	SURGICAL DIRECT SOUTH ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
9333 ✓		03/29/202	03/26/202	04/25/202			3,660.00	0.00	0.00	3,660.00 ✓	
	SUPPLIES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	14212	SURGICAL DIRECT SOUTH						3,660.00	0.00	0.00	3,660.00
Vendor#	Vendor Name		Class	Pay Code							
10410	TRAVEL NURSE ACROSS AMERICA ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
22-894728 ✓		03/31/202	03/06/202	04/06/202			3,150.00	0.00	0.00	3,150.00 ✓	
	DAVID COYLE ER										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	10410	TRAVEL NURSE ACROSS AMERICA						3,150.00	0.00	0.00	3,150.00 ✓
Vendor#	Vendor Name		Class	Pay Code							
13144	TRI WHOLESale CO. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
195537 ✓		03/29/202	02/16/202	03/16/202			98.48	0.00	0.00	98.48 ✓	
	SUPPLIES										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	13144	TRI WHOLESale CO.						98.48	0.00	0.00	98.48
Vendor#	Vendor Name		Class	Pay Code							
14372	TRIAGE, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
INV1796936101 ✓		03/21/202	03/22/202	04/21/202			3,467.50	0.00	0.00	3,467.50 ✓	
	S SHAW										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	14372	TRIAGE, LLC						3,467.50	0.00	0.00	3,467.50
Vendor#	Vendor Name		Class	Pay Code							
U1064	UNIFIRST HOLDINGS INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2921028163 ✓		03/29/202	03/25/202	04/19/202			2,897.79	0.00	0.00	2,897.79 ✓	
	LAUNDRY										
2921028164 ✓		03/29/202	03/25/202	04/19/202			102.07	0.00	0.00	102.07 ✓	
	LAUNDRY										
2921028502 ✓		03/29/202	03/28/202	04/22/202			253.41	0.00	0.00	253.41 ✓	
	LAUNDRY										
2921028497 ✓		03/29/202	03/28/202	04/22/202			216.26	0.00	0.00	216.26 ✓	
	LAUNDRY										
2921028498 ✓		03/29/202	03/28/202	04/22/202			2,543.35	0.00	0.00	2,543.35 ✓	
	LAUNDRY										
2921028503 ✓		03/29/202	03/28/202	04/22/202			113.81	0.00	0.00	113.81 ✓	
	LAUNDRY										
2921028496 ✓		03/29/202	03/28/202	04/22/202			121.87	0.00	0.00	121.87 ✓	
	LAUNDRY										
2921028499 ✓		03/29/202	03/28/202	04/22/202			32.90	0.00	0.00	32.90 ✓	
	LAUNDRY										
2921028500 ✓		03/29/202	03/28/202	04/22/202			315.03	0.00	0.00	315.03 ✓	
	LAUNDRY										
2921028501 ✓		03/29/202	03/28/202	04/22/202			282.90	0.00	0.00	282.90 ✓	
	LAUNDRY										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net	
	U1064	UNIFIRST HOLDINGS INC						6,879.39	0.00	0.00	6,879.39
Vendor#	Vendor Name		Class	Pay Code							
11280	VICTORIA ADVOCATE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
0329764		03/29/202	03/31/202	04/15/202			30.50	0.00	0.00	30.50 ✓	

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Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11280	VICTORIA ADVOCATE		30.50	0.00	0.00	30.50 ✓		
Vendor#	Vendor Name		Class	Pay Code						
12208	WAGeworks ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV6347438 ✓		03/29/202	03/25/202	04/24/202			596.00	0.00	0.00	596.00 ✓
MONTHLY COMPLIANCE/FSA										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		12208	WAGeworks		596.00	0.00	0.00	596.00		
Vendor#	Vendor Name		Class	Pay Code						
12548	WAGeworks, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24-TR116685 ✓		03/29/202	03/01/202	03/01/202			131.25	0.00	0.00	131.25 ✓
COBRA MAR 24										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		12548	WAGeworks, INC		131.25	0.00	0.00	131.25		
Vendor#	Vendor Name		Class	Pay Code						
11400	WEST COAST MEDICAL RESOURCES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV111420 ✓		03/27/202	03/25/202	03/27/202			1,432.00	0.00	0.00	1,432.00 ✓
SUPPLIES										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11400	WEST COAST MEDICAL RESOURCES		1,432.00	0.00	0.00	1,432.00		
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
WCS00006599 ✓		03/29/202	03/01/202	03/30/202			17,400.00	0.00	0.00	17,400.00 ✓
WOUND CARE FEB 24										
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10556	WOUND CARE SPECIALISTS		17,400.00	0.00	0.00	17,400.00		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	195,074.91	0.00	0.00	195,074.91

APPROVED
ON

APR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203675 - 203724

RECEIVED

APR 09 2024

04/09/2024

16:45

County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0
ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

T2198 TEXAS STATE BOARD OF PHARMACY

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040324		04/09/202	04/03/202	04/04/202			580.00	0.00	0.00	580.00

LICENSE RENEWAL

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
T2198	TEXAS STATE BOARD OF PHARMACY	580.00	0.00	0.00	580.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	580.00	0.00	0.00	580.00

Critical

APPROVED
ON

APR 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203738

8

RUN DATE:04/10/24
TIME:11:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/10/24 THRU 04/10/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203675	04/10/24	369.52	AIRGAS USA, LLC - CENTRAL DIV
A/P	203676	04/10/24	215.04	ALCO SALES & SERVICE CO
A/P	203677	04/10/24	77.89	AMAZON CAPITAL SERVICES
A/P	203678	04/10/24	233.37	AMERISOURCEBERGEN DRUG CORP
A/P	203679	04/10/24	594.00	AZALEA HEALTH
A/P	203680	04/10/24	273.25	BECTON, DICKINSON & CO (BD)
A/P	203681	04/10/24	3,575.64	BIO-RAD LABORATORIES, INC
A/P	203682	04/10/24	393.00	BOSTON SCIENTIFIC CORPORATION
A/P	203683	04/10/24	2,640.00	CALHOUN COUNTY EMS
A/P	203684	04/10/24	469.93	CDW GOVERNMENT, INC.
A/P	203685	04/10/24	1,203.95	CLEARFLY
A/P	203686	04/10/24	703.86	COCA COLA SOUTHWEST BEVERAGES
A/P	203687	04/10/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	203688	04/10/24	2,653.00	FIRETRON, INC
A/P	203689	04/10/24	.00	VOIDED
A/P	203690	04/10/24	8,921.35	FISHER HEALTHCARE
A/P	203691	04/10/24	7,908.33	FUJI FILM
A/P	203692	04/10/24	64.13	GETINGE USA SALES LLC
A/P	203693	04/10/24	638.27	GRAINGER
A/P	203694	04/10/24	353.60	HEALTH EQUITY
A/P	203695	04/10/24	4,250.00	HEALTH SOLUTIONS DIETETICS
A/P	203696	04/10/24	127.65	HEALTHMARK INDUSTRIES CO INC
A/P	203697	04/10/24	120.96	HEALTHSTREAM, INC.
A/P	203698	04/10/24	20,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	203699	04/10/24	29,065.42	ITA RESOURCES INC
A/P	203700	04/10/24	250.00	ITERSOURCE CORPORATION
A/P	203701	04/10/24	666.38	J & J HEALTH CARE SYSTEMS, INC
A/P	203702	04/10/24	284.80	MEDELA INC
A/P	203703	04/10/24	9,242.78	MEDICAL DATA SYSTEMS, INC.
A/P	203704	04/10/24	.00	VOIDED
A/P	203705	04/10/24	6,989.14	MEDLINE INDUSTRIES INC
A/P	203706	04/10/24	35.88	MERCEDES SCIENTIFIC
A/P	203707	04/10/24	3,202.48	MORRIS & DICKSON CO, LLC
A/P	203708	04/10/24	302.80	NACOGDOCHES TRANSCRIPTION
A/P	203709	04/10/24	191.73	PERFORMANCE HEALTH
A/P	203710	04/10/24	1,600.00	PL-CPR, LLC
A/P	203711	04/10/24	68.14	POWER HARDWARE
A/P	203712	04/10/24	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	203713	04/10/24	5,959.67	SIEMENS MEDICAL SOLUTIONS INC
A/P	203714	04/10/24	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	203715	04/10/24	3,660.00	SURGICAL DIRECT SOUTH
A/P	203716	04/10/24	3,150.00	TRAVEL NURSE ACROSS AMERICA
A/P	203717	04/10/24	98.48	TRI WHOLESALE CO.
A/P	203718	04/10/24	3,467.50	TRIAGE, LLC
A/P	203719	04/10/24	6,879.39	UNIFIRST HOLDINGS INC
A/P	203720	04/10/24	30.50	VICTORIA ADVOCATE
A/P	203721	04/10/24	596.00	WAGeworks
A/P	203722	04/10/24	131.25	WAGeworks, INC
A/P	203723	04/10/24	1,432.00	WEST COAST MEDICAL RESOURCES
A/P	203724	04/10/24	17,400.00	WOUND CARE SPECIALISTS

RUN DATE:04/10/24
TIME:11:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/10/24 THRU 04/10/24

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203725	04/10/24	46,963.69	BETHANY SENIOR LIVING
A/P	203726	04/10/24	3,264.00	BROADMOOR AT CREEKSIDE PARK
A/P	203727	04/10/24	105,849.38	GOLDENCREEK HEALTHCARE
A/P	203728	04/10/24	1,065.26	GULF POINTE PLAZA
A/P	203729	04/10/24	16,975.20	THE CRESCENT
A/P	203730	04/10/24	39,875.92	TUSCANY VILLAGE
A/P	203731	04/10/24	440.51	
A/P	203732	04/10/24	55.36	
A/P	203733	04/10/24	451.86	
A/P	203734	04/10/24	56.15	
A/P	203735	04/10/24	150.00	
A/P	203736	04/10/24	17.01	
A/P	203737	04/10/24	88.70	
A/P	203738	04/10/24	580.00	TEXAS STATE BOARD OF PHARMACY
TOTALS:			410,907.95	

APPROVED ON

APR 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 185,074.91 +
Pct. Refunds 1,259.59 +
NH Xfers 213,993.45 +
610,327.95 ◊
Critical 580.00 +
610,907.95 ◊

RECEIVED BY THE
COUNTY AUDITOR ON

APPROVED ON

RUN DATE: 04/04/24
TIME: 09:14

APR 04 2024

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

APR 04 2024 PAGE 1
APCDEDIT

PATIENT
NUMBER

PAYEE NAME

CALHOUN COUNTY, TEXAS

DATE

PAY PAT
AMOUNT CODE TYPE DESCRIPTION

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
GL NUM

✓ 1564764	01		032924	56.15	1	REFUND FOR
✓ 1576183	01		032924	150.00	3	REFUND FOR
✓ 1592663	01		032924	451.86	2	REFUND FOR
✓ 1593325	01		032924	88.70	2	REFUND FOR
✓ 1593754	01		032924	55.36	2	REFUND FOR
✓ 1593795	01		032924	17.01	2	REFUND FOR
✓ 1595220	01		032924	440.51	3	REFUND FOR

ARID=0001 TOTAL

1259.59

TOTAL

1259.59

MCKESSON

STATEMENT

As of: 04/05/2024

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory:

As of: 04/05/2024 Page: 002
Mail to: Comp: 8000

Customer: 632536
Date: 04/06/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 04/06/2024 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,418.14 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 04/09/2024,
Pay This Amount: 4,329.78 USD

If Paid After 04/09/2024,
Pay this Amount: 4,418.14 USD

Due If Paid On Time:
USD 4,329.78 ✓

Disc lost if paid late:
88.36

Due If Paid Late:
USD 4,418.14

4 * 216 * 35 +
52 * 43 +
26 * 33 +
34 * 67 +
4 * 329 * 78 *

Andrew Lopez Santos
4/8/24

APPROVED
ON

APR 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

STATEMENT

As of: 04/05/2024

Page: 001

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

Company: 8000

DC: 8115
Customer INV SupplD:
Territory: 7001

As of: 04/05/2024 Page: 001
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 256342
Date: 04/06/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/06/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS												
04/01/2024	04/09/2024	7487122925		111118998	115Invoice	1.34	66.99		65.65	✓	7487122925	✓
04/01/2024	04/09/2024	7487122926		111118998	115Invoice	0.04	1.90		1.86	✓	7487122926	✓
04/01/2024	04/09/2024	7487122928		111194393	115Invoice	9.68	484.14		474.46	✓	7487122928	✓
04/01/2024	04/09/2024	7487122929		111194393	115Invoice	2.68	133.98		131.30	✓	7487122929	✓
04/01/2024	04/09/2024	7487159368		111308842	115Invoice	0.01	0.32		0.31	✓	7487159368	✓
04/01/2024	04/09/2024	7487351243		111125605	195Invoice	5.25	262.45		257.20	✓	7487351243	✓
04/02/2024	04/09/2024	7487446638		111349712	115Invoice	0.87	43.54		42.67	✓	7487446638	✓
04/02/2024	04/09/2024	7487453521		111425088	115Invoice	0.06	3.16		3.10	✓	7487453521	✓
04/02/2024	04/09/2024	7487453522		111425465	115Invoice	0.06	3.16		3.10	✓	7487453522	✓
04/02/2024	04/09/2024	7487602698		111203880	115Invoice	9.07	453.33		444.26	✓	7487602698	✓
04/02/2024	04/09/2024	7487602699		111356118	195Invoice	0.48	23.88		23.40	✓	7487602699	✓
04/03/2024	04/09/2024	7487729077		111498599	115Invoice	0.01	0.49		0.48	✓	7487729077	✓
04/03/2024	04/09/2024	7487729078		111498599	115Invoice	5.01	250.69		245.68	✓	7487729078	✓
04/03/2024	04/09/2024	7487907674		111505665	195Invoice	0.02	0.95		0.93	✓	7487907674	✓
04/04/2024	04/09/2024	7488004634		111631257	115Invoice	1.00	50.24		49.24	✓	7488004634	✓
04/04/2024	04/09/2024	7488004635		111631257	115Invoice	26.88	1,344.18		1,317.30	✓	7488004635	✓
04/04/2024	04/09/2024	7488004637		111692383	115Invoice		0.10		0.10	✓	7488004637	✓
04/04/2024	04/09/2024	7488155821		111643876	115Invoice	0.01	0.32		0.31	✓	7488155821	✓
04/04/2024	04/09/2024	7488155822		111637243	195Invoice	0.47	23.56		23.09	✓	7488155822	✓
04/05/2024	04/09/2024	7488273323		111806499	115Invoice	17.16	857.93		840.77	✓	7488273323	✓
04/05/2024	04/09/2024	7488434388		111751568	195Invoice	5.94	297.08		291.14	✓	7488434388	✓

APPROVED
ON

APR 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/05/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 04/06/2024

As of: 04/05/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/06/2024 ITEMS NOT PAID (✓)

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item
National Account 832536

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 4,302.39 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,539.65
04/01/2024

If Paid By 04/09/2024,
Pay This Amount: 4,216.35 USD

If Paid After 04/09/2024,
Pay this Amount: 4,302.39 USD

Due If Paid On Time: 4,216.35 ✓
USD
Disc lost if paid late: 86.04
Due If Paid Late: 4,302.39
USD

Andrew DeLosSantos
4/8/24

APPROVED
ON

APR 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 04/05/2024

Page: 001

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

Company: 8000

HEB PHCY 0434/MEM MED PHS
 MEMORIAL MEDICAL CENTER
 VICKY KALISEK
 815 N VIRGINIA ST
 PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115
 Customer INV SupplD:
 Territory: 7001

Customer: 190813
 Date: 04/06/2024

As of: 04/05/2024 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 190813 PLEASE CHECK ANY
 Date: 04/06/2024 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 190813 HEB PHCY 0434/MEM MED PHS												
04/05/2024	04/09/2024	7488277981		3862976	115Invoice	1.07	53.50		52.43	✓	7488277981	✓

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 53.50 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10/24/2022 0.00

If Paid By 04/09/2024,
 Pay This Amount: 52.43 USD

If Paid After 04/09/2024,
 Pay this Amount: 53.50 USD

Due If Paid On Time:
 USD 52.43 ✓
 Disc lost if paid late: 1.07
 Due If Paid Late:
 USD 53.50

Andrew Dolan Santos
 4/8/24

APPROVED
 ON

APR 08 2024

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/05/2024

Page: 001

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

Company: 8000

DC: 8115
Customer INV SupplD:
Territory: 7001

As of: 04/05/2024 Page: 001
Mail to: Comp: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 835434
Date: 04/06/2024

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 04/06/2024 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
04/03/2024	04/09/2024	7487749023	632536 3149447	115Invoice	0.54	26.87		26.33		7487749023

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: 26.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 04/01/2024 3,539.65

If Paid By 04/09/2024,
Pay This Amount: 26.33 USD

If Paid After 04/09/2024,
Pay this Amount: 26.87 USD

Due If Paid On Time: 26.33 USD ✓
Disc lost if paid late: 0.54
Due If Paid Late: 26.87 USD

Andrew DeLoe Santos
4/8/24

APPROVED
ON

APR 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 04/05/2024

Page: 001

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

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

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 04/06/2024

As of: 04/05/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 04/06/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
04/03/2024	04/09/2024	7487925450	3147868	115Invoice	0.71	35.38		34.67	✓	7487925450	✓

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: 35.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 04/01/2024 3,539.65

If Paid By 04/09/2024,
Pay This Amount:

34.67 USD

If Paid After 04/09/2024,
Pay this Amount:

35.38 USD

Due If Paid On Time:

USD

34.67 ✓ ✓

Disc lost if paid late:

0.71

Due If Paid Late:

USD

35.38

Andrae DeSantos
4/8/24

APPROVED
ON

APR 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 67204443
Date: 04-05-2024

Serviced By:	AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101	Customer:	WALGREENS #12494 340B MEMORIAL MEDICAL CENTER ✓ 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	Customer Number	100135284 / 037028186
	DEA: RA0289276 866-451-9655			Terms	Sat - Fri Due in 7 days

Remit To:	AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223	Summary	Not Yet Due:	0.00
			Current:	420.66
			Past Due:	0.00
			Total Due:	420.66
			Account Balance:	420.66

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-01-2024	04-12-2024	3169919631	7006108222	Invoice	32.03 ✗		0.00	32.03 ✓
04-01-2024	04-12-2024	3169919632	7006122236	Invoice	42.70 ✗		0.00	42.70 ✓
04-01-2024	04-12-2024	3169919633	7006129509	Invoice	86.82 ✗		0.00	86.82 ✓
04-02-2024	04-12-2024	3170084986	7006137949	Invoice	12.81 ✗		0.00	12.81 ✓
04-03-2024	04-12-2024	3170247632	7006142520	Invoice	20.99 ✗		0.00	20.99 ✓
04-04-2024	04-12-2024	3170402360	7006151480	Invoice	201.28 ✗		0.00	201.28 ✓
04-05-2024	04-12-2024	3170545275	7006161510	Invoice	24.03 ✗		0.00	24.03 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
420.66	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
04-05-2024	(965.59)

Reminders	
Due Date	Amount
04-12-2024	420.66
Total Due:	420.66 ✓

Andrew D. Santos ✓
4/8/24

APPROVED
ON
APR 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"

ENTER:
###

"ENTER YOUR 4-DIGIT PIN"

"MAKE A PAYMENT, PRESS 1"

"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"

★ #

"IF FEDERAL TAX DEPOSIT ENTER 1"

"ENTER 2-DIGIT TAX FILING YEAR"

★

"ENTER 2-DIGIT TAX FILING ENDING MONTH"

★

1ST QTR - 03 (MARCH) - Jan, Feb, Mar

2ND QTR - 06 (JUNE) - Apr, May, June

3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept

4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"
"1 TO CONFIRM"

★ *Revised*
 #

"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"

0 #

"ENTER W/CENTS AMOUNT OF MEDICARE"

#

"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"

#

"6-DIGIT SETTLEMENT DATE"
"1 TO CONFIRM"

★

ACKNOWLEDGEMENT NUMBER

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN
 PAY PERIOD: END
 PAY DATE:

3/22/2024
 4/4/2024
 4/12/2024

ENTER VOID CKS AS NEGATIVE NUMBERS

VOIDED CK (1) VOIDED CK (2) ADDITIONAL CK (1) ADDITIONAL CK (1)

TOTALS

GROSS PAY:	\$ 551,447.27			\$ -	\$ 551,447.27
DEDUCTIONS:					
A/R	\$ 272.85				\$ 272.85
ADVANC					\$ -
BOOTS					\$ -
MUTUAL CRITICAL ILLNESS					\$ -
MUTUAL ACCIDENT					\$ -
IRS TAX					\$ -
MUTUAL SHORT TERM DIS					\$ -
MUTUAL VISION	\$ 891.52				\$ 891.52
CAFÉ-D	\$ 1,287.04				\$ 1,287.04
CAFÉ-H	\$ 31,310.83				\$ 31,310.83
	\$ -				\$ -
CAFÉ-P					\$ -
CANCER					\$ -
CHILD	\$ 570.69				\$ 570.69
CLINIC	\$ 440.00				\$ 440.00
COMBIN	\$ 250.86				\$ 250.86
CREDUN	\$ -				\$ -
DENTAL	\$ -				\$ -
DEP-LF					\$ -
MUTUAL TERM LIFE	\$ 1,389.78				\$ 1,389.78
MUTUAL HOSP INDEM	\$ 619.50				\$ 619.50
FED TAX	\$ 43,014.90				\$ 43,014.90
FICA-M	\$ 7,412.45				\$ 7,412.45
FICA-O	\$ 31,694.26				\$ 31,694.26
FICA-M ADDITIONAL					\$ -
FIRST C					\$ -
FLEX S	\$ 5,502.83				\$ 5,502.83
FLX-FE	\$ -				\$ -
GIFT S	\$ 200.22				\$ 200.22
MUTUAL CRITICAL ILLNESS	\$ 1,111.21				\$ 1,111.21
MUTUAL ACCIDENT	\$ 754.70				\$ 754.70
MUTUAL SHORT TERM DIS	\$ 2,006.61				\$ 2,006.61
LEGAL	\$ 1,230.24				\$ 1,230.24
OTHER	\$ 2,137.33				\$ 2,137.33
NATIONAL FARM LIFE	\$ 1,336.05				\$ 1,336.05
MED SURCHARGE	\$ 315.00				\$ 315.00
Blank					\$ -
RELAY					\$ -
REPAY					\$ -
STONEDF	\$ 1,140.86				\$ 1,140.86
STONE					\$ -
STONE 2					\$ -
STUDEN					\$ -
TSA-R	\$ 37,726.33				\$ 37,726.33
UW/HOS	\$ -				\$ -
TOTAL DEDUCTIONS:	\$ 172,616.06	\$ -	\$ -	\$ -	\$ 172,616.06
NET PAY:	\$ 378,831.21	\$ -	\$ -	\$ -	\$ 378,831.21
TOTAL CAFÉ 125 PLAN:	\$ 40,133.08	Less Exempt:			
TAXABLE PAY:	\$ 511,314.19	\$ 511,180.37			Exempt Amt:

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,414.06		
FICA - MED (EE)	1.45% \$ 7,414.06	\$ 7,412.45	\$ 1.61
FICA - SOC SEC (ER)	6.20% \$ 31,693.18		
FICA - SOC SEC (EE)	6.20% \$ 31,693.18	\$ 31,694.26	\$ (1.08)
FED WITHHOLDING	\$ 43,014.90	\$ 43,014.90	

Employees over FICA-SS Cap:
 Roshanda Thomas
 Michael Gaines
 FICA EXEMPT(Teresa Benitez): \$ 133.82
TOTAL: \$ 133.82

TAX DEPOSIT:	\$ 121,229.38	\$ 121,228.32
FICA - MEDICARE	2.90% \$ 14,828.12	\$ 14,824.90
FICA - SOCIAL SECURITY	12.40% \$ 63,386.36	\$ 63,388.52
FED WITHHOLDING	\$ 43,014.90	\$ 43,014.90
TOTAL TAX:	\$ 121,229.38	\$ 121,228.32

PREPARED BY: Andrie Flores
 PREPARED DATE: 4/8/2024

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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		24
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		03
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 118,409.74 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 62,084.98 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 14,519.96 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 41,804.80 #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	3/22/2024	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	4/4/2024					
PAY DATE:	4/12/2024					
GROSS PAY:	\$ 540,934.52			\$ -		\$ 540,934.52
DEDUCTIONS:						
A/R	\$ 272.85					\$ 272.85
ADVANC						\$ -
BOOTS						\$ -
MUTUAL CRITICAL ILLNESS						\$ -
MUTUAL ACCIDENT						\$ -
IRS TAX						\$ -
MUTUAL SHORT TERM DIS						\$ -
MUTUAL VISION	\$ 894.88					\$ 894.88
CAFÉ-D	\$ 1,291.84					\$ 1,291.84
CAFÉ-H	\$ 31,418.73					\$ 31,418.73
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 570.69					\$ 570.69
CLINIC	\$ 440.00					\$ 440.00
COMBIN	\$ 250.86					\$ 250.86
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
MUTUAL TERM LIFE	\$ 1,389.78					\$ 1,389.78
MUTUAL HOSP INDEM	\$ 619.50					\$ 619.50
FED TAX	\$ 41,804.80					\$ 41,804.80
FICA-M	\$ 7,259.98					\$ 7,259.98
FICA-O	\$ 31,042.49					\$ 31,042.49
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 5,502.83					\$ 5,502.83
FLX-FE	\$ -					\$ -
GIFT S	\$ 200.22					\$ 200.22
MUTUAL CRITICAL ILLNESS	\$ 1,111.21					\$ 1,111.21
MUTUAL ACCIDENT	\$ 754.70					\$ 754.70
MUTUAL SHORT TERM DIS	\$ 2,006.61					\$ 2,006.61
LEGAL	\$ 1,197.34					\$ 1,197.34
OTHER	\$ 2,123.61					\$ 2,123.61
NATIONAL FARM LIFE	\$ 1,336.05					\$ 1,336.05
MED SURCHARGE	\$ 315.00					\$ 315.00
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 1,140.86					\$ 1,140.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 37,017.13					\$ 37,017.13
UWHOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 169,961.96	\$ -	\$ -	\$ -	\$ -	\$ 169,961.96
NET PAY:	\$ 370,972.56	\$ -	\$ -	\$ -	\$ -	\$ 370,972.56

TOTAL CAFÉ 125 PLAN:	\$ 40,249.14	Less Exempt:	
TAXABLE PAY:	\$ 500,685.38	\$ 500,685.38	Exempt Amt:

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,259.94		
FICA - MED (EE)	1.45% \$ 7,259.94	\$ 7,259.98	\$ (0.04)
FICA - SOC SEC (ER)	6.20% \$ 31,042.49		
FICA - SOC SEC (EE)	6.20% \$ 31,042.49	\$ 31,042.49	\$ -
FED WITHHOLDING	\$ 41,804.80	\$ 41,804.80	

Employees over FICA-SS Cap:
Roshanda Thomas
Michael Gaines

Paycode S - Employee Reimb.:

TAX DEPOSIT:	\$ 118,409.66	\$ 118,409.74	TOTAL:	\$ -
FICA - MEDICARE	2.90% \$ 14,519.88	\$ 14,519.96	PREPARED BY:	Andrie Flores
FICA - SOCIAL SECURITY	12.40% \$ 62,084.98	\$ 62,084.98	PREPARED DATE:	4/10/2024
FED WITHHOLDING	\$ 41,804.80	\$ 41,804.80		
TOTAL TAX:	\$ 118,409.66	\$ 118,409.74		\$ (0.08)

Final Summary

*-- Pay Code Summary							*-- Deductions Summary						
PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross	Code	Amount			
1	REGULAR PAY-S1	8638.50	N	N	N			200493.57	A/R	272.85	A/R2	A/R3	
1	REGULAR PAY-S1	1990.75	N	N	N	N		97949.04	ADVANC		AWARDS	BCBSVI	
1	REGULAR PAY-S1	789.00	N	N	Y			27031.48	BOOTS		CAFE H	CAFE-1	
1	REGULAR PAY-S1	214.25	Y	N	N			7067.83	CAFE-2		CAFE-3	CAFE-4	
2	REGULAR PAY-S2	2345.00	N	N	N			65039.93	CAFE-5		CAFE-C	CAFE-D 1287.04 ✓	
2	REGULAR PAY-S2	272.00	N	N	Y			11391.88	CAFE-F		CAFE-H 31310.83	CAFE-I	
2	REGULAR PAY-S2	74.25	Y	N	N			3337.16	CAFE-L		CAFE-P	CANCER	
3	REGULAR PAY-S3	1345.00	N	N	N			47606.78	CHILD	570.69	CLINIC	440.00	COMBIN 250.86 ✓
3	REGULAR PAY-S3	222.75	N	N	Y			12263.36	CREDUN		DD ADV	DENTAL	
3	REGULAR PAY-S3	49.75	Y	N	N			2129.87	DEP-LF		DIS-LF	EAT	
4	CALL BACK PAY	17.00	N	1	N	N	Y	776.72	EATCSH		FEDTAX	43014.90	FICA-M 7412.45 ✓
4	CALL BACK PAY	29.00	N	2	N	N	Y	1250.68	FICA-O	31694.26	FIRSTC	FLEX S	4755.00 ✓
4	CALL BACK PAY	2.00	N	3	N	N	Y	69.13	FLX FE		FORT D	FUTA	
4	CALL BACK PAY	1.00	Y	2	N	N	Y	50.34	GIFT S	200.22	GRANT	GRP-IN	
C	CALL PAY	2391.50	N	1	N	N		4783.00	GTL		HOSP-I	HSA 747.83 ✓	
D	DOUBLE TIME	3.75	N	2	N	N		314.18	ID TPT		IRSTAX	LEAF	
D	DOUBLE TIME	8.50	N	3	N	N		729.13	LEGAL	317.74	MASA	912.50	MEALS 2137.33 ✓
E	EXTRA WAGES		N	N	N	N		-600.00	METVIS		MISC	MISC/	
E	EXTRA WAGES		N	1	N	N	N	1593.75	MMCSHR		MOOACC	754.70	MOOILL 1111.21 ✓
I	INSERVICE	104.50	N	1	N	N		4107.07	MOOIND	619.50	MOOLIF	1389.78	MOOSTD 2006.61 ✓
I	INSERVICE	5.75	Y	1	N	N		352.37	MOOVIS	891.52	NATFML	1336.05	OTHER
K	EXTENDED-ILLNESS-BANK	30.00	N	N	N	N		738.00	PHI		PHI***	PR FIN	
K	EXTENDED-ILLNESS-BANK	306.00	N	1	N	N		8657.12	RELAY		REPAY	SAMS	
P	PAID-TIME-OFF	142.46	N	N	N	N		9385.48	SCRUBS		SIGNON	ST-TX	
P	PAID-TIME-OFF	1564.00	N	1	N	N		41175.46	STONDF	1140.86	STONE	STONE2	
X	CALL PAY 2	160.00	N	1	N	N		320.00	STUDEN		SUNACC	SUNILL	
Y	YMCA/CURVES		N	N	N	N		75.00	SUNIND		SUNLIP	SUNSTD	
Z	CALL PAY 3	96.00	N	1	N	N		288.00	SUNVIS		SURCHG	315.00	TSA-1
p	PAID TIME OFF - PROBATION	84.00	N	1	N	N		1395.94	TSA-2		TSA-C	TSA-P	
t	PHONE & DATA		N	N	N	N		1675.00	TSA-R	37726.33	TUTION	UNIFOR	
									UW/HOS				

----- Grand Totals: 20886.71 ----- (Gross: 551447.27 ✓ Deductions: 172616.06 ✓ Net: 378831.21 ✓)
 | Checks Count:- FT 213 PT 13 Other 38 Female 235 Male 28 Credit OverAmt 12 ZeroNet Term Total: 263 |

Andrew De Los Santos
418124

Run Date: 04/10/24
Time: 10:52

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 03/22/24 - 04/04/24 Run# 1

Page 111
P23EG

Final Summary

*-- Pay Code Summary					*-- Deductions Summary				
PayCd	Description	Hrs	OT	SH WE HO CB	Gross	Code	Amount		
1	REGULAR PAY-S1	9255.75	N	N N	214290.98	A/R	272.85	A/R2	A/R3
1	REGULAR PAY-S1	1990.75	N	N N N	97949.04	ADVANC		AWARDS	BCBSVI
1	REGULAR PAY-S1	171.75	N	N Y	6336.86	BOOTS		CAFE H	CAFE-1
1	REGULAR PAY-S1	214.25	Y	N N	7067.83	CAPE-2		CAPE-3	CAPE-4
2	REGULAR PAY-S2	2489.50	N	N N	68618.60	CAPE-5		CAPE-C	CAPE-D 1291.84 ✓
2	REGULAR PAY-S2	127.50	N	N Y	6021.10	CAPE-F		CAPE-H 31418.73	CAPE-I
2	REGULAR PAY-S2	74.25	Y	N N	3337.16	CAPE-L		CAPE-P	CANCER
3	REGULAR PAY-S3	1449.50	N	N N	51473.83	CHILD	570.69	CLINIC	440.00 COMBIN 250.86 ✓
3	REGULAR PAY-S3	112.00	N	N Y	6306.99	CREDON		DD ADV	DENTAL
3	REGULAR PAY-S3	56.00	Y	N N	2285.87	DEP-LF		DIS-LF	EAT
4	CALL BACK PAY	17.00	N	1 N N Y	776.72	EATCSH		FEDTAX	41804.80 FICA-M 7259.98 ✓
4	CALL BACK PAY	29.00	N	2 N N Y	1250.68	FICA-O	31042.45	FIRSTC	FLEX S 4755.00 ✓
4	CALL BACK PAY	2.00	N	3 N N Y	69.13	FLX FE		FORT D	FUTA
4	CALL BACK PAY	1.00	Y	2 N N Y	50.34	GIFT S	200.22	GRANT	GRP-IN
C	CALL PAY	2391.50	N	1 N N	4783.00	GTL		HOSP-I	HSA 747.83 ✓
D	DOUBLE TIME	3.75	N	2 N N	314.16	ID TPT		IRSTAX	LEAF
D	DOUBLE TIME	8.50	N	3 N N	729.13	LEGAL	284.84	MASA	912.59 MEALS 2123.62 ✓
E	EXTRA WAGES		N	N N N	-600.00	METVIS		MISC	MISC/
E	EXTRA WAGES		N	1 N N N	1593.75	MMCSHR		MOOACC	754.70 MOOILL 1111.21 ✓
I	INSERVICE	104.50	N	1 N N	4107.07	MOOIND	619.50	MOCLIF	1389.78 MOOSTD 2006.61 ✓
I	INSERVICE	5.75	Y	1 N N	352.37	MOOVIS	894.88	MATFML	1336.05 OTHER
K	EXTENDED-ILLNESS-BANK	30.00	N	N N N	738.00	PHI		PHI***	PR FIN
K	EXTENDED-ILLNESS-BANK	306.00	N	1 N N	8657.12	RELAY		REPAY	SAMS
P	PAID-TIME-OFF	142.46	N	N N N	9385.48	SCRUBS		SIGNON	ST-TX
P	PAID-TIME-OFF	1563.00	N	1 N N	41163.75	STONDP	1140.86	STONE	STONE2
X	CALL PAY 2	160.00	N	1 N N	320.00	STUDEN		SUNACC	SUNILL
Y	YMCA/CURVES		N	N N N	75.00	SUNIND		SUNLIF	SUNSTD
Z	CALL PAY 3	96.00	N	1 N N	288.00	SUNVIS		SURCHG	315.00 TSA-1
p	PAID TIME OFF - PROBATION	92.00	N	1 N N	1517.54	TSA-2		TSA-C	TSA-P
t	PHONE & DATA		N	N N N	1675.00	TSA-R	37017.13	TUTION	UNIFOR

----- Grand Totals: 20893.71 ----- (Gross: 540934.52 ✓ Deductions: 169961.96 ✓ Net: 370972.56 ✓)
 | Checks Count:- FT 212 PT 13 Other 38 Female 234 Male 28 Credit OverAmt 11 ZeroNet Term Total: 262 |

Andrew Delos Santos
4/10/24

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 1, 2024 - April 7, 2024 ✓**

Date	Bank Description	MMC Notes
4/5/2024	WIRE OUT nsKnox Technologies, Inc.	
4/5/2024	PAY PLUS ACHTrans 000000019111316 1010006988	- Medline Account Verification
4/5/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 3rd Party Payor Fee
4/5/2024	FDMS FDMS PYMT 052-2000500-000 4100012148248	- 340B Drug Program Expense
4/5/2024	FDMS FDMS PYMT 052-1601830-000 4100012147365	- Credit Card Processing Fee
4/4/2024	WIRE OUT HEALTHEQUITY	- Credit Card Processing Fee
4/4/2024	PAY PLUS ACHTrans 000000019010616 1010006976	-Wageworks
4/4/2024	HPHG LLC ACHPORTLAV MemMedCtr PtLav 11312265	- 3rd Party Payor Fee
4/3/2024	PAY PLUS ACHTrans 000000018872360 1010006963	- Health Insurance Claim Payments
4/3/2024	MERCHANT BANKCD DISCOUNT 971160913887 910000	- 3rd Party Payor Fee
4/3/2024	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee
4/3/2024	MERCHANT BANKCD FINCL ADJ 971160913887 910000	- Credit Card Processing Fee
4/3/2024	MERCHANT BANKCD FEE 971160913887 91000016536	- Credit Card Processing Fee
4/3/2024	MERCHANT BANKCD FEE 971160910883 91000016536	- Credit Card Processing Fee
4/3/2024	MERCHANT BANKCD INTERCHNG 971160913887 910000	- Credit Card Processing Fee
4/2/2024	PAY PLUS ACHTrans 000000018783337 1010006945	- 3rd Party Payor Fee
4/2/2024	MCKESSON DRUG AUTO ACH ACH05936180 910000165	- 340B Drug Program Expense
4/2/2024	AUTHNET GATEWAY BILLING 134903474 1040000143	- 3rd Party Payor Fee
4/1/2024	PAY PLUS ACHTrans 000000018627777 1010006931	- 3rd Party Payor Fee
4/1/2024	IRS USATAXPYMT 270449221495955 6103601001255	- Payroll Taxes

Amount	CPSI "Han	Chec
10.00*		
189.48		
965.59*		
75.67		
32.45		
15,447.67*		
19.20		
24,696.24**		
5.29		
341.70		
19.95		
0.06		
184.00		
9.95		
183.31		
136.64		
3,539.65*		
31.90		
213.03		
128,734.52		
174,836.30 ✓		

Pay PLUS
189.48 +
19.20 +
5.29 +
136.64 +
213.03 +
563.64 *
CC Fees
75.67 +
32.45 +
341.70 +
19.95 +
0.06 +
184.00 +
9.95 +
183.31 +
184.00 +
9.95 +
183.31 +
847.09 *
Authnet
31.90 +
31.90 *

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

April 8, 2024

* Approved 04.03.24 CC

** Approved 03.20.24 CC

* ** Approved 03.27.24 CC

Date	Descr	MMC Notes
	10.00 -	
	965.59 -	
	15,447.67 -	
	24,696.24 -	
	3,539.65 -	
	128,734.52 -	
	1,442.63 *	
	1,442.63 +	
	1,442.63 -	
	0.00 *	

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

April 8, 2024

Amount

0.00 ✓

563.64 +
847.09 +
31.90 +
1,442.63 *

APPROVED
ON

APR 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

90 DEGREE CLAIM PAYMENT INVOICE FOR CK DATE 3-25-24

CHNO	GRNO	LOCNO	EMPNO	DEPHO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUOT	PRVNO
1285	76351	1	1	0	2024	82002613	0	3/25/2024	\$6,083.72	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	1/1/2024	1/14/2024	464334244
1286	76351	1	1	0	2024	82002635	0	3/25/2024	\$22,099.03	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	1/29/2024	2/11/2024	464334244
1288	76351	1	2	0	2024	58000977	0	3/25/2024	\$281.00	1	MCCD FL PSYCHIATRY SERVICES PA	P	728	0			TELM	F	2/15/2024	2/15/2024	882977235
1289	76351	2	33	0	2024	78001111	0	3/25/2024	\$134.44	1	BCM PHYSICIANS	P	484	0			ODKS	F	3/7/2024	3/7/2024	300791563
1290	76351	2	33	0	2024	58001057	0	3/25/2024	\$134.82	1	BCM PHYSICIANS	P	457	0			OVS	F	2/19/2024	2/19/2024	300791563
1292	76351	3	37	0	2024	58000870	0	3/25/2024	\$16.38	1	VICTORIA EYE CENTER	P	457	0			OVS	F	2/14/2024	2/14/2024	742208337
1293	76351	3	40	3	2024	75000250	0	3/25/2024	\$44.72	1	ACADIANA WOMENS HEALTH GROUP APMC	P	177	0			OV	F	3/7/2024	3/7/2024	721268830
1294	76351	3	53	0	2024	59000383	0	3/25/2024	\$46.25	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0			OV	F	2/6/2024	2/6/2024	471158090
1297	76351	3	57	0	2024	58000871	0	3/25/2024	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	2/16/2024	2/16/2024	742605670
1298	76351	3	36	0	2024	58000990	0	3/25/2024	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	2/16/2024	2/16/2024	742605670
1299	76351	3	28	0	2024	58000975	0	3/25/2024	\$72.62	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	180	0			XRDR	F	2/21/2024	2/21/2024	741831291
1304	76351	3	37	0	2024	58001004	0	3/25/2024	\$256.20	1	SEAN K OSULLIVAN MDDABR	P	172	0			AB	F	2/20/2024	2/20/2024	742765481
1306	76360	2	72	0	2024	79001294	0	3/25/2024	\$11.46	1	BRUCE BAUKNIGHT	P	481	0			OPDX	F	1/23/2024	1/23/2024	471158090
1308	76360	2	87	0	2024	58000982	0	3/25/2024	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	2/21/2024	2/21/2024	742605670
1312	76360	3	83	0	2024	58000959	0	3/25/2024	\$11.19	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	2/12/2024	2/12/2024	741680498
1313	76360	3	16	2	2024	58001014	0	3/25/2024	\$14.23	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	2/12/2024	2/12/2024	741680498
1314	76360	3	79	1	2024	58001010	0	3/25/2024	\$40.61	1	PORT LAVACA CLINIC	P	177	0			OV	F	2/16/2024	2/16/2024	742605670
1325	76360	3	10	0	2024	58000916	0	3/25/2024	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	2/21/2024	2/21/2024	742605670
1326	76360	3	42	0	2024	79000232	0	3/25/2024	\$66.31	1	GREATER HOUSTON INTERVENTIONAL	P	177	0			OV	F	3/5/2024	3/5/2024	202341026
1332	76360	3	26	1	2024	58001046	0	3/25/2024	\$83.16	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	2/12/2024	2/12/2024	741680498
1333	76360	3	60	0	2024	58000948	0	3/25/2024	\$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	2/12/2024	2/12/2024	741680498
1334	76360	3	75	0	2024	58001025	0	3/25/2024	\$90.47	1	SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	2/9/2024	2/9/2024	741680498
1335	76360	3	22	0	2024	58000886	0	3/25/2024	\$102.28	1	VICTORIA EYE CENTER	P	457	0			OVS	F	2/13/2024	2/13/2024	742208337
1339	76360	3	94	0	2024	79001371	0	3/25/2024	\$165.00	1	AYO ADU, MD PLLC	P	177	0			OV	F	3/13/2024	3/13/2024	273335355
1343	76360	3	15	0	2024	58000921	0	3/25/2024	\$219.57	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0			OV	F	2/20/2024	2/20/2024	741831291
1344	76360	3	79	1	2024	60000308	0	3/25/2024	\$262.62	1	TEXAS CHILDREN'S PHYSICIAN SERVICES	P	728	0			TELM	F	1/16/2024	1/16/2024	260834681
1346	76360	5	99	0	2024	78001107	0	3/25/2024	\$152.82	1	VICTORIA EYE CENTER	P	457	0			OVS	F	2/9/2024	2/9/2024	742208337
1348	76370	3	19	0	2024	71000892	0	3/25/2024	\$3,470.66	1	VICTORIA AMBULATORY SURGERY CENTER	P	433	0			ASF	F	1/30/2024	1/30/2024	352240144

\$34,206.14

Andrew D. Santos
4/8/24

APPROVED
ON

APR 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

90 DEGREE CLAIM PAYMENT INVOICE FOR CK DATE 3-18-2024

CHKNO	GRPO	LOCNO	EMPNO	DEPTO	CLMIDR	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRU DT	PAYNO
1249	76351		32	0	2024	58001017	0	3/18/2024	\$83.16		1 SINGLETON ASSOCIATES PA	P		321	0				2/7/2024	2/7/2024	741680498
1250	76351		57	0	2024	58001011	0	3/18/2024	\$83.52		1 SINGLETON ASSOCIATES PA	P		172	0				2/6/2024	2/6/2024	741680498
1256	76351		28	0	2024	67000909	0	3/18/2024	\$425.00		1 ORTHOSOURCE INC	P		172	0				1/23/2024	1/23/2024	470843793
1263	76360		69	1	2024	67000006	0	3/18/2024	\$13.37		1 SINGLETON ASSOCIATES PA	P		181	0				1/25/2024	1/25/2024	741680498
1264	76360		30	1	2024	58000979	0	3/18/2024	\$19.10		1 VICTORIA ORTHOPEDIC CENTER, PLLC	P		457	0				2/12/2024	2/12/2024	260151734
1265	76360		47	0	2024	58001042	0	3/18/2024	\$66.59		1 HANNAH S SMITH MD	P		457	0				2/5/2024	2/5/2024	471158090
1267	76360		94	0	2024	58000875	0	3/18/2024	\$160.00		1 NEXTCARE URGENT CARE	P		487	0				1/31/2024	1/31/2024	260845489
1268	76360		94	2	2024	58000967	0	3/18/2024	\$160.00		1 NEXTCARE URGENT CARE	P		487	0				1/31/2024	1/31/2024	260845489
1269	76360		94	3	2024	58001032	0	3/18/2024	\$160.00		1 NEXTCARE URGENT CARE	P		487	0				1/31/2024	1/31/2024	260845489
									\$1,170.74	✓											

Andrew DeLas Santos
418/24

APPROVED
ON

APR 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TrueScripts™

Amazing Care

513 E. South Street
Washington, IN 47501
844-257-1955

Invoice

Date 3/26/2024

Invoice # 1144778

Memorial Medical Center
Attn: Andrie Flores ✓
PO Box 25
Port Lavaca, TX 77979

Billing Period 03/11/2024 thru 03/24/2024 ✓

Description	Quantity	Amount
Rx Drug Cost - Including Specialty Care Fee		25,374.88 ✓
Administrative Fee	196	1,225.00
Step Therapy Program Fee	196	39.20
Healthsure Per Claim Fee	196	392.00
Leaf Health Per Claim Fee	196	294.00

APPROVED
ON
APR 08 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

"Experts in Prescription Benefits"

Total \$27,325.08 ✓

Andrew Delas Santos
4/8/24

Please remit your payment by: 4/5/2024



Period: 3/18/2024 thru 3/24/2024
 11:59:59 PM
 Execution Time: 3/26/2024 5:27:36 AM

MEMORIAL SENIOR MANAGEMENT										
74368	MEMORIAL SENIOR MANAGEMENT		1				\$16.69	\$9.33	\$9.33	\$0.00
76350763511	SENIOR MANAGEMENT HIGH (74368-001)		1				\$16.69	\$9.33	\$9.33	\$0.00
3/19/2024	1448645 763510000200 - 01 70954-0565-10 ESTRADIOL TAB 1MG			30	30		\$16.69	\$9.33	\$9.33	\$0.00
74369	MEMORIAL EXEMPT EMPLOYEES		9				\$500.03	\$356.18	\$50.49	\$305.69
76350763512	EXEMPT EMPLOYEES HIGH (74369-001)		1				\$455.89	\$379.31	\$35.00	\$344.31
3/18/2024	1448645 763510003300 - 01 08627-0077-01 DEXCOM G7 MIS SENSOR			30	3		\$455.89	\$379.31	\$35.00	\$344.31
76350763602	EXEMPT EMPLOYEES MID (74369-002)		8				\$44.14	(\$23.13)	\$15.49	(\$38.62)
3/22/2024	2045060 763600007200 - 01 00169-4130-13 OZEMPIC INJ 4MG/3ML			30	3		\$1,121.94	\$956.43	\$35.00	\$921.43
3/22/2024	2085933 763600007200 - 01 42858-0102-01 OXYCOD/APAP TAB 5-325MG			3	12		\$16.59	\$1.86	\$1.86	\$0.00
3/22/2024	2085932 763600007200 - 01 00143-9285-01 AMOXICILLIN TAB 875MG			10	20		\$13.97	\$4.69	\$4.69	\$0.00
3/22/2024	2085931 763600007200 - 01 67877-0321-05 IBUPROFEN TAB 800MG			10	30		\$11.97	\$3.76	\$3.76	\$0.00
3/22/2024	1427738 763600002900 - 01 11534-0165-03 FOLIC ACID TAB 1MG			90	90		\$41.89	\$5.18	\$5.18	\$0.00
3/14/2024	7713181 763600006200 - 02 00169-2550-13 TRESIBA FLEX INJ 200UNIT			22	9		(\$731.77)	(\$627.32)	(\$10.00)	(\$617.32)
3/18/2024	7713181 763600006200 - 02 00169-2550-13 TRESIBA FLEX INJ 200UNIT			22	9		\$731.77	\$627.32	\$10.00	\$617.32
3/10/2024	7740526 763600003600 - 01 00169-4772-12 OZEMPIC INJ 8MG/3ML			28	3		(\$1,162.22)	(\$995.05)	(\$35.00)	(\$960.05)
74370	MEMORIAL NONEXEMPT EMPLOYEES		75				\$16,371.93	\$9,658.53	\$1,995.02	\$7,663.51
76350763513	NONEXEMPT EMPLOYEES HIGH (74370-001)		38				\$6,385.50	\$3,614.95	\$356.58	\$3,258.37
3/19/2024	963127 763510003400 - 01 00002-1484-80 MOUNJARO INJ 7.5/0.5			30	2		\$1,242.97	\$1,055.69	\$35.00	\$1,020.69
3/19/2024	7754856 763510003500 - 01 00169-4130-13 OZEMPIC INJ 4MG/3ML			28	3		\$1,162.22	\$995.05	\$35.00	\$960.05
3/19/2024	7101525 763510000500 - 01 00310-6280-30 XIGDUO XR TAB 10-1000			30	30		\$698.70	\$598.74	\$35.00	\$563.74
3/20/2024	2233704 763510000900 - 01 60505-4741-01 LISDEXAMFETA CAP 30MG			30	30		\$415.30	\$221.84	\$10.00	\$211.84
3/20/2024	7766928 763510004000 - 01 16571-0862-03 BUPROPN HCL TAB 150MG XL			30	30		\$15.00	\$7.46	\$7.46	\$0.00
3/20/2024	7766926 763510004000 - 01 62332-0024-91 FLUOXETINE CAP 40MG			30	30		\$4.00	\$4.00	\$4.00	\$0.00
3/21/2024	2233710 763510004000 - 01 47781-0568-01 LISDEXAMFETA CAP 70MG			30	30		\$180.80	\$180.80	\$10.00	\$170.80
3/21/2024	4573498 763510004000 - 01 00093-0832-01 CLONAZEPAM TAB 0.5MG			15	15		\$10.37	\$2.20	\$2.20	\$0.00
3/10/2024	7701605 763510004000 - 01 16571-0862-03 BUPROPN HCL TAB 150MG XL			30	30		(\$15.00)	(\$7.46)	(\$7.46)	\$0.00
3/10/2024	7747264 763510004000 - 01 68645-0130-54 FLUOXETINE CAP 20MG			30	30		(\$4.00)	(\$2.92)	(\$2.92)	\$0.00
3/23/2024	1459513 763510005300 - 01 31722-0778-01 ACYCLOVIR TAB 800MG			5	25		\$45.99	\$19.47	\$10.00	\$9.47
3/23/2024	1459514 763510005300 - 01 51672-1360-01 ACYCLOVIR OIN 5%			7	15		\$398.99	\$23.60	\$10.00	\$13.60
3/23/2024	1430884 763510005300 - 01 65862-0560-90 PANTOPRAZOLE TAB 40MG			90	90		\$248.89	\$58.34	\$20.00	\$38.34

A.B.



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3/23/2024	1409817 763510005300 - 01	55111-0180-15 TIZANIDINE TAB 4MG	30	60	\$71.99	\$21.89	\$10.00	\$11.89
3/23/2024	1459597 763510005300 - 01	67877-0889-01 FAMOTIDINE TAB 40MG	90	90	\$80.89	\$47.72	\$20.00	\$27.72
3/11/2024	1394693 763510005300 - 01	68180-0719-09 AMLODIPINE TAB 2.5MG	90	90	(\$122.89)	(\$14.16)	(\$14.16)	\$0.00
3/18/2024	1457568 763510005300 - 01	69238-1314-09 PREGABALIN CAP 150MG	30	60	\$375.69	\$31.63	\$10.00	\$21.63
3/21/2024	1458963 763510002900 - 01	55111-0466-01 METOPROL SUC TAB 25MG ER	90	90	\$53.89	\$45.85	\$20.00	\$25.85
3/21/2024	1459030 763510002900 - 01	00406-0124-05 HYDROCO/APAP TAB 7.5-325	15	60	\$102.99	\$35.33	\$10.00	\$25.33
3/19/2024	1428392 763510002300 - 01	27241-0155-04 OXYBUTYNIN TAB 5MG ER	90	90	\$311.59	\$63.14	\$20.00	\$43.14
3/23/2024	1743014 763510003500 - 02	65862-0202-99 LOSARTAN POT TAB 50MG	90	90	\$140.89	\$43.81	\$20.00	\$23.81
3/18/2024	1444240 763510001400 - 01	64380-0725-06 MYCOPHENOLAT TAB 500MG	30	60	\$392.49	\$32.44	\$10.00	\$22.44
3/19/2024	1457523 763510000400 - 01	00054-3270-99 FLUTICASONE SPR 50MCG	30	16	\$58.39	\$30.44	\$10.00	\$20.44
3/19/2024	2233687 763510003200 - 01	35573-0467-02 AMPHET/DEXTR CAP 20MG ER	30	30	\$159.19	\$27.56	\$10.00	\$17.56
3/21/2024	7767274 763510003200 - 01	55111-0145-12 FLUCONAZOLE TAB 150MG	3	2	\$18.36	\$5.62	\$5.62	\$0.00
3/19/2024	2033514 763510004600 - 01	00228-2820-11 HYDROCHLOROT TAB 12.5MG	90	90	\$46.99	\$18.20	\$18.20	\$0.00
3/19/2024	2061605 763510004600 - 01	42806-0400-21 METHYLPRED TAB 4MG	6	21	\$24.99	\$23.58	\$10.00	\$13.58
3/22/2024	5007093 763510002000 - 01	00093-7198-01 FLUOXETINE CAP 40MG	30	30	\$49.99	\$19.40	\$10.00	\$9.40
3/22/2024	963923 763510001200 - 01	16714-0953-01 AMPHET/DEXTR TAB 20MG	30	30	\$47.98	\$13.93	\$10.00	\$3.93
3/18/2024	1458080 763510002700 - 02	23155-0857-03 ANASTROZOLE TAB 1MG	90	3	\$23.79	\$3.12	\$0.00	\$3.12
3/18/2024	7739775 763510001000 - 01	50458-0579-30 XARELTO TAB 20MG	30	30	\$683.50	\$585.74	\$35.00	\$550.74
3/18/2024	7752911 763510001000 - 01	31722-0152-90 VALSARTAN TAB 80MG	60	60	\$286.11	\$14.93	\$14.93	\$0.00
3/17/2024	7739775 763510001000 - 01	50458-0579-30 XARELTO TAB 20MG	30	30	(\$683.50)	(\$585.74)	(\$35.00)	(\$550.74)
3/17/2024	7752911 763510001000 - 01	31722-0152-90 VALSARTAN TAB 80MG	60	60	(\$286.11)	(\$14.93)	(\$14.93)	\$0.00
3/18/2024	1334779 763510001100 - 01	13107-0083-05 LORAZEPAM TAB 0.5MG	30	60	\$32.94	\$4.06	\$4.06	\$0.00
2/12/2024	952441 763510001100 - 01	16714-0986-03 TRIAMCINOLON CRE 0.1%	30	80	(\$12.97)	(\$9.52)	(\$9.52)	\$0.00
3/18/2024	7766399 763510001900 - 01	63304-0693-01 CLINDAMYCIN CAP 300MG	5	15	\$37.12	\$6.13	\$6.13	\$0.00
3/20/2024	7766793 763510002600 - 01	65862-0391-10 ONDANSETRON TAB 8MG ODT	7	20	\$86.97	\$7.97	\$7.97	\$0.00
76350763603	NONEXEMPT EMPLOYEES MID (74370-002)		32		\$8,457.96	\$4,893.67	\$492.64	\$4,401.03
3/21/2024	7767257 763600005100 - 02	70010-0065-99 METFORMIN TAB 1000MG	90	180	\$10.00	\$5.44	\$5.44	\$0.00
3/22/2024	7767260 763600005100 - 02	00169-4772-12 OZEMPIC INJ 8MG/3ML	28	3	\$1,162.22	\$995.05	\$35.00	\$960.05
3/22/2024	8840697 763600005100 - 02	00169-1837-02 NOVOLIN70/30 INJ RELION	20	10	\$24.88	\$24.88	\$10.00	\$14.88
3/22/2024	7767262 763600005100 - 02	57599-0818-00 FREESTY LIBR KIT 3 SENSOR	28	2	\$161.82	\$141.02	\$35.00	\$106.02
3/22/2024	7767263 763600005100 - 02	57599-0820-00 FREESTY LIBR MIS 3 READER	30	1	\$94.50	\$73.17	\$70.00	\$3.17
3/19/2024	7763144 763600004000 - 01	00002-1495-80 MOUNJARO INJ 5MG/0.5	28	2	\$1,282.90	\$1,098.23	\$35.00	\$1,063.23
3/18/2024	2060681 763600003700 - 01	00002-1495-80 MOUNJARO INJ 5MG/0.5	30	2	\$1,284.09	\$1,062.70	\$35.00	\$1,027.70



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3/18/2024	1457750	763600000500 - 02	68180-0911-73 MIBELAS 24	CHW FE	84	84	\$339.89	\$49.25	\$0.00	\$49.25
3/19/2024	1187295	763600000500 - 02	71403-0003-30 RHOFAD	CRE 1%	30	30	\$1,023.51	\$610.06	\$70.00	\$540.06
3/20/2024	7766788	763600008300 - 01	00310-9080-12 AIRSUPRA	AER 90-80MCG	30	10.7	\$570.00	\$488.70	\$70.00	\$418.70
3/19/2024	1458148	763600009800 - 01	00378-8082-45 TRETINOIN	CRE 0.025%	20	45	\$105.09	\$89.03	\$10.00	\$79.03
3/14/2024	1456876	763600009800 - 01	43547-0346-06 LEVETIRACETA	TAB 750MG ER	90	360	\$1,955.79	\$162.28	\$20.00	\$142.28
3/14/2024	1456876	763600009800 - 01	43547-0346-06 LEVETIRACETA	TAB 750MG ER	5	20	(\$108.66)	(\$10.12)	(\$10.00)	(\$0.12)
3/13/2024	2233642	763600002200 - 01	47781-0562-01 LISDEXAMFETA	CAP 10MG	30	30	\$191.77	\$191.77	\$10.00	\$181.77
3/19/2024	1458318	763600005200 - 01	72205-0143-99 LOSARTAN POT	TAB 100MG	90	90	\$178.99	\$48.41	\$20.00	\$28.41
3/21/2024	1458704	763600005200 - 01	68180-0963-01 ALBUTEROL	AER HFA	50	25.5	\$121.09	\$114.29	\$20.00	\$94.29
3/23/2024	1372825	763600009200 - 01	68180-0479-03 SIMVASTATIN	TAB 20MG	90	90	\$77.89	\$43.49	\$0.00	\$43.49
3/18/2024	1457781	763600009400 - 01	72205-0143-99 LOSARTAN POT	TAB 100MG	90	90	\$178.99	\$48.41	\$20.00	\$28.41
3/17/2024	1415936	763600009400 - 01	65862-0560-90 PANTOPRAZOLE	TAB 40MG	12	12	(\$38.39)	(\$8.88)	(\$8.88)	\$0.00
3/18/2024	7766317	763600002600 - 01	59746-0121-06 MECLIZINE	TAB 25MG	8	30	\$9.00	\$6.35	\$5.35	\$0.00
3/18/2024	7766319	763600002600 - 01	45802-0759-30 PROMETHAZINE	SUP 25MG	3	12	\$135.50	\$38.25	\$10.00	\$28.25
3/18/2024	7766315	763600002600 - 01	00143-1227-01 DICYCLOMINE	TAB 20MG	8	30	\$11.41	\$8.22	\$8.22	\$0.00
3/18/2024	7766318	763600002600 - 01	68382-0041-01 PROMETHAZINE	TAB 25MG	5	20	\$10.00	\$3.09	\$3.09	\$0.00
3/24/2024	1355816	763600001200 - 01	68180-0720-03 AMLODIPINE	TAB 5MG	90	90	\$122.89	\$42.73	\$20.00	\$22.73
3/24/2024	7745216	763600003400 - 03	16714-0406-04 LARIN FE	TAB 1/20	28	28	\$13.32	\$8.05	\$0.00	\$8.05
3/23/2024	963984	763600001400 - 01	59746-0001-03 METHYLPRED	TAB 4MG	6	21	\$24.47	\$6.88	\$6.88	\$0.00
3/24/2024	921794	763600003800 - 01	16714-0661-02 GABAPENTIN	CAP 100MG	30	90	\$30.97	\$5.47	\$5.47	\$0.00
3/20/2024	7766730	763600005000 - 01	31722-0730-30 IRBESARTAN	TAB 150MG	90	90	\$24.00	\$15.43	\$15.43	\$0.00
3/19/2024	1457007	763600007400 - 01	00093-0832-05 CLONAZEPAM	TAB 0.5MG	4	12	\$12.39	\$5.64	\$5.64	\$0.00
3/21/2024	8840193	763600009000 - 02	08290-3207-49 BD PEN NEEDL	MIS 32GX6MM	50	100	\$68.00	\$61.55	\$61.55	\$0.00
3/17/2024	8840193	763600009000 - 02	08290-3207-49 BD PEN NEEDL	MIS 32GX6MM	50	100	(\$68.00)	(\$61.55)	(\$61.55)	\$0.00
3/15/2024	7765797	763600001800 - 01	00469-2601-30 MYRBETRIQ	TAB 25MG	30	30	(\$552.36)	(\$473.62)	(\$35.00)	(\$438.62)
76350763703		NONEXEMPT EMPLOYEES BASE HDHP (74370-003)			5		\$1,528.47	\$1,149.91	\$1,145.80	\$4.11
3/19/2024	7748455	763700002900 - 01	00310-6210-30 FARXIGA	TAB 10MG	30	30	\$698.70	\$598.74	\$598.74	\$0.00
3/19/2024	7748454	763700002900 - 01	00597-0148-60 JENTADUETO	TAB 2.5-1000	30	60	\$630.10	\$540.09	\$540.09	\$0.00
3/19/2024	7748460	763700002900 - 01	70377-0007-12 ROSUVASTATIN	TAB 10MG	30	30	\$166.67	\$4.11	\$0.00	\$4.11
3/18/2024	7711496	763700000900 - 01	29300-0397-10 AMLODIPINE	TAB 5MG	90	90	\$24.00	\$2.66	\$2.66	\$0.00
3/18/2024	7754595	763700002900 - 02	68645-0523-54 SERTRALINE	TAB 100MG	30	30	\$9.00	\$4.31	\$4.31	\$0.00

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MEMORIAL MEDICAL CENTER										
74368 MEMORIAL SENIOR MANAGEMENT				5			\$1,267.45	\$168.93	\$64.67	\$104.26
76350763511 SENIOR MANAGEMENT HIGH (74368-001)				4			\$800.76	\$116.07	\$44.67	\$71.40
3/12/2024	1455884	763510000200 - 01	65649-0411-12 ANUSOL-HC SUP 25MG	2	4	\$300.99	\$14.67	\$14.67	\$0.00	
3/16/2024	1446993	763510000200 - 01	33342-0179-10 OLMESA MEDOX TAB 20MG	30	30	\$122.19	\$18.13	\$10.00	\$8.13	
3/16/2024	1457385	763510000200 - 01	75834-0219-30 VENLAFAXINE TAB 225MG ER	30	30	\$265.29	\$59.09	\$10.00	\$49.09	
3/16/2024	1457386	763510000200 - 01	42806-0416-05 BUPROPION HCL TAB 300MG XL	30	30	\$112.29	\$24.18	\$10.00	\$14.18	
76350763601 SENIOR MANAGEMENT MID (74368-002)				1			\$466.69	\$52.86	\$20.00	\$32.86
3/15/2024	1456929	763600008800 - 01	33342-0180-10 OLMESA MEDOX TAB 40MG	90	90	\$466.69	\$52.86	\$20.00	\$32.86	
74369 MEMORIAL EXEMPT EMPLOYEES				18			\$2,583.92	\$1,763.42	\$159.28	\$1,604.14
76350763602 EXEMPT EMPLOYEES MID (74369-002)				17			\$2,537.98	\$1,753.28	\$149.14	\$1,604.14
3/14/2024	961666	763600008700 - 01	00169-4130-13 OZEMPIC INJ 4MG/3ML	28	3	\$1,121.94	\$956.43	\$35.00	\$921.43	
3/14/2024	962413	763600008700 - 01	70010-0135-05 POT CHLORIDE TAB 20MEQ ER	90	90	\$51.91	\$20.84	\$20.00	\$0.84	
3/14/2024	7713181	763600006200 - 02	00169-2550-13 TRESIBA FLEX INJ 200UNIT	22	9	\$731.77	\$627.32	\$10.00	\$617.32	
3/16/2024	1768996	763600000800 - 03	27241-0139-09 OSELTAMIVIR SUS 6MG/ML	7	180	\$242.89	\$92.16	\$10.00	\$82.16	
3/16/2024	1768997	763600000800 - 03	00574-1104-16 BROM/PSE/DM SYP	7	118	\$28.99	\$20.88	\$10.00	\$10.88	
3/13/2024	6193277	763600000800 - 01	62332-0415-10 OSELTAMIVIR CAP 75MG	5	10	\$154.49	\$29.17	\$10.00	\$19.17	
3/17/2024	4640060	763600000800 - 01	00574-1104-04 BROM/PSE/DM SYP	3	200	\$44.99	\$34.66	\$10.00	\$24.66	
3/17/2024	4640059	763600000800 - 01	27808-0233-02 DOXYCYCL HYC CAP 100MG	10	20	\$77.99	\$19.77	\$10.00	\$9.77	
3/16/2024	1769004	763600000800 - 02	60219-1266-01 OSELTAMIVIR CAP 75MG	5	10	\$79.19	\$49.06	\$10.00	\$39.06	
3/16/2024	7746632	763600003600 - 01	43547-0331-09 IRBESAR/HCTZ TAB 300-12.5	90	90	\$187.32	\$29.04	\$20.00	\$9.04	
3/12/2024	7765007	763600006200 - 01	59746-0001-03 METHYLPRED TAB 4MG	6	21	\$19.59	\$7.65	\$7.65	\$0.00	
3/12/2024	7765008	763600006200 - 01	64679-0604-16 PROMETHAZINE SYP DM	8	240	\$27.64	\$14.82	\$10.00	\$4.82	
3/11/2024	1454798	763600005500 - 03	45802-0112-22 MUPIROCIN OIN 2%	10	22	\$54.99	\$9.54	\$9.54	\$0.00	
3/5/2024	7763457	763600005600 - 01	65862-0502-20 AMOX/K CLAV TAB 500-125	10	20	(\$37.19)	(\$9.07)	(\$9.07)	\$0.00	
3/5/2024	7763479	763600005600 - 01	55111-0145-12 FLUCONAZOLE TAB 150MG	2	2	(\$18.36)	(\$5.62)	(\$5.62)	\$0.00	
3/12/2024	2080943	763600007200 - 01	29300-0397-10 AMLODIPINE TAB 5MG	30	30	\$10.00	\$1.64	\$1.64	\$0.00	
3/5/2024	7756236	763600005600 - 03	00378-8085-45 TRETINOIN GEL 0.01%	30	45	(\$240.17)	(\$145.01)	(\$10.00)	(\$135.01)	
76350763702 EXEMPT EMPLOYEES BASE HDHP (74369-003)				1			\$45.94	\$10.14	\$10.14	\$0.00
3/8/2024	2079614	763700000500 - 01	67877-0288-10 FINASTERIDE TAB 5MG	90	90	\$45.94	\$10.14	\$10.14	\$0.00	

D.S.



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76350763603	NONEXEMPT EMPLOYEES MID (74370-002)				54		\$26,981.06	\$14,222.17	\$988.47	\$13,233.70	
3/12/2024	15112825	763600005000	- 01	00597-0145-60 OFEV	CAP 150MG	0	0	\$0.00	\$0.00	\$0.00	\$0.00
3/12/2024	15112825	763600005000	- 01	00597-0145-60 OFEV	CAP 150MG	30	60	\$23,394.00	\$13,418.00	\$576.92	\$12,841.08
3/12/2024	1704904	763600003100	- 01	08627-0053-03 DEXCOM G6	MIS SENSOR	30	3	\$451.99	\$374.88	\$35.00	\$339.88
3/12/2024	1704896	763600003100	- 01	00169-7501-11 NOVOLOG	INJ 100/ML	30	30	\$250.99	\$214.03	\$10.00	\$204.03
3/12/2024	1717514	763600003100	- 01	00054-3270-99 FLUTICASONE	SPR 50MCG	90	48	\$156.99	\$69.70	\$20.00	\$49.70
3/12/2024	1717521	763600003100	- 01	64380-0713-07 BENZONATATE	CAP 200MG	14	42	\$62.59	\$54.82	\$10.00	\$44.82
3/12/2024	1717522	763600003100	- 01	00093-2204-01 METOCLOPRAM	TAB 5MG	7	28	\$11.99	\$8.07	\$8.07	\$0.00
3/17/2024	1719225	763600003100	- 01	68180-0295-06 DULOXETINE	CAP 30MG	90	90	\$593.99	\$44.57	\$20.00	\$24.57
3/15/2024	7765797	763600001800	- 01	00469-2601-30 MYRBETRIQ	TAB 25MG	30	30	\$552.36	\$473.62	\$35.00	\$438.62
3/14/2024	1456875	763600009800	- 01	65862-0228-01 LAMOTRIGINE	TAB 100MG	90	135	\$284.79	\$71.89	\$20.00	\$51.89
3/14/2024	1456876	763600009800	- 01	43547-0346-06 LEVETIRACETA	TAB 750MG ER	5	20	\$108.66	\$10.12	\$10.00	\$0.12
3/10/2024	1455637	763600000200	- 01	31722-0945-31 DROSPIR/ETHI	TAB 3-0.03MG	28	28	\$70.79	\$20.27	\$0.00	\$20.27
3/11/2024	1455660	763600000200	- 01	33342-0179-10 OLMESA MEDOX	TAB 20MG	90	90	\$354.49	\$51.09	\$20.00	\$31.09
3/13/2024	1453583	763600000200	- 01	00054-0742-87 ALBUTEROL	AER HFA	7	6.7	\$37.99	\$30.84	\$10.00	\$20.84
3/10/2024	1445473	763600000200	- 01	68180-0868-73 DROSPIR/ETHI	TAB 3-0.03MG	28	28	(\$70.79)	(\$20.27)	\$0.00	(\$20.27)
3/17/2024	1426470	763600008600	- 01	13668-0330-05 TRAZODONE	TAB 50MG	90	90	\$50.89	\$16.47	\$16.47	\$0.00
3/17/2024	1395540	763600008600	- 01	00093-7198-01 FLUOXETINE	CAP 40MG	90	90	\$146.89	\$54.89	\$20.00	\$34.89
3/7/2024	7750853	763600005100	- 01	65162-0372-50 OXYBUTYNIN	TAB 10MG ER	30	30	(\$114.05)	(\$7.13)	(\$7.13)	\$0.00
3/17/2024	7742820	763600005100	- 01	60505-3927-01 GUANFACINE	TAB 1MG ER	90	90	\$728.22	\$30.86	\$20.00	\$10.86
3/15/2024	220293	763600002100	- 01	43547-0301-03 OLMESA MEDOX	TAB 40MG	90	90	\$375.94	\$16.16	\$16.16	\$0.00
3/15/2024	220292	763600002100	- 01	67877-0199-10 AMLODIPINE	TAB 10MG	90	90	\$24.00	\$3.11	\$3.11	\$0.00
3/15/2024	220295	763600002100	- 01	75834-0255-01 ATORVASTATIN	TAB 10MG	90	90	\$36.91	\$4.97	\$0.00	\$4.97
3/15/2024	253971	763600002100	- 01	65862-0186-01 CLINDAMYCIN	CAP 300MG	7	21	\$30.08	\$7.24	\$7.24	\$0.00
3/15/2024	253972	763600002100	- 01	24208-0910-55 ERYTHROMYCIN	OIN 5MG/GM	10	3.5	\$17.97	\$13.73	\$10.00	\$3.73
3/13/2024	1432614	763600003000	- 02	29300-0419-01 AMITRIPTYLIN	TAB 10MG	30	90	\$28.99	\$16.17	\$10.00	\$6.17
3/13/2024	593207	763600009400	- 01	00406-0124-05 HYDROCO/APAP	TAB 7.5-325	30	90	\$92.39	\$14.95	\$10.00	\$4.95
3/17/2024	1415936	763600009400	- 01	65862-0560-90 PANTOPRAZOLE	TAB 40MG	12	12	\$38.39	\$8.88	\$8.88	\$0.00
3/12/2024	1717757	763600004900	- 03	70010-0205-10 SERTRALINE	TAB 100MG	30	30	\$48.99	\$14.23	\$10.00	\$4.23
3/14/2024	1456526	763600004100	- 01	13107-0080-01 TRAZODONE	TAB 100MG	30	30	\$20.99	\$10.10	\$10.00	\$0.10
3/13/2024	2233560	763600000200	- 02	47781-0566-01 LISDEXAMFETA	CAP 50MG	30	30	\$177.24	\$155.22	\$10.00	\$145.22
3/5/2024	2233560	763600000200	- 02	47781-0566-01 LISDEXAMFETA	CAP 50MG	30	30	(\$177.24)	(\$155.22)	(\$10.00)	(\$145.22)
3/15/2024	253969	763600002100	- 02	72888-0037-00 CARVEDILOL	TAB 25MG	90	180	\$10.00	\$8.69	\$8.69	\$0.00



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74370 MEMORIAL NONEXEMPT EMPLOYEES				88		\$32,755.10	\$17,240.01	\$1,542.73	\$15,697.28
76350763513 NONEXEMPT EMPLOYEES HIGH (74370-001)				31		\$5,463.08	\$2,797.50	\$333.92	\$2,463.58
3/13/2024	7976299	763510005200 - 01	00074-7094-30 QULIPTA TAB 60MG	30	30	\$1,311.10	\$1,122.34	\$35.00	\$1,087.34
3/13/2024	7765141	763510001000 - 01	50228-0180-10 GABAPENTIN CAP 300MG	90	270	\$218.29	\$17.97	\$17.97	\$0.00
3/17/2024	7739775	763510001000 - 01	50458-0579-30 XARELTO TAB 20MG	30	30	\$683.50	\$585.74	\$35.00	\$550.74
3/17/2024	7752911	763510001000 - 01	31722-0152-90 VALSARTAN TAB 80MG	60	60	\$286.11	\$14.93	\$14.93	\$0.00
3/15/2024	7722206	763510004300 - 01	00186-0777-60 BRILINTA TAB 90MG	30	60	\$541.45	\$464.29	\$35.00	\$429.29
3/11/2024	1413403	763510004900 - 01	31722-0149-05 GABAPENTIN CAP 300MG	90	540	\$497.79	\$201.12	\$20.00	\$181.12
3/11/2024	1455493	763510004900 - 01	00378-7187-05 METFORMIN TAB 1000MG	90	180	\$52.69	\$48.85	\$20.00	\$28.85
3/11/2024	1455484	763510004900 - 01	31722-0533-01 METHOCARBAM TAB 500MG	30	60	\$31.99	\$23.92	\$10.00	\$13.92
3/11/2024	1455492	763510004900 - 01	29300-0125-10 MELOXICAM TAB 15MG	30	30	\$39.99	\$26.06	\$10.00	\$16.06
3/11/2024	1386217	763510004900 - 01	68180-0519-02 LISINOP/HCTZ TAB 20-12.5	90	90	\$56.89	\$18.44	\$18.44	\$0.00
3/15/2024	1457215	763510004900 - 01	00406-8005-03 BUPREN/NALOX SUB 2-0.5MG	30	60	\$443.99	\$38.47	\$10.00	\$28.47
3/11/2024	957154	763510003700 - 01	57599-0818-00 FREESTY LIBR KIT 3 SENSOR	28	2	\$161.84	\$134.86	\$35.00	\$99.86
2/25/2024	954789	763510003700 - 01	31722-0726-10 MONTELUKAST TAB 10MG	30	30	(\$61.97)	(\$3.97)	(\$3.97)	\$0.00
3/8/2024	4637346	763510006200 - 01	16729-0189-29 MYCOPHENOLIC TAB 360MG DR	30	120	\$820.09	\$60.34	\$10.00	\$50.34
3/8/2024	4637346	763510006200 - 01	16729-0189-29 MYCOPHENOLIC TAB 360MG DR	5	20	(\$136.68)	(\$10.97)	(\$10.00)	(\$0.97)
3/11/2024	1444907	763510002300 - 01	68180-0779-01 ZOLPIDEM ER TAB 6.25MG	30	30	\$174.99	\$27.47	\$10.00	\$17.47
3/13/2024	1456296	763510002300 - 01	70954-0565-10 ESTRADIOL TAB 1MG	90	90	\$37.99	\$24.69	\$20.00	\$4.69
3/13/2024	1455340	763510002300 - 01	31722-0778-01 ACYCLOVIR TAB 800MG	7	28	\$50.79	\$21.68	\$10.00	\$11.68
3/14/2024	1682064	763510003000 - 01	68382-0799-01 LABETALOL TAB 200MG	30	60	\$42.99	\$25.61	\$10.00	\$15.61
3/13/2024	1455878	763510003100 - 01	65862-0574-90 MONTELUKAST TAB 10MG	30	30	\$107.89	\$18.40	\$10.00	\$8.40
3/16/2024	7718963	763510005600 - 02	69238-1423-01 METHOTREXATE TAB 2.5MG	28	24	\$94.87	\$10.70	\$10.00	\$0.70
3/12/2024	1425607	763510002200 - 01	43547-0353-11 LISINOPRIL TAB 10MG	90	90	\$34.99	\$13.01	\$13.01	\$0.00
3/7/2024	7746192	763510002600 - 01	68645-0521-54 SERTRALINE TAB 25MG	90	90	(\$24.00)	(\$10.04)	(\$10.04)	\$0.00
3/17/2024	957900	763510003600 - 01	70377-0008-13 ROSUVASTATIN TAB 20MG	90	90	\$259.82	\$11.71	\$11.71	\$0.00
3/17/2024	957938	763510003600 - 01	68180-0378-03 LOSARTAN POT TAB 100MG	90	90	\$75.90	\$15.26	\$15.26	\$0.00
3/11/2024	1394693	763510005300 - 01	68180-0719-09 AMLODIPINE TAB 2.5MG	90	90	\$122.89	\$14.16	\$14.16	\$0.00
3/16/2024	1428089	763510005300 - 01	69238-1832-07 LEVOTHYROXIN TAB 75MCG	30	30	\$16.99	\$6.42	\$6.42	\$0.00
3/14/2024	7726805	763510005600 - 01	62332-0024-91 FLUOXETINE CAP 40MG	90	90	\$10.00	\$10.00	\$10.00	\$0.00
3/5/2024	7077152	763510000500 - 01	16571-0863-50 BUPROPN HCL TAB 300MG XL	90	90	(\$326.37)	(\$34.59)	(\$20.00)	(\$14.59)
3/5/2024	7110371	763510000500 - 01	00093-5058-10 ATORVASTATIN TAB 40MG	90	90	(\$55.74)	(\$13.97)	(\$13.97)	\$0.00
3/3/2024	1902949	763510004300 - 04	00093-0053-01 BUSPIRONE TAB 5MG	90	270	(\$107.99)	(\$85.40)	(\$20.00)	(\$65.40)



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3/14/2024	962516 763600004500 - 01	29300-0355-10 TRAMADOL HCL TAB 50MG	10	60	\$22.37	\$3.85	\$3.85	\$0.00
3/11/2024	7764737 763600004700 - 01	72578-0055-18 DOXYCYCL HYC CAP 100MG	7	14	\$28.32	\$4.69	\$4.69	\$0.00
3/11/2024	4573377 763600004700 - 01	29300-0355-01 TRAMADOL HCL TAB 50MG	5	20	\$17.17	\$2.53	\$2.53	\$0.00
3/11/2024	7764741 763600004700 - 01	70010-0770-01 METHOCARBAM TAB 750MG	7	21	\$10.50	\$2.81	\$2.81	\$0.00
3/16/2024	948180 763600005800 - 01	29300-0389-05 METFORMIN TAB 500MG ER	90	270	\$15.00	\$12.40	\$12.40	\$0.00
3/16/2024	1422283 763600006900 - 01	11534-0165-03 FOLIC ACID TAB 1MG	90	90	\$41.89	\$5.18	\$5.18	\$0.00
3/16/2024	1448777 763600006900 - 01	29300-0419-01 AMITRIPTYLIN TAB 10MG	30	30	\$13.69	\$6.12	\$6.12	\$0.00
3/15/2024	1457007 763600007400 - 01	00093-0832-05 CLONAZEPAM TAB 0.5MG	4	12	\$12.39	\$5.64	\$5.64	\$0.00
3/15/2024	1457006 763600007400 - 01	68382-0040-01 PROMETHAZINE TAB 12.5MG	3	15	\$14.99	\$4.85	\$4.85	\$0.00
3/11/2024	7764616 763600008100 - 01	59746-0172-10 PREDNISON TAB 5MG	30	30	\$5.42	\$3.85	\$3.85	\$0.00
3/13/2024	7759824 763600008100 - 01	31722-0700-10 LOSARTAN POT TAB 25MG	90	90	\$24.00	\$6.02	\$6.02	\$0.00
3/11/2024	1438744 763600008500 - 01	00093-0054-01 BUSPIRONE TAB 10MG	30	60	\$11.99	\$5.22	\$5.22	\$0.00
3/15/2024	962763 763600008900 - 01	00002-1471-80 MOUNJARO INJ 10MG/0.5	28	2	\$1,242.97	\$1,055.69	\$35.00	\$1,020.69
2/15/2024	920935 763600008900 - 01	00002-1460-80 MOUNJARO INJ 12.5/0.5	28	2	(\$1,242.97)	(\$1,055.69)	(\$35.00)	(\$1,020.69)
3/14/2024	962553 763600009100 - 03	65862-0390-10 ONDANSETRON TAB 4MG ODT	5	10	\$36.96	\$3.48	\$3.48	\$0.00
3/10/2024	7115021 763600000600 - 01	65862-0709-01 RALOXIFENE TAB 60MG	30	30	(\$54.36)	(\$9.42)	\$0.00	(\$9.42)
3/16/2024	7717805 763600009000 - 02	57599-0818-00 FREESTY LIBR KIT 3 SENSOR	28	2	\$161.82	\$141.02	\$35.00	\$106.02
3/7/2024	7753205 763600009000 - 02	00169-2660-15 TRESIBA FLEX INJ 100UNIT	43	15	(\$609.81)	(\$523.00)	(\$20.00)	(\$503.00)
3/17/2024	8840193 763600009000 - 02	08290-3207-49 BD PEN NEEDL MIS 32GX6MM	50	100	\$68.00	\$61.55	\$61.55	\$0.00
3/11/2024	957014 763600001000 - 01	75834-0258-01 ATORVASTATIN TAB 80MG	30	30	\$29.27	\$4.45	\$4.45	\$0.00
2/27/2024	957013 763600001000 - 01	66993-0457-30 DAPAGLIFLOZI TAB 10MG	30	30	(\$629.98)	(\$546.44)	(\$70.00)	(\$476.44)
3/4/2024	926905 763600001000 - 01	50228-0124-05 CLOPIDOGREL TAB 75MG	90	90	(\$36.00)	(\$7.58)	(\$7.58)	\$0.00
76350763703	NONEXEMPT EMPLOYEES BASE HDHP (74370-003)		3		\$310.96	\$220.34	\$220.34	\$0.00
3/13/2024	962241 763700001200 - 01	50742-0616-10 METOPROL SUC TAB 50MG ER	90	180	\$90.81	\$28.37	\$28.37	\$0.00
3/13/2024	959484 763700002100 - 01	00430-0420-14 LO LOESTRIN TAB 1-10-10	28	28	\$198.16	\$177.77	\$177.77	\$0.00
3/16/2024	1457383 763700002800 - 01	55111-0466-01 METOPROL SUC TAB 25MG ER	30	30	\$21.99	\$14.20	\$14.20	\$0.00

HD 82870153-8934-4664-9000-90894131348

TrueScripts™

Amazing Care

513 E. South Street
Washington, IN 47501
844-257-1955

Invoice

Date 3/12/2024

Invoice # 1143710

Memorial Medical Center ✓
Attn: Andrie Flores ✓
PO Box 25
Port Lavaca, TX 77979

Billing Period 02/26/2024 thru 03/10/2024 ✓

Description	Quantity	Amount
Rx Drug Cost - Including Specialty Care Fee		18,792.40 ✓
Administrative Fee	193	1,206.25
Step Therapy Program Fee	193	38.60
Healthsure Per Claim Fee	193	386.00
Leaf Health Per claim Fee	193	241.25
Prior Authorization Fee	20	700.00
ID Card Fee + Postage	11	22.00

APPROVED
ON
APR 08 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

"Experts in Prescription Benefits"

Total \$21,386.50 ✓

Andrew Defina Santos
418124

Please remit your payment by: 3/22/2024



Period: 3/4/2024 thru 3/10/2024 11:59:59 PM
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DATE	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	DISCOUNT	TOTAL	TAX	TOTAL TAX
74368 MEMORIAL SENIOR MANAGEMENT									
		3			\$492.99		\$405.47	\$35.00	\$370.47
76350763511 SENIOR MANAGEMENT HIGH (74368-001)									
		1			\$492.99		\$405.47	\$35.00	\$370.47
3/5/2024	1453573 763510000200 - 01 00173-0859-10 BREO ELLIPTA INH 100-25	30	60		\$492.99		\$405.47	\$35.00	\$370.47
76350763601 SENIOR MANAGEMENT MID (74368-002)									
		2			\$0.00		\$0.00	\$0.00	\$0.00
3/4/2024	1414950 763600008800 - 01 00642-7470-01 SLYND TAB 4MG	28	28		\$232.99		\$193.74	\$70.00	\$123.74
3/3/2024	1414950 763600008800 - 01 00642-7470-01 SLYND TAB 4MG	28	28		(\$232.99)		(\$193.74)	(\$70.00)	(\$123.74)
74369 MEMORIAL EXEMPT EMPLOYEES									
		10			\$2,950.27		\$2,128.66	\$132.81	\$1,995.85
76350763512 EXEMPT EMPLOYEES HIGH (74369-001)									
		4			\$1,693.61		\$1,100.80	\$65.00	\$1,035.80
3/4/2024	10221 763510000600 - 01 00002-1495-80 MOUNJARO INJ 5MG/0.5	30	2		\$1,294.90		\$1,052.83	\$35.00	\$1,017.83
3/5/2024	10239 763510000600 - 01 00555-0974-02 AMPHET/DEXTR TAB 30MG	30	30		\$58.28		\$13.15	\$10.00	\$3.15
3/5/2024	10240 763510000600 - 01 00185-0842-01 AMPHET/DEXTR TAB 10MG	30	30		\$58.28		\$10.33	\$10.00	\$0.33
3/4/2024	281542 763510003300 - 01 51672-1293-03 CLOBETASOL SOL 0.05%	30	50		\$282.15		\$24.49	\$10.00	\$14.49
76350763602 EXEMPT EMPLOYEES MID (74369-002)									
		6			\$1,256.66		\$1,027.86	\$67.81	\$960.05
3/10/2024	7740526 763600003600 - 01 00169-4772-12 OZEMPIC INJ 8MG/3ML	28	3		\$1,162.22		\$995.05	\$35.00	\$960.05
3/6/2024	1453974 763600002900 - 01 69238-1837-01 LEVOTHYROXIN TAB 137MCG	90	90		\$38.89		\$18.12	\$18.12	\$0.00
3/5/2024	7763457 763600005600 - 01 65862-0502-20 AMOX/K CLAV TAB 500-125	10	20		\$37.19		\$9.07	\$9.07	\$0.00
3/5/2024	7763479 763600005600 - 01 55111-0145-12 FLUCONAZOLE TAB 150MG	2	2		\$18.36		\$5.62	\$5.62	\$0.00
3/5/2024	7756236 763600005600 - 03 00378-8085-45 TRETINOIN GEL 0.01%	30	45		\$240.17		\$145.01	\$10.00	\$135.01
3/1/2024	7756236 763600005600 - 03 00378-8085-45 TRETINOIN GEL 0.01%	30	45		(\$240.17)		(\$145.01)	(\$10.00)	(\$135.01)
74370 MEMORIAL NONEXEMPT EMPLOYEES									
		90			\$19,644.58		\$11,765.17	\$1,828.57	\$9,936.60
76350763513 NONEXEMPT EMPLOYEES HIGH (74370-001)									
		23			\$5,343.57		\$3,388.60	\$288.17	\$3,100.43
3/7/2024	961470 763510003700 - 01 00002-1484-80 MOUNJARO INJ 7.5/0.5	28	2		\$1,242.97		\$1,055.69	\$35.00	\$1,020.69
3/10/2024	941636 763510003700 - 01 69452-0359-20 ROPINIROLE TAB 2MG	60	120		\$40.00		\$10.16	\$10.16	\$0.00
3/5/2024	1453396 763510001400 - 01 00169-4130-13 OZEMPIC INJ 4MG/3ML	28	3		\$1,163.99		\$962.84	\$35.00	\$927.84
3/10/2024	1445909 763510005000 - 01 00169-4130-13 OZEMPIC INJ 4MG/3ML	28	3		\$1,163.99		\$962.84	\$35.00	\$927.84
3/4/2024	177139 763510005100 - 01 59651-0428-01 SPIRONOLACT TAB 100MG	90	180		\$262.99		\$82.15	\$20.00	\$62.15
3/5/2024	960667 763510004400 - 02 00093-5551-01 DEXMETHYLPHE CAP 10MG ER	30	30		\$239.97		\$68.82	\$10.00	\$58.82
3/8/2024	1394691 763510005300 - 01 43547-0331-03 IRBESAR/HCTZ TAB 300-12.5	90	90		\$328.09		\$62.99	\$20.00	\$42.99
3/5/2024	1453503 763510004800 - 01 65862-0503-20 AMOX/K CLAV TAB 875-125	7	14		\$40.29		\$33.53	\$10.00	\$23.53
3/5/2024	7077152 763510000500 - 01 16571-0863-50 BUPROPION HCL TAB 300MG XL	90	90		\$326.37		\$34.59	\$20.00	\$14.59

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3/5/2024	7110371	763510000500 - 01	00093-5058-10	ATORVASTATIN TAB 40MG	90	90	\$55.74	\$13.97	\$13.97	\$0.00
3/5/2024	960952	763510001200 - 01	00228-3061-11	AMPHET/DEXTR CAP 30MG ER	30	30	\$171.96	\$22.64	\$10.00	\$12.64
3/4/2024	7763233	763510004300 - 01	68382-0565-10	METOPROL SUC TAB 50MG ER	90	180	\$48.00	\$28.37	\$20.00	\$8.37
3/8/2024	4573352	763510004300 - 01	65162-0033-10	APAP/CODEINE TAB 300-30MG	7	21	\$19.62	\$7.26	\$7.26	\$0.00
3/8/2024	4637346	763510006200 - 01	16729-0189-29	MYCOPHENOLIC TAB 360MG DR	5	20	\$136.68	\$10.97	\$10.00	\$0.97
3/6/2024	7763722	763510000900 - 01	70710-1138-03	FLUCONAZOLE TAB 100MG	3	3	\$8.18	\$3.51	\$3.51	\$0.00
3/7/2024	7742617	763510000900 - 01	00228-2778-11	PROPRANOLOL CAP 60MG ER	30	30	\$51.73	\$7.85	\$7.85	\$0.00
3/5/2024	60269287	763510002500 - 01	00527-3280-43	LEVOTHYROXIN TAB 25MCG 46	30	30	\$10.80	\$4.39	\$4.39	\$0.00
3/5/2024	60270072	763510002500 - 01	55111-0466-05	METOPROL SUC TAB 25MG ER 86	30	30	\$29.71	\$4.80	\$4.80	\$0.00
3/3/2024	60269287	763510002500 - 01	00527-3280-43	LEVOTHYROXIN TAB 25MCG 46	30	30	(\$10.80)	(\$4.39)	(\$4.39)	\$0.00
3/3/2024	60270072	763510002500 - 01	55111-0466-05	METOPROL SUC TAB 25MG ER 86	30	30	(\$29.71)	(\$4.80)	(\$4.80)	\$0.00
3/7/2024	7746192	763510002600 - 01	68645-0521-54	SERTRALINE TAB 25MG	90	90	\$24.00	\$10.04	\$10.04	\$0.00
3/10/2024	7701605	763510004000 - 01	16571-0862-03	BUPROPN HCL TAB 150MG XL	30	30	\$15.00	\$7.46	\$7.46	\$0.00
3/10/2024	7747264	763510004000 - 01	68645-0130-54	FLUOXETINE CAP 20MG	30	30	\$4.00	\$2.92	\$2.92	\$0.00
76350763603	NONEXEMPT EMPLOYEES MID (74370-002)				64		\$14,082.78	\$8,190.98	\$1,373.26	\$6,817.72
3/4/2024	251640	763600002100 - 02	00093-7353-01	CALCITRIOL CAP 0.5MCG	30	30	\$47.97	\$10.83	\$10.00	\$0.83
3/9/2024	8587008	763600002100 - 02	68180-0820-46	LANTHANUM CHW 750MG	30	90	\$1,347.11	\$501.63	\$10.00	\$491.63
3/4/2024	204449	763600002100 - 02	43547-0356-11	LISINOPRIL TAB 40MG	90	90	\$26.31	\$6.79	\$6.79	\$0.00
3/6/2024	7125746	763600002100 - 02	00169-4130-13	OZEMPIC INJ 4MG/3ML	28	3	\$1,162.22	\$995.05	\$35.00	\$960.05
3/4/2024	1452919	763600009000 - 01	55111-0322-01	GLIMEPIRIDE TAB 4MG	90	90	\$76.49	\$33.34	\$20.00	\$13.34
3/4/2024	1452920	763600009000 - 01	70710-1285-01	BACLOFEN TAB 10MG	90	360	\$195.89	\$120.09	\$20.00	\$100.09
3/4/2024	1452922	763600009000 - 01	00378-7187-05	METFORMIN TAB 1000MG	90	180	\$52.69	\$48.85	\$20.00	\$28.85
3/4/2024	1452923	763600009000 - 01	43547-0374-09	IRBESARTAN TAB 75MG	90	90	\$242.29	\$69.86	\$20.00	\$49.86
3/4/2024	1452926	763600009000 - 01	00378-3952-05	ATORVASTATIN TAB 40MG	90	90	\$371.29	\$30.98	\$20.00	\$10.98
3/4/2024	1452918	763600009000 - 01	69238-1834-07	LEVOTHYROXIN TAB 100MCG	90	90	\$38.89	\$19.41	\$19.41	\$0.00
3/4/2024	1452917	763600009000 - 01	00169-4130-13	OZEMPIC INJ 4MG/3ML	28	3	\$1,163.99	\$962.84	\$35.00	\$927.84
3/8/2024	948400	763600005800 - 01	00002-1506-80	MOUNJARO INJ 2.5/0.5	28	2	\$1,242.97	\$1,055.69	\$35.00	\$1,020.69
3/5/2024	2051478	763600003700 - 01	00002-1433-80	TRULICITY INJ 0.75/0.5	28	2	\$1,123.99	\$971.67	\$35.00	\$936.67
3/7/2024	7750853	763600005100 - 01	65162-0372-50	OXYBUTYNIN TAB 10MG ER	30	30	\$114.05	\$7.13	\$7.13	\$0.00
3/6/2024	14431	763600005100 - 01	61874-0115-30	VRAYLAR CAP 1.5MG	30	30	\$2,479.80	\$1,668.34	\$731.73	\$936.61
3/6/2024	14431	763600005100 - 01	61874-0115-30	VRAYLAR CAP 1.5MG	0	0	\$0.00	\$0.00	\$0.00	\$0.00



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3/9/2024	7763140	763600004000 - 01	00310-6210-30 FARXIGA TAB 10MG	30	30	\$698.70	\$598.74	\$35.00	\$563.74
3/4/2024	7763152	763600004000 - 01	55111-0180-10 TIZANIDINE TAB 4MG	23	90	\$24.00	\$8.32	\$8.32	\$0.00
3/4/2024	7763113	763600004000 - 01	68382-0051-05 MELOXICAM TAB 15MG	30	30	\$4.00	\$2.77	\$2.77	\$0.00
3/4/2024	7763139	763600004000 - 01	68645-0611-90 LISINOPRIL TAB 20MG	90	90	\$10.00	\$2.62	\$2.62	\$0.00
3/4/2024	7763138	763600004000 - 01	00169-6432-10 LEVEMIR INJ FLEXPEN	75	30	\$388.24	\$333.30	\$20.00	\$313.30
3/4/2024	7763112	763600004000 - 01	53746-0514-01 SPIRONOLACT TAB 50MG	90	90	\$24.00	\$12.31	\$12.31	\$0.00
3/8/2024	7763142	763600004000 - 01	68645-0584-59 METFORMIN TAB 1000MG	90	180	\$10.00	\$5.44	\$5.44	\$0.00
3/7/2024	1454439	763600005200 - 01	68382-0916-34 METHYLPRED TAB 4MG	6	21	\$24.99	\$23.58	\$10.00	\$13.58
3/7/2024	1454444	763600005200 - 01	00781-8089-26 AZITHROMYCIN TAB 250MG	5	6	\$41.99	\$24.38	\$10.00	\$14.38
3/9/2024	1376900	763600005200 - 01	00597-0155-61 STIOLTO AER 2.5-2.5	30	4	\$765.99	\$481.41	\$35.00	\$446.41
3/5/2024	2233560	763600000200 - 02	47781-0566-01 LISDEXAMFETA CAP 50MG	30	30	\$177.24	\$155.22	\$10.00	\$145.22
3/4/2024	1453003	763600000200 - 02	51224-0122-50 AZITHROMYCIN TAB 500MG	1	2	\$31.99	\$7.20	\$7.20	\$0.00
3/8/2024	1454601	763600008500 - 01	68462-0138-01 OXCARBAZEPIN TAB 300MG	90	180	\$482.89	\$81.69	\$20.00	\$61.69
3/5/2024	1453197	763600006100 - 01	00781-7172-50 AZELAIC ACID GEL 15%	20	50	\$299.99	\$65.91	\$10.00	\$55.91
3/7/2024	1454538	763600007800 - 01	69918-0301-30 TRANEX ACID TAB 650MG	5	30	\$159.99	\$60.62	\$10.00	\$50.62
3/10/2024	1445473	763600000200 - 01	68180-0868-73 DROSPIR/ETHI TAB 3-0.03MG	28	28	\$70.79	\$20.27	\$0.00	\$20.27
3/5/2024	1453583	763600000200 - 01	00054-0742-87 ALBUTEROL AER HFA	7	6.7	\$37.99	\$30.84	\$10.00	\$20.84
3/9/2024	7756224	763600007700 - 01	31722-0717-30 ATOMOXETINE CAP 40MG	30	30	\$320.78	\$50.01	\$10.00	\$40.01
3/4/2024	1452948	763600003300 - 01	65862-0700-20 CEFUROXIME TAB 500MG	10	20	\$70.49	\$49.23	\$10.00	\$39.23
3/4/2024	1452949	763600003300 - 01	70954-0060-20 PREDNISONE TAB 20MG	5	10	\$11.99	\$3.02	\$3.02	\$0.00
3/4/2024	1452947	763600003300 - 01	64380-0712-07 BENZONATATE CAP 100MG	10	30	\$14.09	\$10.20	\$10.00	\$0.20
3/7/2024	1454330	763600009400 - 01	00406-8893-01 AMPHET/DEXTR TAB 20MG	30	60	\$88.99	\$44.02	\$10.00	\$34.02
3/1/2024	1677227	763600009800 - 01	72205-0097-60 LEVETIRACETA TAB 1000MG	30	60	(\$352.99)	(\$20.70)	(\$10.00)	(\$10.70)
3/4/2024	1453062	763600009800 - 01	72205-0097-60 LEVETIRACETA TAB 1000MG	90	180	\$1,136.69	\$62.86	\$20.00	\$42.86
3/4/2024	7119679	763600007400 - 01	00054-0236-25 MORPHINE SUL TAB 30MG	30	90	\$108.99	\$38.84	\$10.00	\$28.84
3/6/2024	1454093	763600003000 - 02	72888-0111-05 DICLOFENAC TAB 75MG DR	30	60	\$52.99	\$21.73	\$10.00	\$11.73
3/10/2024	7115021	763600000600 - 01	65862-0709-01 RALOXIFENE TAB 60MG	30	30	\$54.36	\$9.42	\$0.00	\$9.42
3/4/2024	904176	763600001000 - 01	67877-0561-10 METFORMIN TAB 500MG	30	120	\$10.94	\$3.50	\$3.50	\$0.00
3/4/2024	926905	763600001000 - 01	50228-0124-05 CLOPIDOGREL TAB 75MG	90	90	\$36.00	\$7.58	\$7.58	\$0.00
3/4/2024	7763192	763600001000 - 01	31722-0153-90 VALSARTAN TAB 160MG	90	90	\$64.71	\$22.45	\$20.00	\$2.45
3/4/2024	7763229	763600001000 - 01	68645-0574-54 GLIPIZIDE TAB 5MG	90	90	\$6.00	\$4.79	\$4.79	\$0.00
3/4/2024	7119755	763600002100 - 01	00169-4130-13 OZEMPIC INJ 4MG/3ML	28	3	\$1,162.22	\$995.05	\$35.00	\$960.05
2/29/2024	7119755	763600002100 - 01	00169-4130-13 OZEMPIC INJ 4MG/3ML	28	3	(\$1,162.22)	(\$995.05)	(\$35.00)	(\$960.05)



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3/1/2024	7751999 763600002500 - 01	16571-0862-03	BUPROPN HCL TAB 150MG XL	30	30	(\$15.00)	(\$7.46)	(\$7.46)	\$0.00
3/4/2024	7722909 763600002600 - 02	68645-0558-54	LISINOP/HCTZ TAB 20-25MG	90	90	\$10.00	\$5.23	\$5.23	\$0.00
3/4/2024	7722910 763600002600 - 02	68382-0001-06	PAROXETINE TAB 40MG	90	90	\$24.00	\$11.18	\$11.18	\$0.00
3/8/2024	7742823 763600004600 - 01	68645-0519-54	ESCITALOPRAM TAB 10MG	90	90	\$38.00	\$10.89	\$10.89	\$0.00
3/4/2024	7763056 763600005300 - 03	42799-0815-01	PREDNISOLONE SOL 15MG/5ML	3	30	\$18.02	\$6.83	\$6.83	\$0.00
3/7/2024	2079097 763600005400 - 01	43547-0353-11	LISINOPRIL TAB 10MG	30	30	\$5.47	\$1.88	\$1.88	\$0.00
3/7/2024	2079098 763600005400 - 01	42806-0715-05	BENZONATATE CAP 200MG	7	20	\$22.31	\$3.93	\$3.93	\$0.00
3/7/2024	2079099 763600005400 - 01	67877-0320-05	IBUPROFEN TAB 600MG	5	20	\$8.42	\$2.58	\$2.58	\$0.00
3/7/2024	2079100 763600005400 - 01	16714-0235-01	PENICILLN VK TAB 500MG	10	20	\$16.99	\$3.20	\$3.20	\$0.00
3/7/2024	7764001 763600006600 - 01	59746-0001-03	METHYLPRED TAB 4MG	6	21	\$19.59	\$7.65	\$7.65	\$0.00
3/6/2024	7763804 763600007000 - 01	68382-0040-01	PROMETHAZINE TAB 12.5MG	9	50	\$25.00	\$5.38	\$5.38	\$0.00
3/6/2024	928003 763600008200 - 01	68180-0968-03	LEVOTHYROXIN TAB 88MCG	90	90	\$45.91	\$14.36	\$14.36	\$0.00
2/26/2024	7753204 763600009000 - 02	00310-6210-30	FARXIGA TAB 10MG	30	30	(\$698.70)	(\$598.74)	(\$35.00)	(\$563.74)
3/3/2024	7753205 763600009000 - 02	00169-2660-15	TRESIBA FLEX INJ 100UNIT	43	15	(\$609.81)	(\$523.00)	(\$20.00)	(\$503.00)
3/7/2024	7753205 763600009000 - 02	00169-2660-15	TRESIBA FLEX INJ 100UNIT	43	15	\$609.81	\$523.00	\$20.00	\$503.00
76350763703	NONEXEMPT EMPLOYEES BASE HDHP (74370-003)			3		\$218.23	\$185.59	\$167.14	\$18.45
3/7/2024	7693407 763700001100 - 01	68180-0876-73	NORETHINDRON TAB 0.35MG	84	84	\$24.00	\$18.45	\$0.00	\$18.45
3/8/2024	2233582 763700001800 - 01	47781-0567-01	LISDEXAMFETA CAP 60MG	30	30	\$177.24	\$157.02	\$157.02	\$0.00
3/6/2024	1383698 763700002000 - 01	69238-1835-01	LEVOTHYROXIN TAB 112MCG	30	30	\$16.99	\$10.12	\$10.12	\$0.00
79877	MEMORIAL BOARD MEMBERS			2		\$62.98	\$32.34	\$18.07	\$14.27
76350763605	BOARD MEMBERS MID (79877-002)			2		\$62.98	\$32.34	\$18.07	\$14.27
3/7/2024	1454210 763600009900 - 01	65862-0011-05	SERTRALINE TAB 25MG	30	30	\$29.99	\$24.27	\$10.00	\$14.27
3/4/2024	1452993 763600009900 - 01	00143-9285-01	AMOXICILLIN TAB 875MG	10	20	\$32.99	\$8.07	\$8.07	\$0.00

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MEMORIAL MEDICAL CENTER							\$13,321.55			
74368	MEMORIAL SENIOR MANAGEMENT		6				\$831.74	\$389.22	\$118.07	\$271.15
76350763511	SENIOR MANAGEMENT HIGH (74368-001)		1				\$294.39	\$68.96	\$10.00	\$58.96
3/1/2024	1452338 763510000200 - 01 00713-0503-24 ANUCORT-HC SUP 25MG		10	20			\$294.39	\$68.96	\$10.00	\$58.96
76350763601	SENIOR MANAGEMENT MID (74368-002)		5				\$537.35	\$320.26	\$108.07	\$212.19
2/29/2024	1452027 763600008800 - 01 55111-0466-01 METOPROL SUC TAB 25MG ER		90	90			\$53.89	\$45.85	\$20.00	\$25.85
3/3/2024	1414950 763600008800 - 01 00642-7470-01 SLYND TAB 4MG		28	28			\$232.99	\$193.74	\$70.00	\$123.74
2/27/2024	1451344 763600001700 - 02 31722-0945-31 DROSPIR/ETHI TAB 3-0.03MG		84	84			\$192.29	\$57.51	\$0.00	\$57.51
3/1/2024	1452476 763600001700 - 01 00406-0512-05 OXYCOD/APAP TAB 5-325MG		3	18			\$25.19	\$15.09	\$10.00	\$5.09
3/1/2024	1452477 763600001700 - 01 00143-9285-01 AMOXICILLIN TAB 875MG		10	20			\$32.99	\$8.07	\$8.07	\$0.00
74369	MEMORIAL EXEMPT EMPLOYEES		8				\$2,798.55	\$1,062.96	\$105.82	\$957.14
76350763512	EXEMPT EMPLOYEES HIGH (74369-001)		4				\$1,786.06	\$272.99	\$70.00	\$202.99
3/1/2024	1451496 763510003300 - 01 64380-0725-06 MYCOPHENOLAT TAB 500MG		30	180			\$1,165.49	\$95.11	\$10.00	\$85.11
3/2/2024	1421386 763510003300 - 01 00378-3951-05 ATORVASTATIN TAB 20MG		90	90			\$371.89	\$45.36	\$20.00	\$25.36
3/3/2024	1423614 763510000700 - 01 68180-0519-02 LISINOP/HCTZ TAB 20-12.5		90	180			\$113.79	\$87.31	\$20.00	\$67.31
3/3/2024	1423613 763510000700 - 01 68180-0721-03 AMLODIPINE TAB 10MG		90	90			\$134.89	\$45.21	\$20.00	\$25.21
76350763602	EXEMPT EMPLOYEES MID (74369-002)		4				\$1,012.49	\$789.97	\$35.82	\$754.15
2/26/2024	7713181 763600006200 - 02 00169-2550-13 TRESIBA FLEX INJ 200UNIT		22	9			\$731.77	\$627.32	\$10.00	\$617.32
3/1/2024	7756236 763600005600 - 03 00378-8085-45 TRETINOIN GEL 0.01%		30	45			\$240.17	\$145.01	\$10.00	\$135.01
2/26/2024	7761634 763600006200 - 03 42192-0607-16 BROM/PSE/DM SYP 2/30/10		2	118			\$16.58	\$11.82	\$10.00	\$1.82
2/26/2024	7761633 763600006200 - 03 50111-0787-51 AZITHROMYCIN TAB 250MG		5	6			\$23.97	\$5.82	\$5.82	\$0.00
74370	MEMORIAL NONEXEMPT EMPLOYEES		74				\$9,673.66	\$5,633.42	\$386.50	\$5,246.92
76350763513	NONEXEMPT EMPLOYEES HIGH (74370-001)		25				\$2,855.54	\$1,642.95	\$240.56	\$1,402.39
2/28/2024	955231 763510003700 - 01 00003-0894-21 ELIQUIS TAB 5MG		30	60			\$692.93	\$587.17	\$35.00	\$552.17
2/25/2024	954789 763510003700 - 01 31722-0726-10 MONTELUKAST TAB 10MG		30	30			(\$61.97)	(\$3.97)	(\$3.97)	\$0.00
2/25/2024	954789 763510003700 - 01 31722-0726-10 MONTELUKAST TAB 10MG		30	30			\$61.97	\$3.97	\$3.97	\$0.00
2/27/2024	1450380 763510005000 - 01 00310-6210-30 FARXIGA TAB 10MG		30	30			\$688.09	\$579.27	\$35.00	\$544.27
3/3/2024	1902949 763510004300 - 04 00093-0053-01 BUSPIRONE TAB 5MG		90	270			\$107.99	\$85.40	\$20.00	\$65.40
2/26/2024	1450476 763510002200 - 01 68462-0318-29 VIORELE TAB		84	84			\$147.89	\$53.09	\$0.00	\$53.09
2/27/2024	959720 763510003600 - 02 68968-3437-08 ESTRADIOL DIS 0.0375MG		28	8			\$139.97	\$62.02	\$10.00	\$52.02
3/1/2024	960530 763510003600 - 02 33342-0077-10 VALSART/HCTZ TAB 320-12.5		30	30			\$79.97	\$8.58	\$8.58	\$0.00



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2/26/2024	1450709	763510004100 - 01	00406-8893-01 AMPHET/DEXTR TAB 20MG	30	60	\$88.99	\$44.02	\$10.00	\$34.02
3/1/2024	1452153	763510000800 - 01	00378-3952-05 ATORVASTATIN TAB 40MG	90	90	\$371.29	\$30.98	\$20.00	\$10.98
2/29/2024	1451752	763510000800 - 01	68180-0720-03 AMLODIPINE TAB 5MG	90	90	\$122.89	\$42.73	\$20.00	\$22.73
2/29/2024	1450386	763510002300 - 01	55111-0179-15 TIZANIDINE TAB 2MG	30	90	\$101.89	\$42.14	\$10.00	\$32.14
2/29/2024	183990	763510005100 - 01	00093-7295-05 CARVEDILOL TAB 12.5MG	90	180	\$159.99	\$42.81	\$20.00	\$22.81
2/28/2024	1451589	763510004800 - 01	59651-0182-01 METHOTREXATE TAB 2.5MG	28	24	\$48.69	\$20.46	\$10.00	\$10.46
2/28/2024	1451670	763510004800 - 01	11534-0165-03 FOLIC ACID TAB 1MG	30	30	\$17.99	\$2.83	\$2.83	\$0.00
2/28/2024	1451590	763510004800 - 01	70954-0059-20 PREDNISONE TAB 10MG	30	35	\$18.79	\$6.21	\$6.21	\$0.00
3/1/2024	1438745	763510004800 - 01	69238-1830-07 LEVOTHYROXIN TAB 25MCG	30	30	\$12.99	\$6.16	\$6.16	\$0.00
2/27/2024	1451356	763510002000 - 01	72205-0143-99 LOSARTAN POT TAB 100MG	30	30	\$63.69	\$17.24	\$10.00	\$7.24
2/27/2024	1451124	763510002900 - 01	68462-0158-13 ONDANSETRON TAB 8MG ODT	5	10	\$97.99	\$14.30	\$10.00	\$4.30
3/2/2024	1449724	763510000400 - 01	72578-0090-01 TRIAMT/HCTZ CAP 37.5-25	90	90	\$27.49	\$13.68	\$13.68	\$0.00
2/21/2024	7760726	763510000900 - 02	31722-0702-90 LOSARTAN POT TAB 100MG	90	90	(\$24.00)	(\$15.26)	(\$15.26)	\$0.00
3/3/2024	60270072	763510002500 - 01	55111-0466-05 METOPROL SUC TAB 25MG ER 86	30	30	\$29.71	\$4.80	\$4.80	\$0.00
3/3/2024	60269287	763510002500 - 01	00527-3280-43 LEVOTHYROXIN TAB 25MCG 46	30	30	\$10.80	\$4.39	\$4.39	\$0.00
2/27/2024	1451207	763510002500 - 01	53746-0514-01 SPIRONOLACT TAB 50MG	30	30	\$29.99	\$9.17	\$9.17	\$0.00
2/22/2024	7761087	763510003500 - 01	62332-0142-31 CELECOXIB CAP 200MG	30	60	(\$180.48)	(\$19.24)	(\$10.00)	(\$9.24)
76350763603	NONEXEMPT EMPLOYEES MID (74370-002)			43		\$6,687.47	\$4,344.39	\$504.87	\$3,839.52
2/27/2024	958668	763600001000 - 01	00002-1506-80 MOUNJARO INJ 2.5/0.5	28	2	\$1,242.97	\$1,055.69	\$35.00	\$1,020.69
2/27/2024	957013	763600001000 - 01	66993-0457-30 DAPAGLIFLOZI TAB 10MG	30	30	\$629.98	\$546.44	\$70.00	\$476.44
3/1/2024	7762871	763600008300 - 01	68180-0963-01 ALBUTEROL AER HFA	17	8.5	\$34.55	\$34.55	\$10.00	\$24.55
2/29/2024	7762572	763600008300 - 01	00527-5125-70 LACTULOSE SOL 10GM/15	8	473	\$21.17	\$9.64	\$9.64	\$0.00
2/27/2024	7747938	763600008300 - 01	00169-4314-30 RYBELSUS TAB 14MG	30	30	\$1,162.22	\$995.05	\$35.00	\$960.05
2/29/2024	7119755	763600002100 - 01	00169-4130-13 OZEMPIC INJ 4MG/3ML	28	3	\$1,162.22	\$995.05	\$35.00	\$960.05
2/26/2024	7753204	763600009000 - 02	00310-6210-30 FARXIGA TAB 10MG	30	30	\$698.70	\$598.74	\$35.00	\$563.74
3/3/2024	7753205	763600009000 - 02	00169-2660-15 TRESIBA FLEX INJ 100UNIT	43	15	\$609.81	\$523.00	\$20.00	\$503.00
2/23/2024	7753204	763600009000 - 02	00310-6210-30 FARXIGA TAB 10MG	30	30	(\$698.70)	(\$598.74)	(\$35.00)	(\$563.74)
3/1/2024	1326475	763600003000 - 01	73336-0075-30 GEMTESA TAB 75MG	30	30	\$593.56	\$479.38	\$70.00	\$409.38
2/28/2024	8837570	763600005100 - 02	00169-3007-15 NOVOLIN INJ 70/30 FP	42	30	\$328.62	\$188.27	\$20.00	\$168.27
2/28/2024	7762315	763600002400 - 01	68645-0595-59 METFORMIN TAB 500MG ER	90	90	\$4.00	\$4.00	\$4.00	\$0.00
2/26/2024	7761782	763600002400 - 01	42192-0330-01 NP THYROID TAB 60MG	90	90	\$61.65	\$61.65	\$20.00	\$41.65
2/26/2024	7761783	763600002400 - 01	42192-0327-01 NP THYROID TAB 15MG	90	90	\$55.95	\$55.95	\$20.00	\$35.95



Period: 2/26/2024 thru 3/3/2024 11:59:59 PM
 Execution Time: 3/5/2024 5:48:57 AM

2/27/2024	1451359	763600009200 - 01	67877-0889-01 FAMOTIDINE TAB 40MG	90	180	\$161.79	\$95.43	\$20.00	\$75.43
2/28/2024	2605413	763600005200 - 01	00406-0125-05 HYDROCO/APAP TAB 10-325MG	30	120	\$145.99	\$59.21	\$10.00	\$49.21
2/27/2024	1712284	763600004900 - 03	69238-2079-07 PROPRANOLOL TAB 40MG	90	180	\$127.99	\$66.79	\$20.00	\$46.79
2/27/2024	1451286	763600003000 - 03	00527-8108-37 DEXMETHYLPH CAP 15MG ER	30	30	\$239.99	\$49.07	\$10.00	\$39.07
3/2/2024	1422357	763600003000 - 02	68462-0397-10 OMEPRAZOLE CAP 40MG	90	90	\$314.89	\$48.12	\$20.00	\$28.12
2/26/2024	1450858	763600008500 - 01	68382-0916-34 METHYLPRED TAB 4MG	6	21	\$24.99	\$23.58	\$10.00	\$13.58
2/29/2024	7762481	763600008500 - 01	00472-0242-60 PERMETHRIN CRE 5%	1	60	\$80.35	\$18.15	\$10.00	\$8.15
2/27/2024	7743075	763600000300 - 01	67877-0446-90 OLMESA MEDOX TAB 20MG	90	90	\$495.00	\$12.77	\$12.77	\$0.00
3/1/2024	7743078	763600000300 - 01	43547-0526-03 NEBIVOLOL TAB 10MG	90	90	\$275.49	\$36.35	\$20.00	\$16.35
2/24/2024	7743075	763600000300 - 01	67877-0446-90 OLMESA MEDOX TAB 20MG	90	90	(\$495.00)	(\$12.77)	(\$12.77)	\$0.00
3/1/2024	1677227	763600009800 - 01	72205-0097-60 LEVETIRACETA TAB 1000MG	30	60	\$352.99	\$20.70	\$10.00	\$10.70
2/28/2024	1441432	763600001300 - 01	00378-0032-10 METOPROL TAR TAB 50MG	30	60	\$21.39	\$15.94	\$10.00	\$5.94
2/20/2024	7740738	763600002000 - 01	68645-0582-59 METFORMIN TAB 500MG	90	180	(\$10.00)	(\$4.13)	(\$4.13)	\$0.00
2/21/2024	7760347	763600002000 - 01	31722-0702-10 LOSARTAN POT TAB 100MG	90	90	(\$24.00)	(\$15.26)	(\$15.26)	\$0.00
3/1/2024	7751999	763600002500 - 01	16571-0862-03 BUPROPN HCL TAB 150MG XL	30	30	\$15.00	\$7.46	\$7.46	\$0.00
2/26/2024	7745216	763600003400 - 03	16714-0406-04 LARIN FE TAB 1/20	28	28	\$13.32	\$8.05	\$0.00	\$8.05
2/25/2024	7745216	763600003400 - 03	16714-0406-04 LARIN FE TAB 1/20	28	28	(\$13.32)	(\$8.05)	\$0.00	(\$8.05)
2/29/2024	7762588	763600005000 - 01	31722-0713-10 PANTOPRAZOLE TAB 40MG	30	30	\$66.93	\$4.29	\$4.29	\$0.00
2/29/2024	7762599	763600005000 - 01	47781-0657-90 LEVOTHYROXIN TAB 125MCG	30	30	\$4.00	\$4.00	\$4.00	\$0.00
2/28/2024	7736043	763600005100 - 01	16571-0862-03 BUPROPN HCL TAB 150MG XL	30	30	\$15.00	\$7.46	\$7.46	\$0.00
2/29/2024	7756741	763600005100 - 01	16571-0201-50 DICLOFENAC TAB 75MG DR	30	60	\$16.80	\$8.87	\$8.87	\$0.00
2/20/2024	7760543	763600005100 - 01	13668-0219-30 ARIPIPRAZOLE TAB 15MG	30	30	(\$665.59)	(\$6.78)	(\$6.78)	\$0.00
3/1/2024	7762795	763600006400 - 01	68645-0609-90 LISINOPRIL TAB 5MG	90	90	\$10.00	\$2.97	\$2.97	\$0.00
2/29/2024	7749971	763600001800 - 01	55111-0154-30 ONDANSETRON TAB 8MG	10	30	\$137.95	\$5.50	\$5.50	\$0.00
2/29/2024	7762558	763600001800 - 01	16571-0862-03 BUPROPN HCL TAB 150MG XL	30	90	\$38.00	\$19.38	\$10.00	\$9.38
2/29/2024	7762338	763600001800 - 01	23155-0248-01 VENLAFAXINE TAB 50MG	30	30	\$65.90	\$5.63	\$5.63	\$0.00
2/29/2024	7694892	763600001800 - 01	67877-0446-90 OLMESA MEDOX TAB 20MG	90	90	\$495.00	\$12.77	\$12.77	\$0.00
2/12/2024	7705573	763600001800 - 01	00002-1460-80 MOUNJARO INJ 12.5/0.5	28	2	(\$1,282.90)	(\$1,098.23)	(\$35.00)	(\$1,063.23)
2/26/2024	4573169	763600001800 - 01	68180-0780-01 ZOLPIDEM ER TAB 12.5MG	30	30	\$152.82	\$8.45	\$8.45	\$0.00
76350763703	NONEXEMPT EMPLOYEES BASE HDHP (74370-003)			6		\$130.65	(\$353.92)	(\$358.93)	\$5.01
2/27/2024	959892	763700002100 - 01	16714-0408-03 LARIN TAB 1/20	21	21	\$25.97	\$5.01	\$0.00	\$5.01
2/26/2024	959500	763700002100 - 01	00378-1403-96 RIZATRIPTAN TAB 5MG	30	8	\$45.66	\$5.24	\$5.24	\$0.00
2/23/2024	7759040	763700000900 - 01	00430-0420-14 LO LOESTRIN TAB 1-10-10	84	84	(\$646.55)	(\$533.40)	(\$533.40)	\$0.00



Period: 2/26/2024 thru 3/3/2024 11:59:59 PM
Execution Time: 3/5/2024 5:48:57 AM

2/27/2024	1451164	763700001500 - 01	42806-0414-09	BUPROPN HCL TAB 150MG XL	90	90	\$353.89	\$62.46	\$62.46	\$0.00
2/27/2024	1451165	763700001500 - 01	69097-0848-05	ESCITALOPRAM TAB 10MG	90	90	\$172.69	\$58.36	\$58.36	\$0.00
2/27/2024	1451166	763700001500 - 01	72205-0143-99	LOSARTAN POT TAB 100MG	90	90	\$178.99	\$48.41	\$48.41	\$0.00

RID 2cdf91ac-efbc-4296-a287-3880087434ee

HPHG

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 4/1/2024
 MEMORIAL MEDICAL CENTER (Mst Grp: 76350)
 815 N VIRGINIA STREET
 PORT LAVACA, TX 77979

Master Group Totals						Total Due	
	SPEC AGG	180	\$56,400.67	Adjustments	3	(\$1,327.14)	\$55,073.53
	ADMIN FEES	180	\$7,740.00	Adjustments	3	(\$258.00)	\$7,482.00
	PPO UR	180	\$3,429.00	Adjustments	3	(\$114.30)	\$3,314.70
	CHIC MGMT FEE		\$700.00				\$700.00

Balance Forward:		\$137,313.59
Payments:	-	\$137,313.59
Adjustments:	+	\$0.00
Beginning Balance:		\$0.00
Current Amount Due:	+	\$68,269.67
Current Adjustments:	+	(\$1,699.44)
Total Amount Due:		\$66,570.23

Andrew DePonte
 418124

Description	Medical
EE	105
ES	18
EF	13
EC	44
	180

Make Check Payable To: Attn: Revenue Department
 90 Degree Benefits
 PO Box 13246
 Birmingham, AL 35202

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

APPROVED
 ON
 APR 08 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

4/12/24

Start Date	Benefit	EE Per Pay Cost	ER Per Pay Cost
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$100.00	\$25.00
1/1/2024	Health Savings Account	\$147.91	\$25.00
1/1/2024	Health Savings Account	\$41.67	\$25.00
1/1/2024	Health Savings Account	\$60.00	\$25.00
1/1/2024	Health Savings Account	\$10.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
2/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
2/1/2024	Health Savings Account	\$163.25	\$25.00
1/1/2024	Health Savings Account	\$50.00	\$25.00
2/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$100.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
3/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
2/1/2024	Health Savings Account	\$0.00	\$25.00
		\$747.83	\$575.00
	Total Contributions	\$1,322.83	

RECEIVED

04/04/2024 APR 04 2024

10:56

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032124		03/29/202	03/21/202	04/27/202			8,360.00	0.00	0.00	8,360.00 ✓
	TRANSFER	<i>NH insurance pymt pymt deposited into mmc operating</i>								
032724A		03/29/202	03/27/202	04/27/202			659.20	0.00	0.00	659.20 ✓
	TRANSFER	"								
032724		03/29/202	03/27/202	04/27/202			2,244.00	0.00	0.00	2,244.00 ✓
	TRANSFER	"								
032924		03/29/202	03/29/202	04/29/202			5,712.00	0.00	0.00	5,712.00 ✓
	TRANSFER	"								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11824 THE CRESCENT							16,975.20	0.00	0.00	16,975.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,975.20	0.00	0.00	16,975.20

APPROVED ON

APR 04 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CL# 203729

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04/04/2024
APR 04 2024
10:55

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA ✓											
		032724		03/29/202	03/27/202	04/27/202			80.83	0.00	0.00	80.83 ✓
		032824	TRANSFER	03/29/202	03/28/202	04/27/202			372.43	0.00	0.00	372.43 ✓
		040124	TRANSFER	04/01/202	04/01/202	05/01/202			612.00	0.00	0.00	612.00 ✓
			TRANSFER									
Vendor Totals: Number Name									Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA							1,065.26	0.00	0.00	1,065.26

NH insurance pymt deposited into mme open by

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,065.26	0.00	0.00	1,065.26

APPROVED
ON

APR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 203728

RECEIVED

04/04/2024

10:55 **APR 04 2024**

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032724		03/29/202	03/27/202	04/27/202			3,264.00	0.00	0.00	3,264.00 ✓

TRANSFER NH insurance pymt deposited into mme operating in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	3,264.00	0.00	0.00	3,264.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,264.00	0.00	0.00	3,264.00

APPROVED
ON

APR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 203726

RECEIVED

04/04/2024 APR 04 2024
10:54

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Calhoun County Auditor
Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032924A		03/29/202	03/29/202	04/29/202			20,880.00	0.00	0.00	20,880.00 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>								
032924		03/29/202	03/29/202	04/29/202			18,995.92	0.00	0.00	18,995.92 ✓
	TRANSFER	<i>"</i>								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	39,875.92	0.00	0.00	39,875.92

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	39,875.92	0.00	0.00	39,875.92

APPROVED
ON

APR 04 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

OK # 203730

RECEIVED

APR 04 2024

04/04/2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

10:57

Dates Through:

ap_open_invoice.template

Calhoun County Auditor

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
032224		03/29/202	03/22/202	04/27/202			9,423.79	0.00	0.00	9,423.79 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC operating in error</i>								
032624		03/29/202	03/26/202	04/27/202			34,625.00	0.00	0.00	34,625.00 ✓
	TRANSFER	"								
032924		03/29/202	03/29/202	04/29/202			119.89	0.00	0.00	119.89 ✓
	TRANSFER	"								
032924A		03/29/202	03/29/202	04/29/202			2,795.01	0.00	0.00	2,795.01 ✓
	TRANSFER	"								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	46,963.69	0.00	0.00	46,963.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	46,963.69	0.00	0.00	46,963.69

APPROVED ON

APR 04 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CHK# 203725

RECEIVED BY THE COUNTY AUDITOR ON

APR 04 2024

MEMORIAL MEDICAL CENTER

APPROVED ON

APR 04 2024

0

04/04/2024
10:56

AP Open Invoice List
Dates Through:

ap_open_invoice.template

Vendor# Vendor Name **CALHOUN COUNTY, TEXAS**

Class Pay Code

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032124		03/29/202	03/21/202	04/27/202			353.48	0.00	0.00	353.48 ✓
	TRANSFER									
032224B		03/29/202	03/22/202	04/27/202			23,287.35	0.00	0.00	23,287.35 ✓
	TRANSFER	"	"							
032224		03/29/202	03/22/202	04/27/202			960.00	0.00	0.00	960.00 ✓
	TRANSFER	"	"							
032224A		03/29/202	03/22/202	04/27/202			5,796.37	0.00	0.00	5,796.37 ✓
	TRANSFER	"	"							
032624A		03/29/202	03/26/202	04/27/202			2,146.80	0.00	0.00	2,146.80 ✓
	TRANSFER	"	"							
032624		03/29/202	03/26/202	04/27/202			63,296.66	0.00	0.00	63,296.66 ✓
	TRANSFER	"	"							
032724		03/29/202	03/27/202	04/27/202			486.31	0.00	0.00	486.31 ✓
	TRANSFER	"	"							
032924		03/29/202	03/29/202	04/29/202			5,535.34	0.00	0.00	5,535.34 ✓
	TRANSFER	"	"							
032924B		03/29/202	03/29/202	04/29/202			82.69	0.00	0.00	82.69 ✓
	TRANSFER	"	"							
032924A		03/29/202	03/29/202	04/29/202			1,122.88	0.00	0.00	1,122.88 ✓
	TRANSFER	"	"							
040124		04/01/202	04/01/202	05/01/202			2,781.50	0.00	0.00	2,781.50 ✓
	TRANSFER									

Nh Insurance pmt deposited into mmc Dept. in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	105,849.38	0.00	0.00	105,849.38

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	105,849.38	0.00	0.00	105,849.38

ck # 203727

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/8/2024

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		251,830.34	251,730.35	26,741.17		26,841.16	26,741.16
						Bank Balance	26,841.16
						Variance	
						Leave In Balance	100.00

Routing Information for Ashford Gardens:

d Co

						April Interest	
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	26,741.16
Broadmoor		212,402.73	212,302.73	102,311.64		Bank Balance	102,411.64
						Variance	
						Leave In Balance	100.00

						Wellpoint Y6 Comp 1 Allocation Recon	25,123.35
						April Interest	
						May Interest	
						June Interest	

						Adjust Balance/Transfer Amt	77,188.29
Crescent		189,021.06	188,921.06	101,618.20		Bank Balance	101,718.20
						Variance	
						Leave In Balance	100.00

						Wellpoint Y6 Comp 1 Allocation Recon	13,338.04
						Claim payment transfer to Tuscany	1,050.00
						Claim payment transfer to Tuscany	350.00
						April Interest	
						May Interest	
						June Interest	

						Adjust Balance/Transfer Amt	86,880.16
Fort Bend		61,978.71	61,878.71	3,007.23		Bank Balance	3,107.23
						Variance	(0.00)
						Leave In Balance	100.00
						Wellpoint Y6 Comp 1 Allocation Recon	2,379.01

						Adjust Balance/Transfer Amt	628.22
Solera at W Houston		143,601.61	143,501.61	122,956.43		Bank Balance	123,056.43
						Variance	
						Leave In Balance	100.00

						Wellpoint Y6 Comp 1 Allocation Recon	20,883.28
						April Interest	
						May Interest	
						June Interest	

26,741.16 +
77,188.29 +
86,880.16 +
102,073.15 +
292,882.75

at West Houston / Fort Bend / Broadmoor

APPROVED ON

APR 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 292,882.76

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 4/8/2024

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.

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,852,630.10	\$1,976,345.27	\$1,852,630.10	\$1,424,544.49
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.19	\$543.19	\$543.19	\$543.19
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.28	\$437.28	\$437.28	\$437.28
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$26,841.16 ✓	\$36,124.15	\$26,841.16	\$23,975.04
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$102,411.64 ✓	\$115,086.01	\$102,411.64	\$95,341.54
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$101,718.20 ✓	\$106,595.43	\$101,718.20	\$72,362.65
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$123,056.43 ✓	\$138,911.28	\$123,056.43	\$123,056.43
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$3,107.23 ✓	\$7,097.32	\$3,107.23	\$1,324.59
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$201,443.45	\$223,731.85	\$201,443.45	\$200,371.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$556.84	\$556.84	\$556.84	\$492.11
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$69,273.30	\$76,912.61	\$69,273.30	\$21,095.74
*5506 MMC -NH BETHANY SENIOR LIVING	\$149,402.30	\$149,402.30	\$149,402.30	\$9,784.87
*3407 MMC -NH TUSCANY VILLAGE	\$28,078.96	\$28,078.96	\$28,078.96	\$27,063.27
*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	\$609,891.25
Total Balance	\$3,269,491.33	\$3,469,813.74	\$3,269,491.33	\$2,610,383.90

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 4/8/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek	4	67,524.71	67,424.71	201,343.45		201,443.45	201,343.45
						Bank Balance Variance	
						Leave in Balance	100.00

Creek:

April Interest _____
 May Interest _____
 June Interest _____
 Adjust Balance/Transfer Amt 201,343.45

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

4/8/2024

APPROVED
 ON
 APR 08 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek ✓

4/5/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001139
4/4/2024 CHECK 209
4/4/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
4/4/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
4/4/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
4/3/2024 DEPOSIT
4/3/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
4/2/2024 NOVITAS SOLUTION HCCLAIMPMT 676097 420000153
4/1/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
4/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000254992
4/1/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001640
4/1/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
-	1,072.00	-	-	-	-	-	1,072.00
621.86	-	-	-	-	-	-	-
66,802.85	-	-	-	-	-	-	-
-	12,289.95	-	-	-	-	-	12,289.95
-	1,100.40	-	-	-	-	-	1,100.40
-	173,659.05	-	-	-	-	-	173,659.05
-	1,417.54	-	-	-	-	-	1,417.54
-	741.98	-	-	-	-	-	741.98
-	1,512.00	-	-	-	-	-	1,512.00
-	264.63	-	-	-	-	-	264.63
-	4,950.00	-	-	-	-	-	4,950.00
-	4,335.90	-	-	-	-	-	4,335.90
67,424.71	201,343.45	-	-	-	-	-	201,343.45

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,852,630.10	\$1,976,345.27	\$1,852,630.10	\$1,424,544.49
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.19	\$543.19	\$543.19	\$543.19
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.28	\$437.28	\$437.28	\$437.28
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$26,841.16	\$36,124.15	\$26,841.16	\$23,975.04
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$102,411.64	\$115,086.01	\$102,411.64	\$95,341.54
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$101,718.20	\$106,595.43	\$101,718.20	\$72,362.65
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$123,056.43	\$138,911.28	\$123,056.43	\$123,056.43
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$3,107.23	\$7,097.32	\$3,107.23	\$1,324.59
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$201,443.45	\$223,731.85	\$201,443.45	\$200,371.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$556.84	\$556.84	\$556.84	\$492.11
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$69,273.30	\$76,912.61	\$69,273.30	\$21,095.74
*5506 MMC -NH BETHANY SENIOR LIVING	\$149,402.30	\$149,402.30	\$149,402.30	\$9,784.87
*3407 MMC -NH TUSCANY VILLAGE	\$28,078.96	\$28,078.96	\$28,078.96	\$27,063.27
*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	\$609,891.25
Total Balance	\$3,269,491.33	\$3,469,813.74	\$3,269,491.33	\$2,610,383.90

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 4/8/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Private Pay	394.27	-	162.57				556.84	no transfer
						Bank Balance Variance	556.84	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	456.84	
Gulf Pointe Plaza-Medicare/Medicaid	30,220.73	30,120.73	69,173.30				69,273.30	69,173.30
						Bank Balance Variance	69,273.30	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	69,173.30	
TOTAL TRANSFERS							69,630.14	

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 4/8/2024

APPROVED
 ON
 APR 08 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

4/5/2024 HNB - ECHO HCCLAIMPMT 746003411 440000238966
 4/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000256377
 4/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000210714

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	64.73	-	-	-	-	-	64.73
-	94.15	-	-	-	-	-	94.15
-	3.69	-	-	-	-	-	3.69
-	162.57	-	-	-	-	-	162.57

Gulf Pointe Plaza-Medicare/Medicaid

4/5/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 4/5/2024 NORIDIAN J3A HCCLAIMPMT 675892 4200001335757
 4/4/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 4/3/2024 NORIDIAN J3A HCCLAIMPMT 675892 4200001538877

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	45,109.82	-	-	-	-	-	45,109.82
-	3,067.74	-	-	-	-	-	3,067.74
30,120.73	-	-	-	-	-	-	-
-	20,995.74	-	-	-	-	-	20,995.74
30,120.73	69,173.30	-	-	-	-	-	69,173.30
30,120.73	69,335.87	-	-	-	-	-	69,335.87

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,852,630.10	\$1,976,345.27	\$1,852,630.10	\$1,424,544.49
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.19	\$543.19	\$543.19	\$543.19
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.28	\$437.28	\$437.28	\$437.28
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$26,841.16	\$36,124.15	\$26,841.16	\$23,975.04
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$102,411.64	\$115,086.01	\$102,411.64	\$95,341.54
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$101,718.20	\$106,595.43	\$101,718.20	\$72,362.65
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$123,056.43	\$138,911.28	\$123,056.43	\$123,056.43
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$3,107.23	\$7,097.32	\$3,107.23	\$1,324.59
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$201,443.45	\$223,731.85	\$201,443.45	\$200,371.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$556.84 ✓	\$556.84 ✓	\$556.84	\$492.11
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$69,273.30 ✓	\$76,912.61 ✓	\$69,273.30	\$21,095.74
*5506 MMC -NH BETHANY SENIOR LIVING	\$149,402.30	\$149,402.30	\$149,402.30	\$9,784.87
*3407 MMC -NH TUSCANY VILLAGE	\$28,078.96	\$28,078.96	\$28,078.96	\$27,063.27
*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	\$609,891.25
Total Balance	\$3,269,491.33	\$3,469,813.74	\$3,269,491.33	\$2,610,383.90

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 4/8/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		304,030.78	303,930.78	27,978.96			28,078.96	27,978.96
						Bank Balance Variance	28,078.96	
						Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt: 27,978.96
 Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 4/8/2024

APPROVED
 ON

APR 08 2024

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

4/5/2024 HNB - ECHO HCCLAIMPMT 746003411 440000238966
4/4/2024 CHECK 1151
4/4/2024 CHECK 1152
4/4/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE
4/4/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000154
4/3/2024 DEPOSIT

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
-	1,015.69	-	-	-	-	-	1,015.69
✓ 13,808.13 ✓	-	-	-	-	-	-	-
✓ 3,150.00 ✓	-	-	-	-	-	-	-
✓ 286,972.65 ✓	-	-	-	-	-	-	-
-	16,215.39	-	-	-	-	-	16,215.39
-	10,747.88	-	-	-	-	-	10,747.88
303,930.78 ✓	27,978.96 ✓	-	-	-	-	-	27,978.96 ✓

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,852,630.10	\$1,976,345.27	\$1,852,630.10	\$1,424,544.49
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.19	\$543.19	\$543.19	\$543.19
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.28	\$437.28	\$437.28	\$437.28
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$26,841.16	\$36,124.15	\$26,841.16	\$23,975.04
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$102,411.64	\$115,086.01	\$102,411.64	\$95,341.54
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$101,718.20	\$106,595.43	\$101,718.20	\$72,362.65
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$123,056.43	\$138,911.28	\$123,056.43	\$123,056.43
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$3,107.23	\$7,097.32	\$3,107.23	\$1,324.59
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$201,443.45	\$223,731.85	\$201,443.45	\$200,371.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$556.84	\$556.84	\$556.84	\$492.11
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$69,273.30	\$76,912.61	\$69,273.30	\$21,095.74
*5506 MMC -NH BETHANY SENIOR LIVING	\$149,402.30	\$149,402.30	\$149,402.30	\$9,784.87
*3407 MMC -NH TUSCANY VILLAGE ✓	\$28,078.96 ✓	\$28,078.96 ✓	\$28,078.96	\$27,063.27
*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	\$609,891.25
Total Balance	\$3,269,491.33	\$3,469,813.74	\$3,269,491.33	\$2,610,383.90

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 4/8/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Ck Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		277,431.74	277,331.74	149,302.30			149,402.30	149,302.30
						Bank Balance	149,402.30	
						Variance	-	
						Leave in Balance	100.00	

April Interest
 May Interest
 June Interest
 Adjust Balance/Transfer Amt 149,302.30
 Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 4/8/2024

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 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living

4/5/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000195
 4/4/2024 CHECK 1040
 4/4/2024 WIRE OUT PORT LAVACA NH, LLC
 4/3/2024 DEPOSIT
 4/2/2024 DEPOSIT
 4/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000210714
 4/1/2024 NDC SWEEP FAC K236 31316960581493 SWEEP FR

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	
-	139,617.43	-	-	-	-	-	139,617.43
826.46	-	-	-	-	-	-	-
276,505.28	-	-	-	-	-	-	-
-	461.40	-	-	-	-	-	461.40
-	3,965.85	-	-	-	-	-	3,965.85
-	319.12	-	-	-	-	-	319.12
-	4,938.50	-	-	-	-	-	4,938.50
277,331.74	149,302.30	-	-	-	-	-	149,302.30

Deductions Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,852,630.10	\$1,976,345.27	\$1,852,630.10	\$1,424,544.49
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.19	\$543.19	\$543.19	\$543.19
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.28	\$437.28	\$437.28	\$437.28
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$26,841.16	\$36,124.15	\$26,841.16	\$23,975.04
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$102,411.64	\$115,086.01	\$102,411.64	\$95,341.54
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$101,718.20	\$106,595.43	\$101,718.20	\$72,362.65
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$123,056.43	\$138,911.28	\$123,056.43	\$123,056.43
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$3,107.23	\$7,097.32	\$3,107.23	\$1,324.59
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$201,443.45	\$223,731.85	\$201,443.45	\$200,371.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$556.84	\$556.84	\$556.84	\$492.11
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$69,273.30	\$76,912.61	\$69,273.30	\$21,095.74
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$149,402.30 ✓	\$149,402.30	\$149,402.30	\$9,784.87
*3407 MMC -NH TUSCANY VILLAGE	\$28,078.96	\$28,078.96	\$28,078.96	\$27,063.27
*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	\$609,891.25
Total Balance	\$3,269,491.33	\$3,469,813.74	\$3,269,491.33	\$2,610,383.90

MEMORIAL MEDICAL CENTER CHECK REQUEST

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Memorial Medical Center

Date Requested: 4/8/2024

APPROVED
ON
APR 08 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#000273

FOR ACCT USE ONLY

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

AMOUNT: \$ 25,123.35 ✓ G/L NUMBER: 10255040

EXPLANATION: Year 5 Component 1 Allocation Recon for Wellpointe.

Breadmoor

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DeFerdant*

4/8/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 4/8/2024

A _____

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APPROVED
ON
APR 08 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CCH# 000334

FOR ACCT USE ONLY

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

AMOUNT: \$ 13,338.04 G/L NUMBER: 10255040

EXPLANATION: Year 5 Component 1 Allocation Recon for Wellpointe.

Crescent

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. [Signature]

4/8/24

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
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Memorial Medical Center

Date Requested: 4/8/2024

APPROVED
ON
APR 08 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#000245

FOR ACCT USE ONLY

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

AMOUNT: \$ 2,379.01 ✓ G/L NUMBER: 10255040

EXPLANATION: Year 5 Component 1 Allocation Recon for Wellpointe.

Fort Bend

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. [Signature]

4/8/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 4/8/2024

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APPROVED
ON
APR 08 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#001299

FOR ACCT USE ONLY

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

AMOUNT: \$ 20,883.28 ✓ G/L NUMBER: 10255040

EXPLANATION: Year 5 Component 1 Allocation Recon for Wellpointe.

Salera

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DePalmer*

4/8/24

QIPP Year 6 Comp 1 Allocation Reconciliation
Wellpoint
Deposit 3/4/2024

Broadmoor ✓
Total Refund \$ **62,808.37**

	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	Total
NH Portion 50%	2,617.02												15,702.09
MMC Portion 50%	2,617.02												15,702.09
NH Portion 70%							3,663.82	3,663.82	3,663.82	3,663.82	3,663.82	3,663.82	21,982.93
MMC Portion 30%							1,570.21	1,570.21	1,570.21	1,570.21	1,570.21	1,570.21	9,421.26
													Total 62,808.37
													Total NH Portion 37,685.02
													Total MMC Portion 25,123.35 ✓

Crescent ✓
Total Refund \$ **33,345.11**

	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	Total
NH Portion 50%	1,389.38												8,336.28
MMC Portion 50%	1,389.38												8,336.28
NH Portion 70%							1,945.13	1,945.13	1,945.13	1,945.13	1,945.13	1,945.13	11,670.79
MMC Portion 30%							833.63	833.63	833.63	833.63	833.63	833.63	5,001.77
													Total 33,345.11
													Total NH Portion 20,007.07
													Total MMC Portion 13,338.04 ✓

Fort Bend ✓
Total Refund \$ **5,947.52**

	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	Total
NH Portion 50%	247.81												1,486.88
MMC Portion 50%	247.81												1,486.88
NH Portion 70%							346.94	346.94	346.94	346.94	346.94	346.94	2,081.63
MMC Portion 30%							148.69	148.69	148.69	148.69	148.69	148.69	892.13
													Total 5,947.52
													Total NH Portion 3,568.51
													Total MMC Portion 2,379.01 ✓

Solera ✓
Total Refund \$ **52,208.21**

	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	Total
NH Portion 50%	2,175.34												13,052.05
MMC Portion 50%	2,175.34												13,052.05
NH Portion 70%							3,045.48	3,045.48	3,045.48	3,045.48	3,045.48	3,045.48	18,272.87
MMC Portion 30%							1,305.21	1,305.21	1,305.21	1,305.21	1,305.21	1,305.21	7,831.23
													Total 52,208.21
													Total NH Portion 31,324.93
													Total MMC Portion 20,883.28 ✓

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court 4/10/2024

NH Name	From Bank Acct #	Ck #	Payee	GL #	Wellpoint Y6 Comp 1 Recon					TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040						-	
Broadmoor ✓	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	25,123.35					25,123.35	4/10/2024
Crescent ✓	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	13,338.04					13,338.04	4/10/2024
Fort Bend ✓	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	2,379.01					2,379.01	4/10/2024
Solera ✓	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	20,883.28					20,883.28	4/10/2024
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040						-	
Bethany	10000026 - Prosperity		MMC -Prosperity Operating #10000001	10255040						-	
Tuscany	10000015 - Prosperity		MMC -Prosperity Operating #10000001	10255040						-	
				Total:	61,723.68	-	-	-	-	61,723.68	

Note:

Andrew De los Santos

Approved:

ANDREW DE LOS SANTOS

4/8/2024

MEMORIAL MEDICAL CENTER

CHECK REQUEST - *Crescent*

P
A
Y
E
E

Tuscany Village

Date Requested: 4/8/2024

CHK#000337

APPROVED
ON

APR 08 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: \$ 1,400.00

G/L NUMBER: 21400007

EXPLANATION: Claim payment owed to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

0

RUN DATE:04/10/24
TIME:16:25

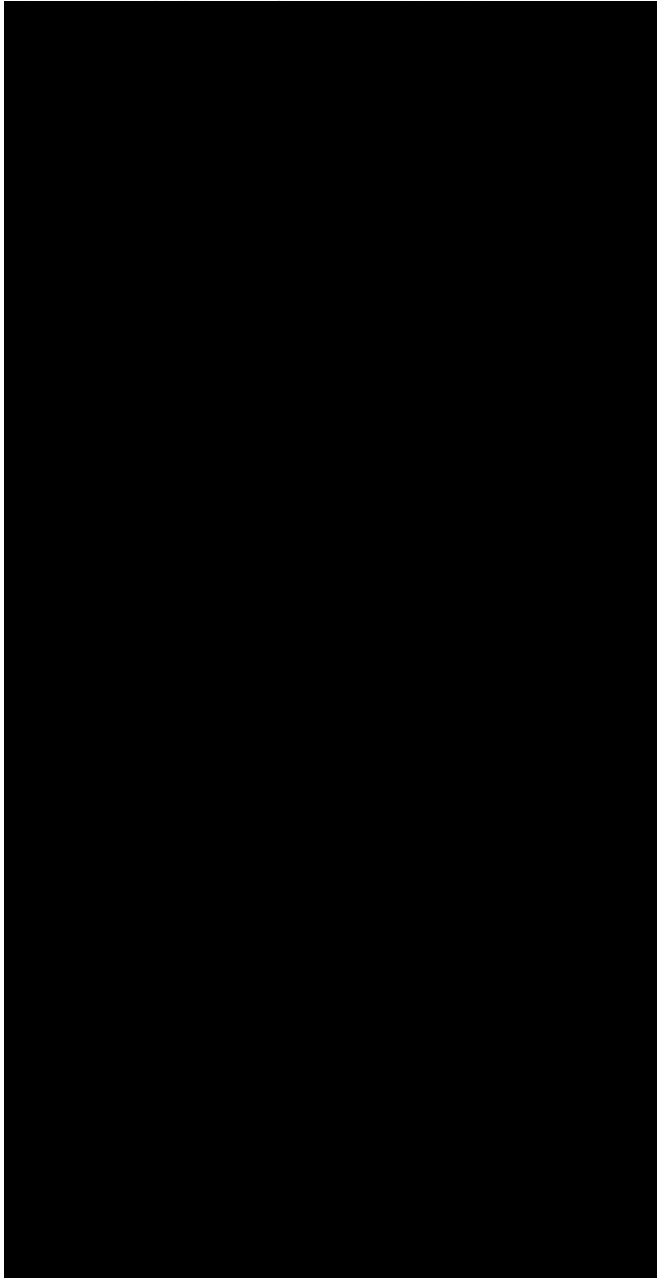
MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/10/24 THRU 04/10/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

✓ NHF * 000245 04/10/24 2,379.01 MMC OPERATING
✓ NHB * 000273 04/10/24 25,123.35 MMC OPERATING
✓ NHC 000336 04/10/24 13,338.04 MMC OPERATING
✓ NHC * 000337 04/10/24 1,400.00 TUSCANY VILLAGE
✓ NHS * 001299 04/10/24 20,883.28 MMC OPERATING



MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000273

88-2265/1131

Date 4-10-24

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 25,123.³⁵/₁₀₀

Twenty-five thousand, one hundred twenty-three dollars & ³⁵/₁₀₀

DOLLARS



County auditor

FOR Wellpoint Y6 Comp 1 Recon



MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000336

88-2265/1131

Date 4-10-24

PAY

TO THE
ORDER OF

Memorial Medical Center

\$ 13,338.⁰⁴/₁₀₀

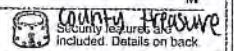
Thirteen thousand, three hundred thirty-eight dollars & ⁰⁴/₁₀₀

DOLLARS



County auditor

FOR Wellpoint Y6 Comp 1 Recon



MEMORIAL MEDICAL CENTER

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

000245

88-2265/1131

Date 4-10-24

PAY

TO THE
ORDER OF

Memorial Medical Center Operating

\$ 2,379.⁰¹/₁₀₀

Two thousand, three hundred seventy-nine dollars & ⁰¹/₁₀₀

DOLLARS



County auditor

FOR Wellpoint Y6 Comp 1 recon



MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001299

Date 4-10-24 88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center Operating

\$ 20,883 ²⁹/₁₀₀

Twenty thousand, eight hundred eighty three dollars ²⁹/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR

County auditor

MP



County Treasurer
Security features are
included. Details on back.

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000337

Date 4-10-24 88-2265/1131

PAY

TO THE
ORDER OF

Memorial Medical Center - Tuscany

\$ 1400 ⁰⁰/₁₀₀

One thousand, four hundred dollars ⁰⁰/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR

Claim payment

County auditor

MP



County Treasurer
Security features are
included. Details on back.