

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 17, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 926,068.09	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 331,324.33	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 878,274.07	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED April 17, 2024	\$ 2,135,666.49	✓

APPROVED

APR 17 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---April 17, 2024

PAYABLES AND PAYROLL

4/11/2024 Weekly Payables	625,148.39
4/15/2024 SPBS Clinical Equipment Srvc-Contract	9,836.92
4/12/2024 Citibank Credit Card-see attached	3,753.48
4/15/2024 Frontier-phone	1,214.03
4/15/2024 McKesson-340B Prescription Expense	3,102.26
4/15/2024 Amerisource Bergen-340B Prescription Expense	678.99

Prosperity Electronic Bank Payments

4/10/2024 TSYS/Transfirst Merch Fees	4,630.63
4/15/2024 Sales Tax for March 2024	1,913.05
4/15/2024 TCDRS March Retirement	275,260.53
4/8/2024 HPHG - Unauthorized ACH deposited 4/9	0.03
4/9/2024 Cleargage-Patient Financing Service	117.37
4/8-4/12/2024 Pay Plus-Patient Claims Processing Fee	412.41

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 926,068.09**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

4/11/2024 MMC Operating to Solera-correction of nursing home insurance payment deposited into MMC Operating	4,488.00
4/11/2024 MMC Operating to Fort bend-correction of nursing home insurance payment deposited into MMC Operating	204.28
4/11/2024 MMC Operating to Broadmoor-correction of nursing home payment deposited into MMC Operating	1,691.36
4/11/2024 MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating	4,844.81
4/11/2024 MMC Operating to Gulf Pointe Plaza - correction of nursing home payment deposited into MMC Operating	95.88
4/11/2024 MMC Operating to Tuscany Village-Change Healthcare funding assistance to cover unpaid claims due to cyber hack - funding deposited into mmc operating	320,000.00

TOTAL TRANSFERS BETWEEN FUNDS **\$ 331,324.33**

NURSING HOME UPL EXPENSES

4/15/2024 Nursing Home UPL-Cantex Transfer	719,996.06
4/15/2024 Nursing Home UPL-Nexion Transfer	33,673.88
4/15/2024 Nursing Home UPL-HMG Transfer	13,432.47
4/15/2024 Nursing Home UPL-Tuscany Transfer	34,848.67
4/15/2024 Nursing Home UPL-HSL Transfer	62,965.32

Nursing Home Electronic Bank Payments

4/12/2024 Bethany-returned check payment for resident	1,649.40
4/12/2024 Bethany-returned check payment for resident	1,344.00

TRANSFER OF FUNDS BETWEEN NURSING HOMES

4/15/2024 Gulf Pointe to Ashford - Ashford Claim payment deposited into Gulf Pointe in error	10,364.27
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TOTAL NURSING HOME UPL EXPENSES **\$ 878,274.07**

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

GRAND TOTAL DISBURSEMENTS APPROVED April 17, 2024 **\$ 2,135,666.49**

APR 11 2024

MEMORIAL MEDICAL CENTER

04/11/2024

12:47

CALHOUN COUNTY, TEXAS

AP Open Invoice List

Due Dates Through: 05/03/2024

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ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11237	3WON, LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
3482		04/11/202	09/01/202	10/01/202			199.00	0.00	0.00	199.00	

CREDENTIALING-NORMAN

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11237	3WON, LLC	199.00	0.00	0.00	199.00

Vendor# Vendor Name Class Pay Code

10950	ACUTE CARE INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1765		04/11/202	04/01/202	04/20/202			1,650.00	0.00	0.00	1,650.00

RFID FEE **H TAGS**

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10950	ACUTE CARE INC	1,650.00	0.00	0.00	1,650.00

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
11JW-7MH7-G3RY		03/27/202	03/25/202	04/24/202			34.40	0.00	0.00	34.40

SUPPLIES

1TC7-V37N-FMWT		03/29/202	03/25/202	04/24/202			91.52	0.00	0.00	91.52
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SUPPLIES

1JLD-F9J9-6JKG		03/29/202	03/27/202	04/26/202			39.66	0.00	0.00	39.66
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SUPPLIES

13WW-PTHQ-CC9H		03/29/202	03/28/202	04/27/202			-23.40	0.00	0.00	-23.40
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CREDIT

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES	142.18	0.00	0.00	142.18

Vendor# Vendor Name Class Pay Code

A1360	AMERISOURCEBERGEN DRUG CORP									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3170823939		04/10/202	04/09/202	04/15/202			1,353.45	0.00	0.00	1,353.45

INVENTORY

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1360	AMERISOURCEBERGEN DRUG CORP	1,353.45	0.00	0.00	1,353.45

Vendor# Vendor Name Class Pay Code

A2218	AQUA BEVERAGE COMPANY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
143618		03/31/202	03/31/202	04/25/202			93.50	0.00	0.00	93.50

WATER

143619		03/31/202	03/31/202	04/25/202			41.00	0.00	0.00	41.00
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WATER

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A2218	AQUA BEVERAGE COMPANY	134.50	0.00	0.00	134.50

Vendor# Vendor Name Class Pay Code

11247	AVENO NETWORKS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
14591		04/09/202	04/09/202	04/19/202			1,155.00	0.00	0.00	1,155.00

MICROSOFT SOFTWARE

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11247	AVENO NETWORKS	1,155.00	0.00	0.00	1,155.00

Vendor# Vendor Name Class Pay Code

B1220 BECKMAN COULTER INC M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 111181068	SUPPLIES	03/29/202	02/28/202	03/24/202			164.92	0.00	0.00	164.92 ✓
✓ 111181914	SUPPLIES	03/29/202	03/03/202	03/28/202			58.87	0.00	0.00	58.87 ✓
✓ 111216629	SUPPLIES	03/29/202	03/20/202	04/14/202			164.92	0.00	0.00	164.92 ✓
✓ 111215384	SUPPLIES	03/29/202	03/20/202	04/14/202			1,461.03	0.00	0.00	1,461.03 ✓
✓ 111221248	SUPPLIES	03/29/202	03/25/202	04/19/202			93.54	0.00	0.00	93.54 ✓
✓ 111232320	SUPPLIES	03/29/202	03/29/202	04/23/202			52.64	0.00	0.00	52.64 ✓
✓ 111231417	SUPPLIES	03/29/202	03/29/202	04/23/202			222.15	0.00	0.00	222.15 ✓
✓ 111236149	SUPPLIES	03/29/202	04/01/202	04/26/202			189.09	0.00	0.00	189.09 ✓
✓ 111236644	SUPPLIES	03/29/202	04/01/202	04/26/202			120.84	0.00	0.00	120.84 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
B1220 BECKMAN COULTER INC							2,528.00	0.00	0.00	2,528.00
Vendor#	Vendor Name	Class		Pay Code						
11072	BIO-RAD LABORATORIES, INC									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 907102172	SUPPLIES	03/29/202	03/07/202	04/07/202			2,041.68	0.00	0.00	2,041.68 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11072 BIO-RAD LABORATORIES, INC							2,041.68	0.00	0.00	2,041.68
Vendor#	Vendor Name	Class		Pay Code						
11224	CABLES AND SENSORS									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 167270	SUPPLIES	03/29/202	03/26/202	04/09/202			150.00	0.00	0.00	150.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11224 CABLES AND SENSORS							150.00	0.00	0.00	150.00
Vendor#	Vendor Name	Class		Pay Code						
C1048	CALHOUN COUNTY	W								
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 52919763	ELECTRICITY	03/29/202	03/28/202	04/27/202			539.53	0.00	0.00	539.53 ✓
✓ 52919246	ELECTRICITY	03/29/202	03/28/202	04/27/202			19.97	0.00	0.00	19.97 ✓
✓ 52919244	ELECTRICITY	03/29/202	03/28/202	04/27/202			33,315.81	0.00	0.00	33,315.81 ✓
✓ 52919255	ELECTRICITY	03/29/202	03/28/202	04/27/202			1,242.75	0.00	0.00	1,242.75 ✓
✓ 040924	LOAN PMT 10/18	04/10/202	04/10/202	04/15/202			150,000.00	0.00	0.00	150,000.00 ✓
✓ 040824	STALE CHECKS	04/11/202	04/08/202	04/15/202			346.01	0.00	0.00	346.01 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1048 CALHOUN COUNTY							185,464.07	0.00	0.00	185,464.07
Vendor#	Vendor Name	Class		Pay Code						
C1600	CITIZENS MEDICAL CENTER	W								
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2024-19		03/29/202	03/31/202	04/28/202			60,604.62	0.00	0.00	60,604.62 ✓

CRNA MAR 24 COVERAGE

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		C1600	CITIZENS MEDICAL CENTER				60,604.62	0.00	0.00	60,604.62	
Vendor#	Vendor Name		Class	Pay Code							
13260	✓ CLSI LOCKBOX										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 1161153		03/29/202	03/20/202	04/09/202			220.00	0.00	0.00	220.00
		TESTING									✓
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		13260	CLSI LOCKBOX				220.00	0.00	0.00	220.00	
Vendor#	Vendor Name		Class	Pay Code							
C1166	✓ COASTAL OFFICE SOLUTONS		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ OE-44940-1		03/01/202	02/22/202	03/03/202			136.00	0.00	0.00	136.00
		SUPPLIES									✓
	✓ OE-QT-23749-1		03/29/202	03/27/202	04/06/202			31,250.00	0.00	0.00	31,250.00
		ER RECEPTION									✓
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		C1166	COASTAL OFFICE SOLUTONS				31,386.00	0.00	0.00	31,386.00	
Vendor#	Vendor Name		Class	Pay Code							
13336	✓ COCA COLA SOUTHWEST BEVERAGES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 40649229008		04/10/202	04/03/202	05/03/202			-125.00	0.00	0.00	-125.00
		CREDIT									✓
	✓ 40649229006		04/10/202	04/03/202	05/03/202			930.51	0.00	0.00	930.51
		BEVERAGES									✓
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		13336	COCA COLA SOUTHWEST BEVERAGES				805.51	0.00	0.00	805.51	
Vendor#	Vendor Name		Class	Pay Code							
11030	✓ COMBINED INSURANCE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 040124		04/10/202	04/01/202	04/01/202			501.72	0.00	0.00	501.72
		PAYROLL DEDUCT									✓
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		11030	COMBINED INSURANCE				501.72	0.00	0.00	501.72	
Vendor#	Vendor Name		Class	Pay Code							
10509	✓ DA&E										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 21330		03/29/202	03/23/202	04/23/202			1,990.00	0.00	0.00	1,990.00
		PROF FEES									✓
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		10509	DA&E				1,990.00	0.00	0.00	1,990.00	
Vendor#	Vendor Name		Class	Pay Code							
D1200	✓ DETAR HOSPITAL		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 040724		04/10/202	04/07/202	04/15/202			456.28	0.00	0.00	456.28
		INVENTORY									✓
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		D1200	DE TAR HOSPITAL				456.28	0.00	0.00	456.28	
Vendor#	Vendor Name		Class	Pay Code							
10368	✓ DEWITT POTH & SON										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 750274-0		03/27/202	03/21/202	04/15/202			951.87	0.00	0.00	951.87
		SUPPLIES									✓
	✓ 750841-0		03/29/202	03/26/202	04/20/202			302.46	0.00	0.00	302.46
		SUPPLIES									✓

✓	750274-1		04/09/202	03/22/202	04/16/202		59.99	0.00	0.00	59.99	✓
		SUPPLIES									
✓	751405-0		04/09/202	04/03/202	04/28/202		264.67	0.00	0.00	264.67	✓
		SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10368	DEWITT POTH & SON					1,578.99	0.00	0.00	1,578.99	
Vendor#	Vendor Name		Class	Pay Code							
11011	✓ DIAMOND HEALTHCARE CORP										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	IN20056165		03/29/202	04/01/202	04/26/202		19,166.67	0.00	0.00	19,166.67	✓
		MAR 24 CPR									
✓	IN20056164		03/29/202	04/01/202	04/26/202		31,144.58	0.00	0.00	31,144.58	✓
		MAR 24 BEHAV HEALTH									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	11011	DIAMOND HEALTHCARE CORP					50,311.25	0.00	0.00	50,311.25	
Vendor#	Vendor Name		Class	Pay Code							
10789	✓ DISCOVERY MEDICAL NETWORK INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	MMC033124		03/31/202	03/31/202	04/01/202		90,779.87	0.00	0.00	90,779.87	✓
		PHYSICIAN SERV									
		<i>3/16/24 - 3/31/24</i>									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10789	DISCOVERY MEDICAL NETWORK INC					90,779.87	0.00	0.00	90,779.87	
Vendor#	Vendor Name		Class	Pay Code							
11291	✓ DOWELL PEST CONTROL										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	26938		03/29/202	03/27/202	04/21/202		260.00	0.00	0.00	260.00	✓
		PEST CONTROL									
✓	26964		03/29/202	03/27/202	04/21/202		505.00	0.00	0.00	505.00	✓
		PEST CONTROL									
✓	26965		03/29/202	03/27/202	04/21/202		160.00	0.00	0.00	160.00	✓
		PEST CONTROL									
✓	26966		03/29/202	03/27/202	04/21/202		105.00	0.00	0.00	105.00	✓
		PEST CONTROL									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	11291	DOWELL PEST CONTROL					1,030.00	0.00	0.00	1,030.00	
Vendor#	Vendor Name		Class	Pay Code							
10175	✓ DSHS CENTRAL LAB MC2004										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	CN0426-032024		03/29/202	03/29/202	04/23/202		1,372.60	0.00	0.00	1,372.60	✓
		LAB SERV									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10175	DSHS CENTRAL LAB MC2004					1,372.60	0.00	0.00	1,372.60	
Vendor#	Vendor Name		Class	Pay Code							
14648	✓ E FRIEDMAN ASSOCIATES INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	46357		04/09/202	02/07/202	03/07/202		2,271.00	0.00	0.00	2,271.00	✓
		SINK									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	14648	E FRIEDMAN ASSOCIATES INC					2,271.00	0.00	0.00	2,271.00	
Vendor#	Vendor Name		Class	Pay Code							
C2510	✓ EVIDENT		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	A2404051378		04/11/202	04/05/202	04/06/202		18,757.00	0.00	0.00	18,757.00	✓
		SOFTWARE MAINT									
✓	T2404081378		04/11/202	04/08/202	05/03/202		10,811.58	0.00	0.00	10,811.58	✓
		CODING/CONSULTING									

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		C2510	EVIDENT		29,568.58	0.00	0.00	29,568.58		
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
✓ 1016634		03/29/202	03/26/202	04/20/202			4,439.26	0.00	0.00	4,439.26 ✓
	SUPPLIES									
✓ 1134514		03/29/202	03/29/202	04/23/202			1,020.00	0.00	0.00	1,020.00 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		F1400	FISHER HEALTHCARE		5,459.26	0.00	0.00	5,459.26		
Vendor#	Vendor Name			Class	Pay Code					
10599	FORVIS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2041986		03/29/202	03/31/202	04/25/202			9,870.00	0.00	0.00	9,870.00 ✓
	FINANCIAL STATEMENTS AUDIT									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10599	FORVIS		9,870.00	0.00	0.00	9,870.00		
Vendor#	Vendor Name			Class	Pay Code					
12948	GREAT AMERICA FINANCIAL SVCS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 36250504		04/11/202	04/01/202	04/30/202			10,576.73	0.00	0.00	10,576.73 ✓
	COPIER LEASE									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		12948	GREAT AMERICA FINANCIAL SVCS		10,576.73	0.00	0.00	10,576.73		
Vendor#	Vendor Name			Class	Pay Code					
G0401	GULF COAST DELIVERY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 032924		03/29/202	03/29/202	04/28/202			75.00	0.00	0.00	75.00 ✓
	REPORTS/SLIDES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		G0401	GULF COAST DELIVERY		75.00	0.00	0.00	75.00		
Vendor#	Vendor Name			Class	Pay Code					
G1210	GULF COAST PAPER COMPANY			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2517069		03/29/202	03/26/202	04/25/202			1,394.39	0.00	0.00	1,394.39 ✓
	SUPPLIES									
✓ 2519327		04/09/202	04/02/202	05/02/202			1,023.41	0.00	0.00	1,023.41 ✓
	SUPPLIES									
✓ 2519391		04/09/202	04/02/202	05/02/202			1,165.00	0.00	0.00	1,165.00 ✓
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		G1210	GULF COAST PAPER COMPANY		3,582.80	0.00	0.00	3,582.80		
Vendor#	Vendor Name			Class	Pay Code					
H1100	HAYES ELECTRIC SERVICE			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ A2240403-01		03/18/202	04/03/202	04/13/202			199.00	0.00	0.00	199.00 ✓
	SUPPLIES									
✓ A2240318-02		03/29/202	03/18/202	03/28/202			280.00	0.00	0.00	280.00 ✓
	ELTRICAL LABOR									
12240320-D1	A2240319-01	03/29/202	03/20/202	03/30/202			209.99	0.00	0.00	209.99 ✓
	RELAY									
✓ A2240325-04		03/29/202	03/26/202	04/05/202			255.00	0.00	0.00	255.00 ✓
	TIME RELAY									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		H1100	HAYES ELECTRIC SERVICE		943.99	0.00	0.00	943.99		

Work performed 3/6/24 - 3/22/24

Correct 199.99

12240320-D1

Vendor#	Vendor Name	Class	Pay Code							
H0031	HEB CREDIT RECEIVABLES DEPT308									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4311		03/29/202	03/27/202	04/25/202			874.87	0.00	0.00	874.87
Vendor Totals:				Number	Name		Gross	Discount	No-Pay	Net
				H0031	HEB CREDIT RECEIVABLES DEPT308		874.87	0.00	0.00	874.87

Vendor#	Vendor Name	Class	Pay Code							
14872	HOLLAND & KNIGHT LLP									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33347134		04/01/202	04/03/202	04/03/202			292.50	0.00	0.00	292.50
				PROF SERV						
Vendor Totals:				Number	Name		Gross	Discount	No-Pay	Net
				14872	HOLLAND & KNIGHT LLP		292.50	0.00	0.00	292.50

Vendor#	Vendor Name	Class	Pay Code							
12932	INTRADO									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
296456		04/01/202	07/31/202	08/21/202			303.53	0.00	0.00	303.53
				HOUSE CALLS						
Vendor Totals:				Number	Name		Gross	Discount	No-Pay	Net
				12932	INTRADO		303.53	0.00	0.00	303.53

Vendor#	Vendor Name	Class	Pay Code							
11200	IRON MOUNTAIN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
JJPK602		03/31/202	03/31/202	04/30/202			2,808.53	0.00	0.00	2,808.53
Vendor Totals:				Number	Name		Gross	Discount	No-Pay	Net
				11200	IRON MOUNTAIN		2,808.53	0.00	0.00	2,808.53

Vendor#	Vendor Name	Class	Pay Code							
14296	J & K SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
004919		03/29/202	03/26/202	04/09/202			915.00	0.00	0.00	915.00
				KITCHEN EXHAUST						
Vendor Totals:				Number	Name		Gross	Discount	No-Pay	Net
				14296	J & K SERVICES		915.00	0.00	0.00	915.00

Vendor#	Vendor Name	Class	Pay Code							
14364	JACQUELINE HERRERA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040924		04/09/202	04/09/202	04/15/202			68.94	0.00	0.00	68.94
				TRAVEL						
Vendor Totals:				Number	Name		Gross	Discount	No-Pay	Net
				14364	JACQUELINE HERRERA		68.94	0.00	0.00	68.94

Vendor#	Vendor Name	Class	Pay Code							
15388	JULIAN HEYSQUIERDO									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040924		04/11/202	04/09/202	04/15/202			56.82	0.00	0.00	56.82
				TRAVEL						
Vendor Totals:				Number	Name		Gross	Discount	No-Pay	Net
				15388	JULIAN HEYSQUIERDO		56.82	0.00	0.00	56.82

Vendor#	Vendor Name	Class	Pay Code							
L0700	LABCORP OF AMERICA HOLDINGS	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
79672787		03/30/202	03/30/202	04/24/202			52.58	0.00	0.00	52.58
				LAB SERV						
Vendor Totals:				Number	Name		Gross	Discount	No-Pay	Net
				L0700	LABCORP OF AMERICA HOLDINGS		52.58	0.00	0.00	52.58

Vendor#	Vendor Name	Class	Pay Code							
L1288	LANGUAGE LINE SERVICES	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11264587		03/31/202	03/31/202	04/25/202			59.34	0.00	0.00	59.34
INTERPRETATION										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
L1288 LANGUAGE LINE SERVICES							59.34	0.00	0.00	59.34

Vendor#	Vendor Name	Class	Pay Code							
L1640	LOWE'S BUSINESS ACCT/SYNCB	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032124		03/31/202	03/13/202	04/28/202			471.08	0.00	0.00	471.08
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
L1640 LOWE'S BUSINESS ACCT/SYNCB							471.08	0.00	0.00	471.08

Vendor#	Vendor Name	Class	Pay Code							
10972	M G TRUST									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040824		04/10/202	04/08/202	04/15/202			1,140.86	0.00	0.00	1,140.86
PAYROLL DEDUCT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10972 M G TRUST							1,140.86	0.00	0.00	1,140.86

Vendor#	Vendor Name	Class	Pay Code							
M2470	MEDLINE INDUSTRIES INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2312516932		03/29/202	03/25/202	04/19/202			12.29	0.00	0.00	12.29
SUPPLIES										
2312733348		03/29/202	03/27/202	04/21/202			84.00	0.00	0.00	84.00
SUPPLIES										
2312733346		03/29/202	03/27/202	04/21/202			725.30	0.00	0.00	725.30
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
M2470 MEDLINE INDUSTRIES INC							821.59	0.00	0.00	821.59

Vendor#	Vendor Name	Class	Pay Code							
10963	MEMORIAL MEDICAL CLINIC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040824		04/10/202	04/08/202	04/15/202			440.00	0.00	0.00	440.00
PAYROLL DEDUCT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10963 MEMORIAL MEDICAL CLINIC							440.00	0.00	0.00	440.00

Vendor#	Vendor Name	Class	Pay Code							
M2621	MMC AUXILIARY GIFT SHOP	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040424		04/10/202	04/04/202	04/15/202			249.94	0.00	0.00	249.94
PAYROLL DEDUCT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
M2621 MMC AUXILIARY GIFT SHOP							249.94	0.00	0.00	249.94

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
CM15080		04/10/202	04/02/202	04/12/202			-67.55	0.00	0.00	-67.55
CREDIT										
1828667		04/10/202	04/02/202	04/12/202			24.83	0.00	0.00	24.83
INVENTORY										
CM15079		04/10/202	04/02/202	04/12/202			-30.88	0.00	0.00	-30.88
CREDIT										
1824819		04/10/202	04/02/202	04/12/202			20,663.75	0.00	0.00	20,663.75

✓	1828668	INVENTORY	04/10/202 04/02/202 04/12/202	1,780.45	0.00	0.00	1,780.45	✓
		INVENTORY						
✓	1833929	INVENTORY	04/10/202 04/03/202 04/13/202	83.53	0.00	0.00	83.53	✓
		INVENTORY						
✓	CM15438	INVENTORY	04/10/202 04/03/202 04/13/202	-159.23	0.00	0.00	-159.23	✓
		CREDIT						
✓	1833931	INVENTORY	04/10/202 04/03/202 04/13/202	23.82	0.00	0.00	23.82	✓
		INVENTORY						
✓	1833930	INVENTORY	04/10/202 04/03/202 04/13/202	1,269.55	0.00	0.00	1,269.55	✓
		INVENTORY						
✓	1839141	INVENTORY	04/10/202 04/04/202 04/14/202	114.35	0.00	0.00	114.35	✓
		INVENTORY						
✓	1839138	INVENTORY	04/10/202 04/04/202 04/14/202	193.61	0.00	0.00	193.61	✓
		INVENTORY						
✓	1839139	INVENTORY	04/10/202 04/04/202 04/14/202	2,051.15	0.00	0.00	2,051.15	✓
		INVENTORY						
✓	1839137	INVENTORY	04/10/202 04/04/202 04/14/202	19.18	0.00	0.00	19.18	✓
		INVENTORY						
✓	1836185	INVENTORY	04/10/202 04/04/202 04/14/202	40.36	0.00	0.00	40.36	✓
		INVENTORY						
✓	1839140	INVENTORY	04/10/202 04/04/202 04/14/202	153.44	0.00	0.00	153.44	✓
		INVENTORY						
✓	1836184	INVENTORY	04/10/202 04/04/202 04/14/202	165.02	0.00	0.00	165.02	✓
		INVENTORY						
✓	CM15849	INVENTORY	04/10/202 04/04/202 04/14/202	-43.08	0.00	0.00	-43.08	✓
		CREDIT						
✓	1845972	INVENTORY	04/10/202 04/07/202 04/17/202	5.62	0.00	0.00	5.62	✓
		INVENTORY						
✓	1843804	INVENTORY	04/10/202 04/07/202 04/17/202	42.41	0.00	0.00	42.41	✓
		INVENTORY						
✓	1845042	INVENTORY	04/10/202 04/07/202 04/17/202	737.84	0.00	0.00	737.84	✓
		INVENTORY						
✓	1845041	INVENTORY	04/10/202 04/07/202 04/17/202	406.23	0.00	0.00	406.23	✓
		INVENTORY						
✓	1851058	INVENTORY	04/10/202 04/08/202 04/18/202	9.17	0.00	0.00	9.17	✓
		INVENTORY						
✓	1847616	INVENTORY	04/10/202 04/08/202 04/18/202	3,212.48	0.00	0.00	3,212.48	✓
		INVENTORY						
✓	1851059	INVENTORY	04/10/202 04/08/202 04/18/202	1,219.02	0.00	0.00	1,219.02	✓
		INVENTORY						
✓	1849078	INVENTORY	04/10/202 04/08/202 04/18/202	446.79	0.00	0.00	446.79	✓
		INVENTORY						
✓	1847614	INVENTORY	04/10/202 04/08/202 04/18/202	85.89	0.00	0.00	85.89	✓
		INVENTORY						
✓	1847615	INVENTORY	04/10/202 04/08/202 04/18/202	781.65	0.00	0.00	781.65	✓
		INVENTORY						
✓	1852715	INVENTORY	04/11/202 04/09/202 04/19/202	1,054.94	0.00	0.00	1,054.94	✓
		INVENTORY						
✓	1855358	INVENTORY	04/11/202 04/09/202 04/19/202	734.74	0.00	0.00	734.74	✓
		INVENTORY						
✓	1852713	INVENTORY	04/11/202 04/09/202 04/19/202	130.39	0.00	0.00	130.39	✓
		INVENTORY						
✓	1852714	INVENTORY	04/11/202 04/09/202 04/19/202	21.27	0.00	0.00	21.27	✓
		INVENTORY						
✓	1855552	INVENTORY	04/11/202 04/09/202 04/19/202	95.67	0.00	0.00	95.67	✓

INVENTORY

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10536	MORRIS & DICKSON CO, LLC				35,266.41	0.00	0.00	35,266.41	
Vendor#	Vendor Name			Class	Pay Code						
O1500	OLYMPUS AMERICA INC			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3596797		03/29/202	03/25/202	04/19/202			184.30	0.00	0.00	184.30
SUPPLIES											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		O1500	OLYMPUS AMERICA INC				184.30	0.00	0.00	184.30	
Vendor#	Vendor Name			Class	Pay Code						
14288	PADRON WELDING SERVICE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2426		04/09/202	04/05/202	04/09/202			1,200.00	0.00	0.00	1,200.00
PIPE HANDRAILS											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		14288	PADRON WELDING SERVICE				1,200.00	0.00	0.00	1,200.00	
Vendor#	Vendor Name			Class	Pay Code						
12708	POC ELECTRIC, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4051		03/29/202	03/29/202	03/31/202			300.00	0.00	0.00	300.00
ER WASH AREA RECEPTALES											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		12708	POC ELECTRIC, LLC				300.00	0.00	0.00	300.00	
Vendor#	Vendor Name			Class	Pay Code						
11932	PRESS GANEY ASSOCIATES, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN000642775		03/31/202	03/31/202	04/30/202			2,729.76	0.00	0.00	2,729.76
CONTRACT FEES											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11932	PRESS GANEY ASSOCIATES, INC.				2,729.76	0.00	0.00	2,729.76	
Vendor#	Vendor Name			Class	Pay Code						
12480	PRO ENERGY PARTNERS LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2403-0600		03/31/202	03/31/202	04/15/202			2,905.58	0.00	0.00	2,905.58
ENERGY											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		12480	PRO ENERGY PARTNERS LLC				2,905.58	0.00	0.00	2,905.58	
Vendor#	Vendor Name			Class	Pay Code						
11251	RAPID PRINTING LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22556		04/09/202	04/02/202	04/09/202			66.00	0.00	0.00	66.00
FOAMBOARDS											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11251	RAPID PRINTING LLC				66.00	0.00	0.00	66.00	
Vendor#	Vendor Name			Class	Pay Code						
R1401	REFUGIO COUNTY MEM. HOSPITAL			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	040924		04/10/202	04/09/202	05/15/201			1,503.40	0.00	0.00	1,503.40
INVENTORY											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		R1401	REFUGIO COUNTY MEM. HOSPITAL				1,503.40	0.00	0.00	1,503.40	
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
	56382400036626		03/29/202	03/25/202	04/14/202			4,038.24	0.00	0.00	4,038.24

LEASE

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10936	SIEMENS FINANCIAL SERVICES				4,038.24	0.00	0.00	4,038.24	
Vendor#	Vendor Name		Class	Pay Code							
10699	✓ SIGN AD, LTD.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 298920		04/01/202	04/01/202	04/11/202			410.00	0.00	0.00	410.00
		ADVERTISING									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10699	SIGN AD, LTD.				410.00	0.00	0.00	410.00	
Vendor#	Vendor Name		Class	Pay Code							
14868	✓ SINGLETON ASSOCIATES, P.A.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 246-033124-001		03/31/202	03/31/202	04/05/202			9,132.65	0.00	0.00	9,132.65
		ONSITE SERV									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		14868	SINGLETON ASSOCIATES, P.A.				9,132.65	0.00	0.00	9,132.65	
Vendor#	Vendor Name		Class	Pay Code							
S2220	✓ SKIP'S RESTAURANT EQUIPMENT		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ RINV-1027		04/11/202	04/03/202	04/15/202			290.00	0.00	0.00	290.00
		LABOR DISHWASHER									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		S2220	SKIP'S RESTAURANT EQUIPMENT				290.00	0.00	0.00	290.00	
Vendor#	Vendor Name		Class	Pay Code							
11296	✓ SOUTH TEXAS BLOOD & TISSUE CEN										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ I07039323		03/31/202	03/31/202	04/25/202			6,518.00	0.00	0.00	6,518.00
		BLOOD									✓
	✓ CM11954		03/31/202	03/31/202	04/25/202			-1,584.00	0.00	0.00	-1,584.00
		CREDIT									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				4,934.00	0.00	0.00	4,934.00	
Vendor#	Vendor Name		Class	Pay Code							
C1010	✓ SPARKLIGHT		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 032224		03/31/202	03/31/202	04/01/202			1,842.00	0.00	0.00	1,842.00
		INTERNET									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		C1010	SPARKLIGHT				1,842.00	0.00	0.00	1,842.00	
Vendor#	Vendor Name		Class	Pay Code							
12288	✓ SPBS CLINICAL EQUIPMENT SRVC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ INV050000424		04/10/202	04/01/202	04/02/202			9,836.92	0.00	0.00	9,836.92
		CONTRACT									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		12288	SPBS CLINICAL EQUIPMENT SRVC				9,836.92	0.00	0.00	9,836.92	
Vendor#	Vendor Name		Class	Pay Code							
S2694	✓ STANFORD VACUUM SERVICE		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 295064		04/10/202	04/04/202	04/20/202			350.00	0.00	0.00	350.00
		GREASE TRAP									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		S2694	STANFORD VACUUM SERVICE				350.00	0.00	0.00	350.00	
Vendor#	Vendor Name		Class	Pay Code							
S3960	✓ STERICYCLE, INC										

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 8006567161		03/18/202	03/18/202	04/17/202			3,308.51	0.00	0.00	3,308.51
	WASTE DISPOSAL									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				3,308.51	0.00	0.00	3,308.51
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
✓ 12223164		03/29/202	03/26/202	04/20/202			202.80	0.00	0.00	202.80
	SUPPLIES									✓
✓ 12230507		03/29/202	03/28/202	04/22/202			-234.82	0.00	0.00	-234.82
	CREDIT									✓
12232534		03/29/202	03/28/202	04/22/202			234.82	0.00	0.00	234.82
	SUPPLIES									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		S3940	STERIS CORPORATION				202.80	0.00	0.00	202.80
Vendor#	Vendor Name				Class	Pay Code				
T1450	✓ TEXAS ASSOCIATION OF COUNTIES				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ DP-2023-4-0292		04/01/202	04/01/202	05/01/202			20,711.85	0.00	0.00	20,711.85
	UNEMPLOYMENT PMT									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		T1450	TEXAS ASSOCIATION OF COUNTIES				20,711.85	0.00	0.00	20,711.85
Vendor#	Vendor Name				Class	Pay Code				
T2204	✓ TEXAS MUTUAL INSURANCE CO				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1005609823		03/29/202	04/01/202	04/21/202			7,054.00	0.00	0.00	7,054.00
	MARCH 24 INSURANCE									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO				7,054.00	0.00	0.00	7,054.00
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
✓ 2921024500		03/31/202	02/04/202	02/29/202			91.80	0.00	0.00	91.80
	LAUNDRY									✓
✓ 2921028751		04/11/202	04/01/202	04/26/202			2,979.45	0.00	0.00	2,979.45
	LAUNDRY									✓
✓ 2921028752		04/11/202	04/01/202	04/26/202			102.07	0.00	0.00	102.07
	LAUNDRY									✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				3,173.32	0.00	0.00	3,173.32
Vendor#	Vendor Name				Class	Pay Code				
10768	✓ VICTORIA MEDICAL FOUNDATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 165-2024		03/29/202	03/15/202	04/15/202			550.00	0.00	0.00	550.00
	THURLKILL DUES									✓
✓ 143-2024		03/29/202	03/15/202	04/15/202			550.00	0.00	0.00	550.00
	GAINES DUES									✓
✓ 155-2024		03/29/202	03/15/202	04/15/202			550.00	0.00	0.00	550.00
	NORMAN DUES									✓
✓ 162-2024		03/29/202	03/15/202	04/15/202			550.00	0.00	0.00	550.00
	SHEFCIK DUES									✓
✓ 167-2024		03/29/202	03/15/202	04/15/202			775.00	0.00	0.00	775.00
	DIAZ DUES									✓
✓ 17-2024		03/29/202	03/15/202	04/15/202			775.00	0.00	0.00	775.00
	BUNNELL DUES									✓

✓ 28-2024	03/29/202 03/15/202 04/15/202	775.00	0.00	0.00	775.00 ✓
	CROWLEY DUES				
✓ 58-2024	03/29/202 03/15/202 04/15/202	775.00	0.00	0.00	775.00 ✓
	HINDS DUES				
✓ 59-2024	03/29/202 03/15/202 04/15/202	775.00	0.00	0.00	775.00 ✓
	HOBSON DUES				
✓ 65-2024	03/29/202 03/15/202 04/15/202	775.00	0.00	0.00	775.00 ✓
	JENKINS DUES				
✓ 106-2024	03/29/202 03/15/202 04/15/202	775.00	0.00	0.00	775.00 ✓
	INVENTORY <i>Buyles</i>				
✓ 119-2024	03/29/202 03/15/202 04/15/202	775.00	0.00	0.00	775.00 ✓
	TRUONG DUES				
✓ 156-2024	03/29/202 03/15/202 04/15/202	550.00	0.00	0.00	550.00 ✓
	O'DONNELL DUES				

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10768	VICTORIA MEDICAL FOUNDATION	8,950.00	0.00	0.00	8,950.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	625,147.40	0.00	0.00	625,147.40

Correct PMT pg 15/12

625,147.40 +
 199.00 -
 624,948.40 ◊
 199.99 +
 825,148.39 ◊

APPROVED ON

APR 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203743 - 203811

RECEIVED BY THE
COUNTY AUDITOR ON

APR 15 2024

MEMORIAL MEDICAL CENTER

04/15/2024
09:25

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

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

Class Pay Code

12288 ✓ SPBS CLINICAL EQUIPMENT SRVC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050000324 ✓	✓	03/01/202	03/01/202	03/02/202			9,836.92	0.00	0.00	9,836.92 ✓
CONTRACT										
INV050000424		04/10/202	04/01/202	04/02/202			9,836.92	0.00	0.00	9,836.92
CONTRACT										

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12288	SPBS CLINICAL EQUIPMENT SRVC	19,673.84	0.00	0.00	19,673.84

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,673.84	0.00	0.00	19,673.84

Critical added!
~~9,836.92~~ 92

APPROVED ON

APR 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203804

RECEIVED BY THE
COUNTY AUDITOR ON

APR 15 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

04/15/2024

11:01

Vendor# / Vendor Name

11183 / FRONTIER CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040224		04/15/202	04/02/202	04/26/202			1,214.03	0.00	0.00	1,214.03

PHONE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	1,214.03	0.00	0.00	1,214.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,214.03	0.00	0.00	1,214.03

APPROVED ON

APR 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203769

Critical added

☒

RUN DATE:04/16/24
 TIME:09:09

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 04/17/24 THRU 04/17/24

PAGE 1
 GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203740	04/17/24	35,118.06	CALHOUN COUNTY
A/P	203741	04/17/24	150,000.00	CALHOUN COUNTY
A/P	203742	04/17/24	346.01	CALHOUN COUNTY
A/P	203743	04/17/24	199.00	3WON, LLC
A/P	203744	04/17/24	1,650.00	ACUTE CARE INC
A/P	203745	04/17/24	142.18	AMAZON CAPITAL SERVICES
A/P	203746	04/17/24	1,353.45	AMERISOURCEBERGEN DRUG CORP
A/P	203747	04/17/24	134.50	AQUA BEVERAGE COMPANY
A/P	203748	04/17/24	1,155.00	AVENO NETWORKS
A/P	203749	04/17/24	.00	VOIDED
A/P	203750	04/17/24	2,528.00	BECKMAN COULTER INC
A/P	203751	04/17/24	2,041.68	BIO-RAD LABORATORIES, INC
A/P	203752	04/17/24	150.00	CABLES AND SENSORS
A/P	203753	04/17/24	60,604.62	CITIZENS MEDICAL CENTER
A/P	203754	04/17/24	220.00	CLSI LOCKBOX
A/P	203755	04/17/24	31,386.00	COASTAL OFFICE SOLUTIONS
A/P	203756	04/17/24	805.51	COCA COLA SOUTHWEST BEVERAGES
A/P	203757	04/17/24	501.72	COMBINED INSURANCE
A/P	203758	04/17/24	1,990.00	DA&E
A/P	203759	04/17/24	456.28	DETAR HOSPITAL
A/P	203760	04/17/24	1,578.99	DEWITT POTH & SON
A/P	203761	04/17/24	50,311.25	DIAMOND HEALTHCARE CORP
A/P	203762	04/17/24	90,779.87	DISCOVERY MEDICAL NETWORK INC
A/P	203763	04/17/24	1,030.00	DOWELL PEST CONTROL
A/P	203764	04/17/24	1,372.60	DSHS CENTRAL LAB MC2004
A/P	203765	04/17/24	2,271.00	E FRIEDMAN ASSOCIATES INC
A/P	203766	04/17/24	29,568.58	EVIDENT
A/P	203767	04/17/24	5,459.26	FISHER HEALTHCARE
A/P	203768	04/17/24	9,870.00	FORVIS
A/P	203769	04/17/24	1,214.03	FRONTIER
A/P	203770	04/17/24	10,576.73	GREAT AMERICA FINANCIAL SVCS
A/P	203771	04/17/24	75.00	GULF COAST DELIVERY
A/P	203772	04/17/24	3,582.80	GULF COAST PAPER COMPANY
A/P	203773	04/17/24	944.98	HAYES ELECTRIC SERVICE
A/P	203774	04/17/24	874.87	HEB CREDIT RECEIVABLES DEPT308
A/P	203775	04/17/24	292.50	HOLLAND & KNIGHT LLP
A/P	203776	04/17/24	303.53	INTRADO
A/P	203777	04/17/24	2,808.53	IRON MOUNTAIN
A/P	203778	04/17/24	915.00	J & K SERVICES
A/P	203779	04/17/24	68.94	JACQUELINE HERRERA
A/P	203780	04/17/24	56.82	JULIAN HEYSQUIERDO
A/P	203781	04/17/24	52.58	LABCORP OF AMERICA HOLDINGS
A/P	203782	04/17/24	59.34	LANGUAGE LINE SERVICES
A/P	203783	04/17/24	471.08	LOWE'S BUSINESS ACCT/SYNCE
A/P	203784	04/17/24	1,140.86	M G TRUST
A/P	203785	04/17/24	821.59	MEDLINE INDUSTRIES INC
A/P	203786	04/17/24	440.00	MEMORIAL MEDICAL CLINIC
A/P	203787	04/17/24	249.94	MMC AUXILIARY GIFT SHOP
A/P	203788	04/17/24	.00	VOIDED
A/P	203789	04/17/24	.00	VOIDED

RUN DATE:04/16/24
TIME:09:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/17/24 THRU 04/17/24

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203790	04/17/24	35,266.41	MORRIS & DICKSON CO, LLC
A/P	203791	04/17/24	184.30	OLYMPUS AMERICA INC
A/P	203792	04/17/24	1,200.00	PADRON WELDING SERVICE
A/P	203793	04/17/24	300.00	POC ELECTRIC, LLC
A/P	203794	04/17/24	2,729.76	PRESS GANEY ASSOCIATES, INC.
A/P	203795	04/17/24	2,905.58	PRO ENERGY PARTNERS LLC
A/P	203796	04/17/24	66.00	RAPID PRINTING LLC
A/P	203797	04/17/24	1,503.40	REFUGIO COUNTY MEM. HOSPITAL
A/P	203798	04/17/24	4,038.24	SIEMENS FINANCIAL SERVICES
A/P	203799	04/17/24	410.00	SIGN AD, LTD.
A/P	203800	04/17/24	9,132.65	SINGLETON ASSOCIATES, P.A.
A/P	203801	04/17/24	290.00	SKIP'S RESTAURANT EQUIPMENT
A/P	203802	04/17/24	4,934.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	203803	04/17/24	1,842.00	SPARKLIGHT
A/P	203804	04/17/24	19,673.84	SPBS CLINICAL EQUIPMENT SRVC
A/P	203805	04/17/24	350.00	STANFORD VACUUM SERVICE
A/P	203806	04/17/24	3,308.51	STERICYCLE, INC
A/P	203807	04/17/24	202.80	STERIS CORPORATION
A/P	203808	04/17/24	20,711.85	TEXAS ASSOCIATION OF COUNTIES
A/P	203809	04/17/24	7,054.00	TEXAS MUTUAL INSURANCE CO
A/P	203810	04/17/24	3,173.32	UNIFIRST HOLDINGS INC
A/P	203811	04/17/24	8,950.00	VICTORIA MEDICAL FOUNDATION
A/P	203812	04/17/24	1,691.36	BROADMOOR AT CREEKSIDE PARK
A/P	203813	04/17/24	204.28	FORTBEND HEALTHCARE CENTER
A/P	203814	04/17/24	4,844.81	GOLDENCREEK HEALTHCARE
A/P	203815	04/17/24	95.88	GULF POINTE PLAZA
A/P	203816	04/17/24	4,488.00	SOLERA WEST HOUSTON
A/P	203817	04/17/24	320,000.00	TUSCANY VILLAGE
TOTALS:			967,523.67	

APPROVED ON

APR 17 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 625,148.39 +
NH checks 331,324.33 +
956,472.72 ◊
Critical 9,836.92 +
1,214.03 +
967,523.67 ◊

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ROSHANDA S THOMAS



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



Summary of Account Activity

Total Activity ✓ \$3,753.48

Not an invoice. For your records only.

Credit Limit	\$15,000
Cash Advance Limit	\$0
Statement Closing Date	04/03/2024
Days in Billing Period	31

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

Pd. 4-26-24

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
NOTICE MEMO ITEM(S) LISTED BELOW					
03/04	02/29	3066	55432864061201771587947	1 SOUTHWES 5262263120570 800-435-9792 TX CLEVENGER/ERN DEPARTURE: 04/17/24 HOU WN E PHX WN E SAN WN O HOU	75235 USA ✓ 549.96 ✓
03/04	03/01	9399	05134374062600077512605	2 NPDB NPDB HRSA.GOV FA'RFAX VA N105387321	22033 USA ✓ 2.50 ✓
03/04	03/01	9399	05134374062600077512787	3 NPDB NPDB HRSA.GOV FA'RFAX VA N105390781	22033 USA ✓ 2.50 ✓
03/04	03/01	9399	05134374062600077512860	4 NPDB NPDB HRSA.GOV FA'RFAX VA N105390904	22033 USA ✓ 2.50 ✓
03/08	03/06	3066	55432864067203650913586	5 SOUTHWES 5262265480637 800-435-9792 TX NGUYEN/MM DEPARTURE: 03/31/24 AUS WN V DAL WN N AUS	75235 USA ✓ 256.96 ✓
03/08	03/06	3066	55432864067203650913578	6 SOUTHWES 5262265480638 800-435-9792 TX ALMANZAR/MAR'SSA D DEPARTURE: 03/31/24 AUS WN V DAL WN N AUS	75235 USA ✓ 256.96 ✓
03/11	03/08	9399	05134374069600056449962	7 NPDB NPDB HRSA.GOV FA'RFAX VA N105667329	22033 USA ✓ 2.50 ✓
03/11	03/08	9399	05134374069600056450010	8 NPDB NPDB HRSA.GOV FA'RFAX VA N105668540	22033 USA ✓ 30.00 ✓
03/11	03/08	9399	05134374069600056450192	9 NPDB NPDB HRSA.GOV FA'RFAX VA N105668549	22033 USA ✓ 25.00 ✓
03/11	03/09	8999	55432864069204074675702	10 AMACREDENT'AL'NG 800-621-8335 IL	60611 USA ✓ 44.00 ✓
03/13	03/12	8299	55429504073852108638085	11 HEALTH LEVEL SEVEN 2487553548 M 10863808	48104 USA ✓ 500.00 ✓

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

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

Statement Closing Date [REDACTED] April 03 2024

Confirmation # DWR-02699249

Not an invoice.
For your records only

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

00007905040

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
03/21	03/20	5912	55436874081170811830784	12 MPR:M SRX 503B LEDGEWOOD NJ 1824819	USA 680.00 ✓
03/22	03/21	9399	05134374082600070350868	13 NPDB NPDB.HRSA.GOV FAIRFAX VA N106581235	22033 USA 2.50 ✓
03/22	03/22	8999	55432864082208053596996	14 AMA-CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
03/27	03/26	3654	55436874087170871971555	15 LOEWS ARLINGTON HOTEL ARLINGTON TX 40553394 CHECK IN: 03/31/2024 40553394	76011 USA 670.80 ✓
03/27	03/26	3654	55436874087170871971233	16 LOEWS ARLINGTON HOTEL ARLINGTON TX 40553395 CHECK IN: 03/31/2024 40553395	76011 USA 670.80 ✓
04/03	04/02	9399	05134374094600055247358	17 NPDB NPDB.HRSA.GOV FAIRFAX VA N107115541	22033 USA 2.50 ✓
04/03	04/02	9399	05134374094600055247432	18 NPDB NPDB.HRSA.GOV FAIRFAX VA N107115891	22033 USA 10.00 ✓
----- TOTAL AMOUNT OF MEMO ITEM(S)					\$3,753.48 ✓

APPROVED
ON

APR 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Informazioni Aggiuntive Your Card Company's Card Agreement

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day 24 hours a day. Call the Customer Service telephone number specified on the front of the statement or go to www.comcast.com.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances) which is the maximum amount the Cardholder can charge on any one Card. The size of each Cardholder's Credit Line (and Cash Limit) is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting the Company's Customer Service. Our telephone lines are open every day 24 hours a day. Call the telephone number specified on the front of the statement.
- **Add On: Cardholders:** The Company may request applications to add on additional Cardholders by contacting the Company's Customer Service. Our telephone lines are open every day 24 hours a day. Call the telephone number specified on the front of the statement. Limit one Company Card per Cardholder.
- **Card Manager Online Tool:** You can easily manage your Company Card online using the Card Manager online tool. Card Manager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for Card Manager, please go on to www.comcast.com and click on the "Sign up" button on the Cardholder Sign Up Form. Here, to allow the prompts to establish your account.
- **Payments:** You may make a payment on your individual Card account online using Card Manager. Please note that some organizations do not have the Card Manager online payment feature enabled for Cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For certain Cardholders, please be sure to send on Company check as payment to the Cardholder's business. We receive your mailed payment in person from our processing facility by 5:00 p.m. Eastern Time. We will credit it as of the day Payment can also be made by electronic funds transfer, wire transfer, ACH transfer, debit card and other methods. Call the number on the front of the statement for details.
- **Company Ratification:** By its payment of any amount charged to the Account, the Company (i) ratifies the original Application to the Account and the authority of a person authorized to sign such Application, and (ii) authorizes the continued use of the Account under the terms of the Company Card Agreement by a Cardholder to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance of up to \$10,000 on their credit line.
 - The Cardholder's Cash Advance Limit is a portion of the Cardholder's Total Credit Line. There is no additional fee to credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required to secure purchases.

Account Information

- **In Case of Errors or Questions About Your Bill:** You are responsible for notifying the dispute resolution process of your Account Statement charges that you believe are unauthorized, incorrect, or merchandise that has not been received or returned merchandise. You should notify the process of your Account Statement inaccuracies as a charge or a credit to which you have been issued a credit slip is not shown. To begin the dispute resolution process, visit www.comcast.com.
- **You may also dispute a transaction by writing to C:** You may write to us on a separate sheet at the address specified on the front of the statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the event, please give us the following information:
 - Your name and account number. For certain Cardholders, Company Accounts, the Company name and individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error. Provide more information as needed about the error. Please describe to us.
 - Merchant. Dispute of the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Company Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute. The Bank finds you responsible for the dispute charge.
- **In the event of a dispute, please explain in detail the dispute and the results of the attempt to resolve with the merchant. The effort must include the amount involved, and must be signed by the individual Cardholder. We will notify you of the results of our efforts.**
- **If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip, please include a letter (signed by the individual Cardholder) stating the credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.**
- **On non-disputed matters or any matter shown by the Bank not to be an error, the Bank may charge the Company or Cardholder the fee specified in the Company Card Agreement for each copy of any document the Company or Cardholder requests, such as duplicate periodic statements, transactions and the like.**
- **Please save your charge receipts.**

1

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank
Vendor Address: _____
Vendor Phone #: _____
Vendor Fax #: _____

Date: 4/9/2024
P.O. # _____
Account # _____
Initiated By: _____

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		Southwest - Flights for			549.96
2			Erin Clevenger - Oblx to			
3			reimburse Annual mtg			
4	-		NPDB - 1 Enrollment			2.50
5	-		NPDB - 1 Enrollment			2.50
6	-		NPDB - 1 Enrollment			2.50
7	-		"Southwest - Flights for"			256.96
8			Marissa Almanzar + Mimi			256.96
9			Nguyen - TORCH Conference			
10	-		grant reimbursement	4/1 - 4/3/24		

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:
Charges made to Roshanda's MC

Contact:	Date:	Dept. Director:
Quoted By:		Dir. Nursing:
Buyer:	E.T.A.:	Dir. Clinical Services:
		CFO:
		Administrator: <u>[Signature]</u>

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 4/9/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		NPDB - 1 Enrollment			2.50
2	-		NPDB - 12 Renewals			30.00
3	-		NPDB - 10 Renewals			25.00
4	-		AMA Credentialing - 1 Initial			44.00
5			+ Cont. Monitoring			
6	-		NPDB - 1 Enrollment			2.50
7	-		AMA Credentialing - 1 Initial			44.00
8			+ Cont. monitoring			
9	-		Loews Arlington Hotel -			670.80
10			Marissa Almanzar - TORCH Conference. grant reimbursement			

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

Charges made to Roshanda's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Gina P x R</u>

MEMORIAL MEDICAL CENTER PURCHASE ORDER

3

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

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

Vendor Name: Citi bank

Date: 4/9/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Ven 0-C

Initiated By: _____

Date	Expense #	Department	Deliver To	Form # 9401
Line No.	Number	Description	Unit Cost	Unit Meas.
	549.96 +			
1	2.50 +	Loews Arlington Hotel		670.80
2	256.96 -	Mimi Nguyen - TORCH		✓
3	256.96 -	Conference. Grant Reimbursement		
4	2.50 +	NPOB - 1 Enrollment		2.50
5	44.00 +	NPOB - 4 Enrollment		10.00
6	2.50 +	Health Level Seven International		500.00
7	44.00 +	- Object Identifier - requirement to send patient data to cu		
8	500.00 +	Impinrx - Dex-Moxi PF Vials		680.00
9	680.00 +			
10	3,753.48 =			

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$3,753.48

NOTES: charges made to Roschanda covering MC.

Contact:	Date:	Dept. Director _____
Quoted By:		Dir. Nursing _____
Buyer:	E.T.A.	Dir. Clinical Services _____
		CFO _____
		Administrator <u>Grin Clea R</u>

MCKESSON

STATEMENT

As of: 04/12/2024

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: 04/12/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 632536
Date: 04/13/2024

Cust: 632536 PLEASE CHECK ANY
Date: 04/13/2024 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: 3,165.59 USD

Future Due: 0.00

If Paid By 04/16/2024,
Pay This Amount:

3,102.26 USD

Due If Paid On Time:
USD

3,102.26

Past Due: 0.00

Disc lost if paid late:

63.33

Last Payment 08/07/2017 2,451.97

If Paid After 04/16/2024,
Pay this Amount:

3,165.59 USD

Due If Paid Late:
USD

3,165.59

APPROVED ON

APR 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew D. Foster
4115/24

3,071.89 +
27.03 +
3.34 +
3,102.26

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/12/2024

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: 04/13/2024

As of: 04/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/13/2024 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												
04/08/2024	04/16/2024	7488565128		111875336	115Invoice	1.34	66.99		65.65	✓	7488565128	✓
04/08/2024	04/16/2024	7488565129		111875336	115Invoice	4.22	210.82		206.60	✓	7488565129	✓
04/08/2024	04/16/2024	7488565130		111914906	115Invoice	1.74	87.18		85.44	✓	7488565130	✓
04/08/2024	04/16/2024	7488565132		111953481	115Invoice	2.06	102.95		100.89	✓	7488565132	✓
04/08/2024	04/16/2024	7488565133		111989603	115Invoice	2.68	133.98		131.30	✓	7488565133	✓
04/08/2024	04/16/2024	7488597984		112069474	115Invoice	1.31	65.61		64.30	✓	7488597984	✓
04/08/2024	04/16/2024	7488774255		111771038	115Invoice	0.13	6.33		6.20	✓	7488774255	✓
04/08/2024	04/16/2024	7488774256		111886820	115Invoice	5.23	261.50		256.27	✓	7488774256	✓
04/08/2024	04/16/2024	7488774257		111881950	195Invoice	0.03	1.27		1.24	✓	7488774257	✓
04/09/2024	04/16/2024	7488914957		112109110	115Invoice	0.01	0.33		0.32	✓	7488914957	✓
04/09/2024	04/16/2024	7489077171		112115712	195Invoice	0.02	0.95		0.93	✓	7489077171	✓
04/09/2024	04/16/2024	7489077172		112034094	115Invoice	2.50	125.21		122.71	✓	7489077172	✓
04/10/2024	04/16/2024	7489187643		112260445	115Invoice	3.73	186.35		182.62	✓	7489187643	✓
04/10/2024	04/16/2024	7489187646		112321529	115Invoice	4.22	210.82		206.60	✓	7489187646	✓
04/10/2024	04/16/2024	7489197889		112335606	115Invoice	0.03	1.27		1.24	✓	7489197889	✓
04/10/2024	04/16/2024	7489358647		112267334	195Invoice	0.01	0.32		0.31	✓	7489358647	✓
04/10/2024	04/16/2024	7489358648		112272942	115Invoice	4.12	206.21		202.09	✓	7489358648	✓
04/11/2024	04/16/2024	7489468142		112392234	115Invoice	1.77	88.37		86.60	✓	7489468142	✓
04/11/2024	04/16/2024	7489468145		112454118	115Invoice	0.01	0.33		0.32	✓	7489468145	✓
04/11/2024	04/16/2024	7489637364		112401279	115Invoice	0.05	2.53		2.48	✓	7489637364	✓
04/11/2024	04/16/2024	7489637366		112398221	195Invoice	0.48	23.88		23.40	✓	7489637366	✓
04/12/2024	04/16/2024	7489731343		112507938	115Invoice		0.08		0.08	✓	7489731343	✓
04/12/2024	04/16/2024	7489899307		112515031	195Invoice	20.87	1,043.49		1,022.62	✓	7489899307	✓
04/12/2024	04/16/2024	7489899309		112520624	115Invoice	6.15	307.67		301.52	✓	7489899309	✓
04/12/2024	04/16/2024	7489987798		109434982	115Invoice		0.08		0.08	✓	7489987798	✓
04/12/2024	04/16/2024	7489987799		107540698	115Invoice		0.08		0.08	✓	7489987799	✓

APPROVED ON

APR 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 04/12/2024

Page: 002

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: 04/13/2024

As of: 04/12/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/13/2024 ITEMS NOT PAID (✓)

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 3,134.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,329.78
04/08/2024

If Paid By 04/16/2024,
Pay This Amount: 3,071.89 USD

If Paid After 04/16/2024,
Pay this Amount: 3,134.60 USD

Due If Paid On Time: 3,071.89 ✓
USD
Disc lost if paid late: 62.71 ✓
Due If Paid Late: 3,134.60 ✓
USD

APPROVED ON

APR 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew Delacruz
4/15/24 ✓

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/12/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 04/13/2024

As of: 04/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 04/13/2024 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
04/10/2024	04/16/2024	7489202641	632536 3166403	115Invoice	0.55	27.58		27.03		7489202641

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: 27.58 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,329.78
04/08/2024

If Paid By 04/16/2024,
Pay This Amount: 27.03 USD

If Paid After 04/16/2024,
Pay this Amount: 27.58 USD

Due If Paid On Time:
USD 27.03 ✓✓

Disc lost if paid late:
0.55

Due If Paid Late:
USD 27.58

APPROVED ON

APR 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLosSantos ✓
4/15/24

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/12/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 04/13/2024

As of: 04/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 04/13/2024 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	
04/10/2024	04/16/2024	7489364685	3166078	115Invoice	0.07	3.41		3.34	✓	7489364685	✓

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

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

Subtotals: 3.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 04/01/2024 3,539.65

If Paid By 04/16/2024,
Pay This Amount: 3.34 USD

If Paid After 04/16/2024,
Pay this Amount: 3.41 USD

Due If Paid On Time: 3.34 ✓
USD
Disc lost if paid late: 0.07
Due If Paid Late: 3.41
USD

APPROVED ON

APR 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DeLos Santos
4/15/24

For AR Inquiries please contact 800-867-0333

APPROVED ON

APR 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 8, 2024 - April 14, 2024 ✓

275.52 +
54.79 +
66.66 +
11.80 +
3.64 +

Date	Bank Description	MMC Notes	Amount	CPS
4/12/2024	PAY PLUS ACHTrans 000000019603835 1010006947	- 3rd Party Payor Fee	275.52 ✓	
4/12/2024	HPHG LLC ACHPTLAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	10,960.25 *	
4/12/2024	HPHG LLC ACHPTLAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	1,170.74 *	
4/12/2024	HPHG LLC ACHPTLAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	48,711.58 *	
4/12/2024	HPHG LLC ACHPTLAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	34,206.14 *	
4/12/2024	HEALTH EQUITY INC HealthEqui 1356888 91000016	- Health Insurance Claim Payments	1,322.83 *	
4/12/2024	EXPERTPAY EXPERTPAY 746003411 91000013401972	- Child Support Payment	570.69 ***	
4/12/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	420.66 *	
4/12/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	366,473.31 ***	
4/12/2024	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	66,570.23 *	
4/11/2024	PAY PLUS ACHTrans 000000019549486 1010006936	- 3rd Party Payor Fee	54.79 ✓	
4/10/2024	PAY PLUS ACHTrans 000000019463955 1010006922	- 3rd Party Payor Fee	66.66 ✓	
4/10/2024	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	900.18 ✓	
4/10/2024	TSYS/TRANSFIRST MERCH FEES 39300982589946 61	- Credit Card Processing Fee	129.00 ✓	
4/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801391837 61	- Credit Card Processing Fee	27.85 ✓	
4/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	315.79 ✓	
4/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	325.82 ✓	
4/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	1,294.73 ✓	
4/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,353.34 ✓	
4/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	283.92 ✓	
4/9/2024	PAY PLUS ACHTrans 000000019363932 1010006913	- 3rd Party Payor Fee	11.80 ✓	
4/9/2024	MCKESSON DRUG AUTO ACH ACH05941585 910000124	- 340B Drug Program Expense	4,329.78 *	
4/9/2024	CLEARGAGE LLC CLEARGAGE, EIKIWSWALSBSJ2C 242	- Patient Financing Service	117.37 ✓	
4/8/2024	PAY PLUS ACHTrans 000000019240994 1010006998	- 3rd Party Payor Fee	3.64 ✓	
4/8/2024	HPHG LLC ACHportlav MemMedCtr PtLav 11312265	- Unauthorized ACH, Deposited 4/9	0.03 ✓	
			<u>539,896.65</u> ✓	

pay plus

CC Fees

Clearage

412.41 *
0.0
900.18 +
129.00 +
27.85 +
315.79 +
325.82 +
1,294.73 +
1,353.34 +
283.92 +
1,173.70 *
0.0
117.37 +
117.37 *

539.896.65 +
10.960.25 -
1.170.74 -
48.711.58 -
34.206.14 -
1.322.83 -
570.69 -
420.66 -
366.473.31 -
66.570.23 -
4.329.78 -
5.160.44 *
5.160.44 -
0.00 *

Andrew De Los Santos

DREW DE LOS SANTOS
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT - ESTIMATED ACHS

Date	Description	MMC Notes	Amount
4/20/2024	WEBFILE TAX PYMT DD	- Sales Tax	1,913.05 ✓
4/15/2024	TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	275,260.53 ✓
			<u>277,173.58</u> ✓

Andrew De Los Santos

DREW DE LOS SANTOS
Memorial Medical Center


April 15, 2024

* Approved 04.10.24 ✓
** Approved 04.03.21 ✓

April 15, 2024

HPHG Unauth.

0.03 +
0.03 *
412.41 +
4.630.63 +
117.37 +
0.03 +
5.160.44 *

 Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 03/31/2024 (2403)



Taxpayer Name:
MEMORIAL MEDICAL CENTER ✓



Reference Number: 10224100202

Taxpayer Address:
815 N VIRGINIA ST PORT LAVACA , TX
77979-3025

Telephone Number: (361) 552-0342



Date and Time of Filing:
04/11/2024, 11:24:56 AM

IP Address: 24.116.195.218

PAYMENT SUMMARY

Electronic Check
State Amount: \$1,449.28
Local Amount: \$463.77
Amount to Pay: \$1,913.05
Electronic Check: \$1,913.05

Payment Reference Number: 10224100827
Trace Number: 75349566

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center
Bank Routing Number: 
Bank Account Number: 
Payment Effective Date: 04/19/2024

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	23,305	23,305	0.00	23,305	1,456.56	23,305	0.02	466.1
SubTotal	23,305	23,305	0	23,305	1,456.56	23,305		466.1

Total Tax for Locations **1,922.66**

Total Tax Due: \$1,922.66

Timely Filing Discount: - \$9.61

Balance Due: \$1,913.05

Pending Payments: - \$0.00

Total Amount Due and Payable: **\$1,913.05** ✓

(State amount due is \$1,449.28) (Local amount due is \$463.77)

Date/Time 0 -0 -2024 / 0 : 3 PM
Submitted By cclevenger256

Pay Date 03-3 -2024

Employee Deposits	\$ 12,877.77
Employer Contributions	\$162,382.76
Group Term Life Premiums	\$0.00
Total	\$275,260.53 ✓

Comments

Payroll File March 2024 Retirement Upload.xlsx ✓

CLOSE

PRINT

RECEIVED BY THE COUNTY AUDITOR ON

APR 11 2024

MEMORIAL MEDICAL CENTER

0

04/11/2024
12:01

AP Open Invoice List

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Dates Through:

Vendor# Vendor Name

Class Pay Code

11828 ✓ SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040424		04/09/202	04/04/202	05/04/202			4,488.00	0.00	0.00	4,488.00

TRANSFER NH ins. pmk. dep. into MMC Opt. in error ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	4,488.00	0.00	0.00	4,488.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,488.00	0.00	0.00	4,488.00

APPROVED ON

APR 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203814

RECEIVED BY THE COUNTY AUDITOR ON

APR 11 2024

MEMORIAL MEDICAL CENTER

0

04/11/2024

12:03

AP Open Invoice List

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Dates Through:

Vendor# Vendor Name

Class Pay Code

11820 ✓ FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040324		04/09/202	04/03/202	05/04/202			204.28	0.00	0.00	204.28
	TRANSFER									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	11820 FORTBEND HEALTHCARE CENTER						204.28	0.00	0.00	204.28

NH ins. pay. dup. into mmo. pte. in error

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	204.28	0.00	0.00	204.28

APPROVED ON

APR 12 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 203813

RECEIVED BY THE
COUNTY AUDITOR ON

APR 11 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

04/11/2024
12:02

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

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040224		04/09/202	04/02/202	05/04/202			59.36	0.00	0.00	59.36 ✓
	TRANSFER	<i>NH ins. pmt. dep. into mmc opt. in error</i>								
040424		04/09/202	04/04/202	05/04/202			1,632.00	0.00	0.00	1,632.00 ✓
	TRANSFER									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	1,691.36	0.00	0.00	1,691.36

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,691.36	0.00	0.00	1,691.36

APPROVED ON

APR 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203812

RECEIVED BY THE COUNTY AUDITOR ON

APR 11 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

04/11/2024
12:02

Vendor# Vendor Name **CALHOUN COUNTY, TEXAS**
11836 ✓ GOLDENCREEK HEALTHCARE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040224		04/09/202	04/02/202	05/04/202			140.49	0.00	0.00	140.49 ✓
	SUPPLIES	<i>NH ins. pmt. deposited into MMC operat. in error</i>								
040324		04/09/202	04/03/202	05/04/202			3,577.72	0.00	0.00	3,577.72 ✓
	TRANSFER									
040524		04/10/202	04/05/202	05/05/202			1,126.60	0.00	0.00	1,126.60 ✓
	TRANSFER									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	4,844.81	0.00	0.00	4,844.81

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,844.81	0.00	0.00	4,844.81

APPROVED ON

APR 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203814

RECEIVED BY THE COUNTY AUDITOR ON

APR 11 2024

MEMORIAL MEDICAL CENTER

04/11/2024

12:03

AP Open Invoice List

0

CALHOUN COUNTY, TEXAS

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 ✓ GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040424		04/09/202	04/04/202	05/04/202			95.88	0.00	0.00	95.88 ✓

TRANSFER

NI ins. pmx. dep. into mmc opt. in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA	95.88	0.00	0.00	95.88

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	95.88	0.00	0.00	95.88

APPROVED ON

APR 12 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CL# 203815

RECEIVED BY THE
COUNTY AUDITOR ON

APR 11 2024

MEMORIAL MEDICAL CENTER

04/11/2024
12:04

AP Open Invoice List

0
ap_open_invoice.template

Dates Through:

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

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041024		04/10/202	04/10/202	04/11/202			320,000.00	0.00	0.00	320,000.00

OPTUM TEMPORARY FUNDING

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	320,000.00	0.00	0.00	320,000.00 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	320,000.00	0.00	0.00	320,000.00

APPROVED ON

APR 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203817

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/15/2024

Account	Previous Beginning Balance	Transfer Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Ashford Gardens	26,841.16	26,741.16	156,115.55		156,215.55	156,115.55
					Bank Balance	156,215.55
					Variance	
					Leave in Balance	100.00

Routing Information for Ashford Gardens:

Account	Previous Beginning Balance	Transfer Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Health Care Center Ltd Co JP Morgan Chase Bank Broadmoor	102,411.64	77,188.29	131,758.10		156,115.55	131,758.10
					Adjust Balance/Transfer Amt	156,115.55
					Bank Balance	156,981.45
					Variance	
					Leave in Balance	100.00
					Wellpoint Y6 Comp 1 Allocation Recon	25,123.35

Account	Previous Beginning Balance	Transfer Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Crescent	101,718.20	88,280.16	264,819.77		131,758.10	264,819.77
					Adjust Balance/Transfer Amt	131,758.10
					Bank Balance	278,257.81
					Variance	(0.00)
					Leave in Balance	100.00
					Wellpoint Y6 Comp 1 Allocation Recon	13,338.04

Account	Previous Beginning Balance	Transfer Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Fort Bend	3,107.23		28,132.72		264,819.77	28,760.94
					Adjust Balance/Transfer Amt	264,819.77
					Bank Balance	31,239.95
					Variance	
					Leave in Balance	100.00
					Wellpoint Y6 Comp 1 Allocation Recon	2,379.01

Account	Previous Beginning Balance	Transfer Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at W Houston	123,056.43	102,073.15	138,541.70		28,760.94	138,541.70
					Adjust Balance/Transfer Amt	28,760.94
					Bank Balance	159,524.98
					Variance	
					Leave in Balance	100.00
					Wellpoint Y6 Comp 1 Allocation Recon	20,883.28

156,115.55 +
131,758.10 +
264,819.77 + Houston / Fort Bend / Broadmoor
28,760.94 +
138,541.70 +
719,996.06 ◊

APPROVED ON
APR 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 4/15/2024

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.

Ashford Gardens

4/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246318	-	7,088.48	-	-	-	-	-	7,088.48
4/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246410	-	27,493.27	-	-	-	-	-	27,493.27
4/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,491.39	-	-	-	-	-	2,491.39
4/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	60,764.98	-	-	-	-	-	60,764.98
4/11/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	76,741.16	-	-	-	-	-	-	-
4/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	25,040.03	-	-	-	-	-	25,040.03
4/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231729	-	19,296.40	-	-	-	-	-	19,296.40
4/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.12	-	-	-	-	-	0.12
4/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	4,657.89	-	-	-	-	-	4,657.89
4/8/2024	UnitedHealthcare HCCLAIMPMT 746003411 910000	-	27.32	-	-	-	-	-	27.32
4/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.15	-	-	-	-	-	0.15
4/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.10	-	-	-	-	-	0.10
4/8/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000100	-	9,255.42	-	-	-	-	-	9,255.42

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
26,741.16	156,115.55	-	-	-	-	-	156,115.55

Broadmoor

4/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246410	-	20,749.50	-	-	-	-	-	20,749.50
4/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246318	-	7,424.26	-	-	-	-	-	7,424.26
4/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246318	-	823.28	-	-	-	-	-	823.28
4/11/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	77,188.29	-	-	-	-	-	-	-
4/10/2024	MANAGEANDNET1718 MNS PMNT 00000000004293 41	-	270.00	-	-	-	-	-	270.00
4/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000268695	-	10,909.88	-	-	-	-	-	10,909.88
4/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,054.25	-	-	-	-	-	24,054.25
4/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,344.74	-	-	-	-	-	5,344.74
4/10/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	3,672.00	-	-	-	-	-	3,672.00
4/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231729	-	21,199.00	-	-	-	-	-	21,199.00
4/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	15,740.48	-	-	-	-	-	15,740.48
4/9/2024	HUMANA INS CO HCCLAIMPMT 45152790 8300005010	-	3,221.15	-	-	-	-	-	3,221.15
4/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	5,675.19	-	-	-	-	-	5,675.19
4/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000279293	-	12,674.37	-	-	-	-	-	12,674.37

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
77,188.29	131,758.10	-	-	-	-	-	131,758.10

Crescent

4/12/2024	Check 337	1,400.00	-	-	-	-	-	-	-
4/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246318	-	384.20	-	-	-	-	-	384.20
4/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246410	-	3,233.92	-	-	-	-	-	3,233.92
4/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246410	-	8,265.06	-	-	-	-	-	8,265.06
4/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246318	-	14,995.53	-	-	-	-	-	14,995.53
4/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027517520	-	1,188.00	-	-	-	-	-	1,188.00
4/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,266.55	-	-	-	-	-	19,266.55
4/11/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	86,880.16	-	-	-	-	-	-	-
4/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205633	-	5,496.00	-	-	-	-	-	5,496.00
4/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021262217	-	3,650.00	-	-	-	-	-	3,650.00
4/10/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020351853	-	4,385.00	-	-	-	-	-	4,385.00
4/10/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020351855	-	7,000.00	-	-	-	-	-	7,000.00
4/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	16,903.71	-	-	-	-	-	16,903.71
4/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,741.88	-	-	-	-	-	1,741.88
4/10/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024374830	-	16,200.00	-	-	-	-	-	16,200.00
4/10/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024374828	-	62,831.00	-	-	-	-	-	62,831.00
4/10/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024374826	-	2,250.00	-	-	-	-	-	2,250.00
4/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231729	-	61.06	-	-	-	-	-	61.06
4/9/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,280.00	-	-	-	-	-	6,280.00
4/9/2024	HUMANA INS CO HCCLAIMPMT 45152809 8300005010	-	3,720.00	-	-	-	-	-	3,720.00
4/9/2024	HUMANA CHA DISB HCCLAIMPMT 45229080 42000013	-	1,344.00	-	-	-	-	-	1,344.00
4/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	3,182.63	-	-	-	-	-	3,182.63
4/9/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027302445	-	16,870.00	-	-	-	-	-	16,870.00
4/9/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027302453	-	12,500.00	-	-	-	-	-	12,500.00
4/9/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027302451	-	27,044.00	-	-	-	-	-	27,044.00
4/9/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027302449	-	6,300.00	-	-	-	-	-	6,300.00
4/9/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027302447	-	14,850.00	-	-	-	-	-	14,850.00
4/8/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	389.23	-	-	-	-	-	389.23
4/8/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	4,488.00	-	-	-	-	-	4,488.00

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
86,880.16	264,819.77	-	-	-	-	-	264,819.77

Fort Bend

4/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246410	-	2,448.44	-	-	-	-	-	2,448.44
4/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,658.09	-	-	-	-	-	17,658.09
4/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	4,036.10	-	-	-	-	-	4,036.10
4/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000278817	-	3,990.09	-	-	-	-	-	3,990.09

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	28,132.72	-	-	-	-	-	28,132.72

Solera at West Houston

4/12/2024	MOLINA HEALTHCAR MOLINAACH 01271269 42000010	-	515.00	-	-	-	-	-	515.00
4/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000246318	-	8,903.23	-	-	-	-	-	8,903.23
4/12/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	4,950.00	-	-	-	-	-	4,950.00
4/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	18,817.95	-	-	-	-	-	18,817.95
4/11/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	102,073.15	-	-	-	-	-	-	-
4/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205633	-	12,590.36	-	-	-	-	-	12,590.36
4/10/2024	MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	5,356.80	-	-	-	-	-	5,356.80
4/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000268695	-	6,615.67	-	-	-	-	-	6,615.67
4/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	25,040.30	-	-	-	-	-	25,040.30
4/9/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000145	-	1,315.43	-	-	-	-	-	1,315.43
4/9/2024	HUMANA INS CO HCCLAIMPMT 45152726 8300005010	-	9,875.00	-	-	-	-	-	9,875.00
4/9/2024	HUMANA INS CO HCCLAIMPMT 45152768 8300005010	-	5,530.00	-	-	-	-	-	5,530.00
4/9/2024	HUMANA CHA DISB HCCLAIMPMT 45243156 42000013	-	20,536.00	-	-	-	-	-	20,536.00
4/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	2,641.11	-	-	-	-	-	2,641.11
4/8/2024	MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	1,300.00	-	-	-	-	-	1,300.00
4/8/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	2,250.00	-	-	-	-	-	2,250.00
4/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	10,672.85	-	-	-	-	-	10,672.85
4/8/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	1,632.00	-	-	-	-	-	1,632.00

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
102,073.15	138,541.70	-	-	-	-	-	138,541.70

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,781,097.18	\$1,700,175.77	\$1,781,097.18	\$2,224,088.68
*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 ✓✓	\$156,215.55 ✓✓	\$156,215.55	\$156,215.55	\$58,377.43
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$156,981.45 ✓	\$157,235.51	\$156,981.45	\$127,984.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$278,257.81 ✓	\$279,645.91	\$278,257.81	\$232,324.55
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$159,524.98 ✓	\$172,896.32	\$159,524.98	\$126,338.80
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$31,239.95 ✓	\$34,253.94	\$31,239.95	\$11,133.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$33,773.88	\$44,353.15	\$33,773.88	\$32,944.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$14,462.29	\$15,702.83	\$14,462.29	\$14,462.29
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$13,532.47	\$13,532.47	\$13,532.47	\$10,579.56
*5506 MMC -NH BETHANY SENIOR LIVING	\$63,065.32	\$93,552.32	\$63,065.32	\$64,714.72
*3407 MMC -NH TUSCANY VILLAGE	\$34,948.67	\$34,948.67	\$34,948.67	\$21,669.86
*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	\$3,334,071.27	\$3,313,484.16	\$3,334,071.27	\$3,535,589.56

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 4/15/2024

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	1	201,443.45	201,343.45	33,673.88		33,773.88	33,673.88
					Bank Balance Variance	33,773.88	
					Leave in Balance	100.00	

Routing Information for Golden Creek:
 Nexion Health at Golden Creek
 Wells Fargo Bank, N.A.

April Interest _____
 May Interest _____
 June Interest _____

Adjust Balance/Transfer Amt 33,673.88

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 4/15/2024

APPROVED ON
APR 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

4/12/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 4/11/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 4/11/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000205633
 4/11/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001476
 4/10/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 4/9/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001461
 4/9/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001461
 4/8/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 4/8/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 4/8/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001458
 4/8/2024 Am Health TX PAYMENT 21531 84307030004142

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
201,343.45	829.76	-	-	-	-	-	829.76
-	166.04	-	-	-	-	-	166.04
-	7,772.95	-	-	-	-	-	7,772.95
-	922.73	-	-	-	-	-	922.73
-	475.00	-	-	-	-	-	475.00
-	1,219.00	-	-	-	-	-	1,219.00
-	8,422.40	-	-	-	-	-	8,422.40
-	217.00	-	-	-	-	-	217.00
-	1,149.00	-	-	-	-	-	1,149.00
-	12,500.00	-	-	-	-	-	12,500.00
201,343.45	33,673.88	-	-	-	-	-	33,673.88

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,781,097.18	\$1,700,175.77	\$1,781,097.18	\$2,224,088.68
*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	\$156,215.55	\$156,215.55	\$156,215.55	\$58,377.43
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$156,981.45	\$157,235.51	\$156,981.45	\$127,984.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$278,257.81	\$279,645.91	\$278,257.81	\$232,324.55
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$159,524.98	\$172,896.32	\$159,524.98	\$126,338.80
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$31,239.95	\$34,253.94	\$31,239.95	\$11,133.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$33,773.88 ✓	\$44,353.15	\$33,773.88	\$32,944.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$14,462.29	\$15,702.83	\$14,462.29	\$14,462.29
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$13,532.47	\$13,532.47	\$13,532.47	\$10,579.56
*5506 MMC -NH BETHANY SENIOR LIVING	\$63,065.32	\$93,552.32	\$63,065.32	\$64,714.72
*3407 MMC -NH TUSCANY VILLAGE	\$34,948.67	\$34,948.67	\$34,948.67	\$21,669.86
*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	\$3,334,071.27	\$3,313,484.16	\$3,334,071.27	\$3,535,589.56

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 4/15/2024

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza- Private Pay	556.84	-	13,905.45			14,462.29	no transfer
					Bank Balance	14,462.29	
					Variance		
					Leave in Balance	100.00	
					claim payment to ashford	10,364.27	
					Adjust Balance/Transfer Amt	3,998.02	
Nursing Home Gulf Pointe Plaza-Medicare/Medicaid	69,273.30	69,173.30	13,432.47			13,532.47	13,432.47
					Bank Balance	13,532.47	
					Variance		
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	13,432.47	
TOTAL TRANSFERS						17,430.49	

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 4/15/2024

APPROVED ON

APR 15 2024

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

4/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000231729
 4/8/2024 NDC SWEEP FAC H261 21000020133598 SWEEP FR

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	306.28	-	-	-	-	-	306.28
-	13,599.17	-	-	-	-	-	13,599.17
-	13,905.45	-	-	-	-	-	13,905.45

Gulf Pointe Plaza-Medicare/Medicaid

4/12/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 4/11/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 4/10/2024 NORIDIAN J3A HCCLAIMPMT 675892 4200001507678
 4/8/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	2,952.91	-	-	-	-	-	2,952.91
69,173.30	-	-	-	-	-	-	-
-	2,840.25	-	-	-	-	-	2,840.25
-	7,639.31	-	-	-	-	-	7,639.31
69,173.30	13,432.47	-	-	-	-	-	13,432.47
69,173.30	27,337.92	-	-	-	-	-	27,337.92

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,781,097.18	\$1,700,175.77	\$1,781,097.18	\$2,224,088.68
*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	\$156,215.55	\$156,215.55	\$156,215.55	\$58,377.43
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$156,981.45	\$157,235.51	\$156,981.45	\$127,984.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$278,257.81	\$279,645.91	\$278,257.81	\$232,324.55
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$159,524.98	\$172,896.32	\$159,524.98	\$126,338.80
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$31,239.95	\$34,253.94	\$31,239.95	\$11,133.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$33,773.88	\$44,353.15	\$33,773.88	\$32,944.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$14,462.29 ✓	\$15,702.83 ✓	\$14,462.29	\$14,462.29
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$13,532.47 ✓	\$13,532.47 ✓	\$13,532.47	\$10,579.56
*5506 MMC -NH BETHANY SENIOR LIVING	\$63,065.32	\$93,552.32	\$63,065.32	\$64,714.72
*3407 MMC -NH TUSCANY VILLAGE	\$34,948.67	\$34,948.67	\$34,948.67	\$21,669.86
*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	\$3,334,071.27	\$3,313,484.16	\$3,334,071.27	\$3,535,589.56

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscan Transfer
 Prosperity Accounts
 4/15/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		28,078.96	27,978.96	34,848.67			34,948.67	34,848.67
						Bank Balance Variance	34,948.67	
						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 34,848.67
 Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 4/15/2024

APPROVED ON
 APR 15 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓

4/12/2024 Deposit
 4/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000246318
 4/11/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE
 4/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000205633
 4/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000231729

Transfer-Out

Transfer-In

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

NH PORTION

-	1,400.00	-	-	-	1,400.00
-	11,878.81	-	-	-	11,878.81
✓ 27,978.96	-	-	-	-	-
-	18,599.36	-	-	-	18,599.36
-	2,970.50	-	-	-	2,970.50
27,978.96 ✓	34,848.67 ✓	-	-	-	34,848.67 ✓

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,781,097.18	\$1,700,175.77	\$1,781,097.18	\$2,224,088.68
*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	\$156,215.55	\$156,215.55	\$156,215.55	\$58,377.43
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$156,981.45	\$157,235.51	\$156,981.45	\$127,984.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$278,257.81	\$279,645.91	\$278,257.81	\$232,324.55
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$159,524.98	\$172,896.32	\$159,524.98	\$126,338.80
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$31,239.95	\$34,253.94	\$31,239.95	\$11,133.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$33,773.88	\$44,353.15	\$33,773.88	\$32,944.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$14,462.29	\$15,702.83	\$14,462.29	\$14,462.29
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$13,532.47	\$13,532.47	\$13,532.47	\$10,579.56
*5506 MMC -NH BETHANY SENIOR LIVING	\$63,065.32	\$93,552.32	\$63,065.32	\$64,714.72
*3407 MMC -NH TUSCANY VILLAGE ✓	\$34,948.67 ✓	\$34,948.67	\$34,948.67	\$21,669.86
*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	\$3,334,071.27	\$3,313,484.16	\$3,334,071.27	\$3,535,589.56

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 4/15/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		149,402.30	152,295.70	65,958.72			63,065.32	62,965.32
						Bank Balance	63,065.32	
						Variance	63,065.32	
						Leave in Balance	100.00	

April Interest
 May Interest
 June Interest
 Adjust Balance/Transfer Amt 62,965.32

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 4/15/2024

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 15 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

4/12/2024 deposit item return
4/11/2024 deposit item return
4/11/2024 WIRE OUT PORT LAVACA NH, LLC
4/11/2024 NDC SWEEP FAC K236 31316969745580 SWEEP FR
4/11/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
4/10/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
4/9/2024 Deposit
4/9/2024 Deposit
4/9/2024 Deposit

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
1,648.40	-	-	-	-	-	-	-
1,344.00	-	-	-	-	-	-	-
149,302.30	-	-	-	-	-	-	-
-	10,954.86	-	-	-	-	-	10,954.86
-	2,262.00	-	-	-	-	-	2,262.00
-	8,145.41	-	-	-	-	-	8,145.41
-	95.03	-	-	-	-	-	95.03
-	39,945.12	-	-	-	-	-	39,945.12
-	4,556.30	-	-	-	-	-	4,556.30
✓ 152,295.70	✓ 65,958.72	-	-	-	-	-	✓ 65,958.72

Returned Resident Checks

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,781,097.18	\$1,700,175.77	\$1,781,097.18	\$2,224,088.68
*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	\$156,215.55	\$156,215.55	\$156,215.55	\$58,377.43
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$156,981.45	\$157,235.51	\$156,981.45	\$127,984.41
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$278,257.81	\$279,645.91	\$278,257.81	\$232,324.55
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$159,524.98	\$172,896.32	\$159,524.98	\$126,338.80
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$31,239.95	\$34,253.94	\$31,239.95	\$11,133.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$33,773.88	\$44,353.15	\$33,773.88	\$32,944.12
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$14,462.29	\$15,702.83	\$14,462.29	\$14,462.29
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$13,532.47	\$13,532.47	\$13,532.47	\$10,579.56
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$63,065.32 ✓	\$93,552.32	\$63,065.32	\$64,714.72
*3407 MMC -NH TUSCANY VILLAGE	\$34,948.67	\$34,948.67	\$34,948.67	\$21,669.86
*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	\$3,334,071.27	\$3,313,484.16	\$3,334,071.27	\$3,535,589.56

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Ashford

Date Requested: 4/15/2024

A _____

Y _____

E _____

E _____

APPROVED ON

APR 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

OK#1115

FOR ACCT USE ONLY

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

AMOUNT: \$ 10,364.27

G/L NUMBER: 21400007

EXPLANATION: Claim payment transfer from Gulf Pointe to Ashford

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Cox

4/15/24

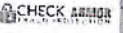
MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY

361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1115

88-2255/1131-87

DATE 4-18-24



PAY
TO THE
ORDER OF

Ashford Gardens

\$ 10,364.27²⁷/₁₀₀

Ten thousand, three hundred sixty-four dollars & 27/100

DOLLARS



PROSPERITY BANK

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

FOR Claim payment

county treasurer

county auditor

0

RUN DATE:04/18/24
TIME:13:40

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/18/24 THRU 04/18/24

PAGE 1
GLCKREG

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

GPP 001115 04/18/24 10,364.27 ASHFORD
TOTALS: 10,364.27