

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 24, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,095,711.97	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 700,505.66	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 1,728,606.04	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED April 24, 2024	\$ 3,524,823.67	✓

APPROVED

APR 24 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 24, 2024

PAYABLES AND PAYROLL

4/18/2024 Weekly Payables	463,062.52
4/16/2024 Nicole Barnett - Payroll check to replace returned direct deposit	785.36
4/22/2024 McKesson-340B Prescription Expense	1,611.37
4/22/2024 Amerisource Bergen-340B Prescription Expense	303.90
4/22/2024 Amerisource Bergen-340B Prescription Expense (MMC Opt. amount over)	0.54
4/22/2024 Payroll Liabilities - Payroll Taxes	128,903.44
4/22/2024 Payroll	394,319.50

Prosperity Electronic Bank Payments

4/22/2024 90 Degree Benefits - employee insurance claims	104,965.74
4/22/2024 Health Equity-HSA Contributions	1,272.83
4/22/2024 Credit Card Fees	285.82
4/15-4/19/24 Pay Plus-Patient Claims Processing Fee	200.95

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 1,095,711.97

TRANSFERS BETWEEN FUNDS-MMC

4/22/2024 Transfer from Money Market Account to MMC Operating-to cover expenses	500,000.00
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

4/18/2024 MMC Operating to Solera-correction of nursing home insurance payment deposited into MMC Operating in error	3,060.00
4/18/2024 MMC Operating to The Crescent-correction of nursing home insurance payment deposited into MMC Operating in error	6,036.00
4/18/2024 MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating in error	104,787.55
4/18/2024 MMC Operating to Tuscany Village-correction of nursing home insurance payment deposited into MMC operating in error	7,679.91
4/18/2024 MMC Operating to Bethany-correction of nursing home insurance payment deposited into MMC Operating in error	78,942.20

TOTAL TRANSFERS BETWEEN FUNDS \$ 700,505.66

NURSING HOME UPL EXPENSES

4/22/2024 Nursing Home UPL-Cantex Transfer	839,257.33
4/22/2024 Nursing Home UPL-Nexion Transfer	133,081.09
4/22/2024 Nursing Home UPL-HMG Transfer	14,052.26
4/15/2024 Nursing Home UPL-Tuscany Transfer	488,707.67
4/22/2024 Nursing Home UPL-HSL Transfer	106,484.38

NURSING HOME BANK FEES

4/22/2024 Ashford-Enhanced analysis fee	94.08
4/22/2024 Solera-Enhanced analysis fee	94.15

QIPP CHECKS TO MMC

4/22/2024 Ashford - Molina & Wellpoint February QIPP	34,871.14
4/22/2024 Broadmoor - Molina & Wellpoint February QIPP	12,918.38
4/22/2024 Crescent - Molina & Wellpoint February QIPP	9,682.19
4/22/2024 Fort Bend - Molina & Wellpoint February QIPP	10,890.73
4/22/2024 Solera - Molina & Wellpoint February QIPP	10,488.12
4/22/2024 Golden Creek - Superior February	21,216.60
4/22/2024 Tuscany - Molina & Wellpoint February QIPP	21,486.76
4/22/2024 Bethany - Superiro February	20,732.56

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

4/22/2024 Gulf Pointe to MMC- correction of MMC insurance payment deposited into Gulf Pointe in error	4,548.60
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TOTAL NURSING HOME UPL EXPENSES \$ 1,728,606.04

TOTAL INTER-GOVERNMENT TRANSFERS \$ -

GRAND TOTAL DISBURSEMENTS APPROVED April 24, 2024

\$ 3,524,823.67

RECEIVED BY THE
COUNTY AUDITOR ON

APR 18 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/10/2024

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Vendor#	Vendor Name	Class	Pay Code								
A1680	AIRGAS USA, LLC - CENTRAL DIV	M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9148386388		04/17/202	03/29/202	04/23/202			331.99	0.00	0.00	331.99 ✓
✓	5507007995	OXYGEN	04/17/202	03/31/202	04/25/202			974.71	0.00	0.00	974.71 ✓
✓	5507008441	OXYGEN	04/17/202	03/31/202	04/25/202			585.23	0.00	0.00	585.23 ✓
✓	9148423715	OXYGEN	04/17/202	03/31/202	04/25/202			2,587.69	0.00	0.00	2,587.69 ✓
✓	5507008442	BULK RENTAL	04/17/202	03/31/202	04/25/202			274.03	0.00	0.00	274.03 ✓
✓	5507231675	OXYGEN	04/17/202	04/01/202	04/26/202			190.14	0.00	0.00	190.14 ✓
		LEASE RENTAL									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV						4,943.79	0.00	0.00	4,943.79
A1705	ALIMED INC.	M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	RPSV004244380		04/17/202	03/06/202	03/21/202			973.24	0.00	0.00	973.24 ✓
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.						973.24	0.00	0.00	973.24
14028	AMAZON CAPITAL SERVICES										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	1NN1-GPFQ-HJTG		04/17/202	04/01/202	05/01/202			91.65	0.00	0.00	91.65 ✓
✓	1N1Y-3K94-1QVX	1R67-LV4H-W467	04/17/202	04/02/202	05/02/202			99.28	0.00	0.00	99.28 ✓
✓	1GD4-W1K4-1JJP	SUPPLIES	04/17/202	04/02/202	05/02/202			26.16	0.00	0.00	26.16 ✓
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES						217.09	0.00	0.00	217.09
B1150	BAXTER HEALTHCARE	W									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	82167677		04/17/202	03/28/202	04/22/202			42.75	0.00	0.00	42.75 ✓
✓	82183341	SUPPLIES	04/17/202	04/01/202	04/26/202			631.20	0.00	0.00	631.20 ✓
✓	82182806	SPECTRUM CONTRACT	04/17/202	04/01/202	04/26/202			3,071.40	0.00	0.00	3,071.40 ✓
✓	82199713	LEASE/PUMPS	04/17/202	04/04/202	04/29/202			21.76	0.00	0.00	21.76 ✓
✓	82214621	SUPPLIES	04/17/202	04/09/202	05/04/202			266.63	0.00	0.00	266.63 ✓
✓	82235385	SUPPLIES	04/17/202	04/12/202	05/07/202			480.36	0.00	0.00	480.36 ✓
✓	82243367	SUPPLIES	04/17/202	04/15/202	05/10/202			147.17	0.00	0.00	147.17 ✓

Sales Tax was incl. 2,580.41

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		B1150	BAXTER HEALTHCARE		4,661.27	0.00	0.00	4,661.27		
Vendor#	Vendor Name		Class	Pay Code						
M2485	BAYER HEALTHCARE		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6011082391		04/17/202	03/26/202	04/17/202			1,656.12	0.00	0.00	1,656.12
	SUPPLIES									

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		M2485	BAYER HEALTHCARE		1,656.12	0.00	0.00	1,656.12		
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
111233576		04/01/202	04/01/202	04/26/202			1,045.29	0.00	0.00	1,045.29
	SUPPLIES									
111119408		04/16/202	01/29/202	02/23/202			161.16	0.00	0.00	161.16
	SUPPLIES									
111180933		04/16/202	02/28/202	03/24/202			1,430.89	0.00	0.00	1,430.89
	INVENTORY									
111181916		04/16/202	03/03/202	03/28/202			2,473.18	0.00	0.00	2,473.18
	SUPPLIES									
111182299		04/16/202	03/03/202	03/28/202			4,818.27	0.00	0.00	4,818.27
	SUPPLIES									
5486514		04/16/202	03/25/202	04/19/202			1,337.05	0.00	0.00	1,337.05
	LEASE									
111233887		04/16/202	04/01/202	04/26/202			5,461.33	0.00	0.00	5,461.33
	SUPPLIES									
111237090		04/16/202	04/02/202	04/27/202			862.51	0.00	0.00	862.51
	SUPPLIES									
111238134		04/16/202	04/02/202	04/27/202			87.50	0.00	0.00	87.50
	INVENTORY									
4528778		04/17/202	04/03/202	04/28/202			1,484.00	0.00	0.00	1,484.00
	CONTRACT									
111246691		04/17/202	04/05/202	04/30/202			93.54	0.00	0.00	93.54
	SUPPLIES									
111246713		04/17/202	04/05/202	04/30/202			93.54	0.00	0.00	93.54
	SUPPLIES									

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		B1220	BECKMAN COULTER INC		19,348.26	0.00	0.00	19,348.26		
Vendor#	Vendor Name		Class	Pay Code						
13264	CERVEY, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
27928		04/16/202	04/05/202	04/30/202			1,699.00	0.00	0.00	1,699.00
	MONTHLY FEE									

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		13264	CERVEY, LLC		1,699.00	0.00	0.00	1,699.00		
Vendor#	Vendor Name		Class	Pay Code						
10212	CLINICAL PATHOLOGY LABS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202403-0		04/16/202	04/16/202	04/30/202			20,228.13	0.00	0.00	20,228.13
	LAB SERV									

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10212	CLINICAL PATHOLOGY LABS		20,228.13	0.00	0.00	20,228.13		
Vendor#	Vendor Name		Class	Pay Code						
14080	CORROHEALTH, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
913879		04/16/202	03/31/202	04/30/202			2,295.10	0.00	0.00	2,295.10

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Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14080	CORROHEALTH, INC.		2,295.10	0.00	0.00	2,295.10		
Vendor#	Vendor Name			Class	Pay Code					
14400	CULINARY CONCESSIONS LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00001259		03/31/202	03/31/202	05/04/202			31,560.82	0.00	0.00	31,560.82
	MARCH 24 CONTRACT FEES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14400	CULINARY CONCESSIONS LLC		31,560.82	0.00	0.00	31,560.82		
Vendor#	Vendor Name			Class	Pay Code					
12044	CULLIGAN ULTRAPURE INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03312024		04/17/202	03/31/202	04/22/202			684.65	0.00	0.00	684.65
	WATER									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		12044	CULLIGAN ULTRAPURE INC.		684.65	0.00	0.00	684.65		
Vendor#	Vendor Name			Class	Pay Code					
10060	DETAR HOSPITAL			ICP						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2403021		04/16/202	04/01/202	05/01/202			51.47	0.00	0.00	51.47
	LAB SERV									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10060	DETAR HOSPITAL		51.47	0.00	0.00	51.47		
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
752024-0		04/17/202	04/09/202	05/04/202			628.03	0.00	0.00	628.03
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10368	DEWITT POTH & SON		628.03	0.00	0.00	628.03		
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
MMC041524		04/17/202	04/15/202	04/16/202			97,689.32	0.00	0.00	97,689.32
	PHYSICIAN SERV 4/1 - 4/15/24									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10789	DISCOVERY MEDICAL NETWORK INC		97,689.32	0.00	0.00	97,689.32		
Vendor#	Vendor Name			Class	Pay Code					
15240	ECLINICAL WORKS LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0002900468		04/17/202	04/01/202	05/01/202			477.50	0.00	0.00	477.50
	EMR MONTHLY MESSENGER									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		15240	ECLINICAL WORKS LLC		477.50	0.00	0.00	477.50		
Vendor#	Vendor Name			Class	Pay Code					
11284	EMERGENCY STAFFING SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43128		04/17/202	04/15/202	04/25/202			40,062.50	0.00	0.00	40,062.50
	PHYSICIAN SERV 4/1 - 4/15/24									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11284	EMERGENCY STAFFING SOLUTIONS		40,062.50	0.00	0.00	40,062.50		
Vendor#	Vendor Name			Class	Pay Code					
14708	EQUALIZE RCM SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
535275		04/17/202	04/01/202	05/02/202			5,500.00	0.00	0.00	5,500.00

KPI/REVENUE/AR FEES

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14708	EQUALIZE RCM SERVICES		5,500.00	0.00	0.00	5,500.00		
Vendor#	Vendor Name		Class	Pay Code						
11944	EQUIFAX WORKFORCE SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2059868489		04/17/202	04/08/202	05/08/202			10.99	0.00	0.00	10.99
	CREDIT REPORTING									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11944	EQUIFAX WORKFORCE SOLUTIONS		10.99	0.00	0.00	10.99		
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
T2404151378		04/17/202	04/15/202	05/10/202			8,657.35	0.00	0.00	8,657.35
	BUS SERV									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		C2510	EVIDENT		8,657.35	0.00	0.00	8,657.35		
Vendor#	Vendor Name		Class	Pay Code						
10689	FASTHEALTH CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
04A24MMC		04/17/202	04/01/202	04/16/202			545.00	0.00	0.00	545.00
	WEBSITE									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10689	FASTHEALTH CORPORATION		545.00	0.00	0.00	545.00		
Vendor#	Vendor Name		Class	Pay Code						
13016	FIRST INSURANCE FUNDING									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041224		04/17/202	04/12/202	05/01/202			3,631.39	0.00	0.00	3,631.39
	INSURANCE INSTALLMENT									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		13016	FIRST INSURANCE FUNDING		3,631.39	0.00	0.00	3,631.39		
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
1057647		04/17/202	03/27/202	04/21/202			34.18	0.00	0.00	34.18
	SUPPLIES									
1057645		04/17/202	03/27/202	04/21/202			35.97	0.00	0.00	35.97
	SUPPLIES									
1096598		04/17/202	03/28/202	04/22/202			851.94	0.00	0.00	851.94
	SUPPLIES									
1096599		04/17/202	03/28/202	04/22/202			35.97	0.00	0.00	35.97
	SUPPLIES									
1096601		04/17/202	03/28/202	04/22/202			266.69	0.00	0.00	266.69
	SUPPLIES									
1096600		04/17/202	03/28/202	04/22/202			8.94	0.00	0.00	8.94
	SUPPLIES									
1203959		04/17/202	04/02/202	04/27/202			1,249.48	0.00	0.00	1,249.48
	SUPPLIES									
1203960		04/17/202	04/02/202	04/27/202			1,488.50	0.00	0.00	1,488.50
	SUPPLIES									
1203958		04/17/202	04/02/202	04/27/202			510.28	0.00	0.00	510.28
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		F1400	FISHER HEALTHCARE		4,481.95	0.00	0.00	4,481.95		
Vendor#	Vendor Name		Class	Pay Code						
10283	GE HEALTHCARE									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 6002637801		04/16/202	04/01/202	04/26/202			86.67	0.00	0.00	86.67 ✓
	IMAGING CONTRACT	4/1 - 4/30/24 Senoiris Connect								
✓ 6002637803		04/16/202	04/01/202	04/26/202			61.67	0.00	0.00	61.67 ✓
	IMAGING CONTRACT	4/1 - 4/30/24 VScan extend								
✓ 6002637807		04/16/202	04/01/202	04/26/202			5,665.83	0.00	0.00	5,665.83 ✓
	IMAGING CONTRACT	4/1 - 4/30/24 Revolution EVO								
✓ 6002637802		04/16/202	04/01/202	04/26/202			2,422.50	0.00	0.00	2,422.50 ✓
	IMAGING CONTRACT	4/1 - 4/30/24 mobile Optima/Flash Pad								
✓ 6002637800		04/16/202	04/01/202	04/26/202			3,588.58	0.00	0.00	3,588.58 ✓
	IMAGING CONTRACT	4/1 - 4/30/24 svc - Pristin								
✓ 6002638150		04/16/202	04/01/202	04/26/202			998.34	0.00	0.00	998.34 ✓
	IMAGING CONTRACT	4/1 - 4/30/24 Logiq Expert								
✓ 202911984		04/17/202	04/12/202	05/07/202			51.95	0.00	0.00	51.95 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10283	GE HEALTHCARE				12,875.54	0.00	0.00	12,875.54
Vendor#	Vendor Name	Class		Pay Code						
12404	✓ GE PRECISION HEALTHCARE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 6002638131		04/17/202	04/01/202	05/01/202			204.83	0.00	0.00	204.83 ✓
	MEDRAD STELLANT									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12404	GE PRECISION HEALTHCARE, LLC				204.83	0.00	0.00	204.83
Vendor#	Vendor Name	Class		Pay Code						
11984	✓ GUERBET, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 18750848		04/17/202	04/11/202	04/17/202			700.00	0.00	0.00	700.00 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11984	GUERBET, LLC				700.00	0.00	0.00	700.00
Vendor#	Vendor Name	Class		Pay Code						
G1210	✓ GULF COAST PAPER COMPANY	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2522255		04/17/202	04/09/202	05/09/202			815.29	0.00	0.00	815.29 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				815.29	0.00	0.00	815.29
Vendor#	Vendor Name	Class		Pay Code						
11552	✓ HEALTHCARE FINANCIAL SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 100875752		04/17/202	04/01/202	05/01/202			4,610.52	0.00	0.00	4,610.52 ✓
	LEASE									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11552	HEALTHCARE FINANCIAL SERVICES				4,610.52	0.00	0.00	4,610.52
Vendor#	Vendor Name	Class		Pay Code						
10829	✓ HEALTHSTREAM, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 351131		04/17/202	03/22/202	04/21/202			120.96	0.00	0.00	120.96 ✓
	HSTREAM ANNUAL	3/1/24 - 2/28/25								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10829	HEALTHSTREAM, INC.				120.96	0.00	0.00	120.96
Vendor#	Vendor Name	Class		Pay Code						
14916	✓ HEWLETT-PACKARD									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 601065681		04/17/202	04/05/202	05/01/202			573.53	0.00	0.00	573.53 ✓

RENTAL

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14916	HEWLETT-PACKARD	573.53	0.00	0.00	573.53

Vendor#	Vendor Name	Class	Pay Code
H1399	HILL-ROM COMPANY, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1850141		04/17/202	04/04/202	04/17/202			255.67	0.00	0.00	255.67

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	255.67	0.00	0.00	255.67

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10884336		04/17/202	03/27/202	04/17/202			472.50	0.00	0.00	472.50

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	472.50	0.00	0.00	472.50

Vendor#	Vendor Name	Class	Pay Code
15208	HOSPITAL CARE CONSULTANTS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6490		04/17/202	04/15/202	04/25/202			23,663.00	0.00	0.00	23,663.00

HOSPITALIST 4/1 - 4/15/24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	23,663.00	0.00	0.00	23,663.00

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5937		04/16/202	03/31/202	04/20/202			15,004.03	0.00	0.00	15,004.03

PHARM SALARY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	15,004.03	0.00	0.00	15,004.03

Vendor#	Vendor Name	Class	Pay Code
14976	INOVALON PROVIDER INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24M-0046682		04/17/202	04/05/202	05/05/202			736.56	0.00	0.00	736.56

SCHEDULING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14976	INOVALON PROVIDER INC.	736.56	0.00	0.00	736.56

Vendor#	Vendor Name	Class	Pay Code
11312	INRAD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
943561		04/17/202	04/10/202	04/17/202			155.00	0.00	0.00	155.00

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11312	INRAD	155.00	0.00	0.00	155.00

Vendor#	Vendor Name	Class	Pay Code
I1260	INTOXIMETERS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
757412		04/17/202	04/02/202	04/27/202			60.00	0.00	0.00	60.00

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC	60.00	0.00	0.00	60.00

Vendor#	Vendor Name	Class	Pay Code
15404	JACKSON COUNTY HOSPITAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100		04/17/202	04/08/202	04/28/202			89.62	0.00	0.00	89.62

INVENTORY

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		15404	JACKSON COUNTY HOSPITAL		89.62	0.00	0.00	89.62		
Vendor#	Vendor Name		Class	Pay Code						
14540	JINDAL X LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024-25-005		04/17/202	03/17/202	05/01/202			9,000.00	0.00	0.00	9,000.00
	REVENUE CYCLE MGT			3/1 - 3/31/24						
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		14540	JINDAL X LLC		9,000.00	0.00	0.00	9,000.00		
Vendor#	Vendor Name		Class	Pay Code						
L0700	LABCORP OF AMERICA HOLDINGS		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12302023		04/17/202	12/30/202	01/24/202			22.33	0.00	0.00	22.33
	SHORTPAID INV									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		L0700	LABCORP OF AMERICA HOLDINGS		22.33	0.00	0.00	22.33		
Vendor#	Vendor Name		Class	Pay Code						
11600	LEGAL SHIELD									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041524		04/17/202	04/15/202	04/16/202			624.35	0.00	0.00	624.35
	PAYROLL DEDUCT									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		11600	LEGAL SHIELD		624.35	0.00	0.00	624.35		
Vendor#	Vendor Name		Class	Pay Code						
15200	MANAGED CARE PARTNERS INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6392		04/17/202	04/01/202	05/01/202			500.00	0.00	0.00	500.00
	MAY PROF FEES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		15200	MANAGED CARE PARTNERS INC.		500.00	0.00	0.00	500.00		
Vendor#	Vendor Name		Class	Pay Code						
R1452	MARISSA ALMANZAR		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041124		04/16/202	04/11/202	04/20/202			250.84	0.00	0.00	250.84
	TORCH CONFERENCE									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		R1452	MARISSA ALMANZAR		250.84	0.00	0.00	250.84		
Vendor#	Vendor Name		Class	Pay Code						
M2178	MCKESSON MEDICAL SURGICAL INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
21898274		04/17/202	03/28/202	04/12/202			41.55	0.00	0.00	41.55
	SUPPLIES									
21919469		04/17/202	04/01/202	04/16/202			229.33	0.00	0.00	229.33
	SUPPLIES									
21942767		04/17/202	04/08/202	04/23/202			176.93	0.00	0.00	176.93
	SUPPLIES									
21954849		04/17/202	04/09/202	04/24/202			615.05	0.00	0.00	615.05
	SUPPLIES									
21932376		04/17/202	04/17/202	05/02/202			462.11	0.00	0.00	462.11
	SUPPLIES									
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		M2178	MCKESSON MEDICAL SURGICAL INC		1,524.97	0.00	0.00	1,524.97		
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

✓	2312733345		04/17/202	03/27/202	04/21/202		778.65	0.00	0.00	778.65	✓	
		SUPPLIES										
✓	2313357010		04/17/202	04/02/202	04/27/202		28.70	0.00	0.00	28.70	✓	
		SUPPLIES										
✓	2313357012		04/17/202	04/02/202	04/27/202		56.72	0.00	0.00	56.72	✓	
		SUPPLIES										
✓	2313357011		04/17/202	04/02/202	04/27/202		158.88	0.00	0.00	158.88	✓	
		SUPPLIES										
✓	2313616429		04/17/202	04/03/202	04/28/202		392.75	0.00	0.00	392.75	✓	
		SUPPLIES										
✓	2313616425		04/17/202	04/03/202	04/28/202		418.05	0.00	0.00	418.05	✓	
		SUPPLIES										
✓	2313616428		04/17/202	04/03/202	04/28/202		54.89	0.00	0.00	54.89	✓	
		SUPPLIES										
✓	2313616427		04/17/202	04/03/202	04/28/202		98.28	0.00	0.00	98.28	✓	
		SUPPLIES										
✓	2313616432		04/17/202	04/03/202	04/28/202		2.79	0.00	0.00	2.79	✓	
		SUPPLIES										
✓	2313616426		04/17/202	04/03/202	04/28/202		165.27	0.00	0.00	165.27	✓	
		SUPPLIES										
✓	2313813253		04/17/202	04/04/202	04/29/202		-2.56	0.00	0.00	-2.56	✓	
		SUPPLIES										
✓	2314427705		04/17/202	04/09/202	05/04/202		564.94	0.00	0.00	564.94	✓	
		SUPPLIES										
✓	2315169222		04/17/202	04/13/202	05/08/202		-20.99	0.00	0.00	-20.99	✓	
		CREDIT										
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							M2470	MEDLINE INDUSTRIES INC	2,696.37	0.00	0.00	2,696.37
Vendor#	Vendor Name		Class	Pay Code								
M2550	✓ MELSTAN, INC.			W								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	090152		04/16/202	03/19/202	03/29/202			238.80	0.00	0.00	238.80	
		SUPPLIES									✓	
✓	091633		04/16/202	03/26/202	04/05/202			79.60	0.00	0.00	79.60	
		SUPPLIES									✓	
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							M2550	MELSTAN, INC.	318.40	0.00	0.00	318.40
Vendor#	Vendor Name		Class	Pay Code								
12720	✓ MIMI NGUYEN											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	041124		04/18/202	04/11/202	04/20/202			583.83	0.00	0.00	583.83	
		TRAVEL/TORCH									✓	
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							12720	MIMI NGUYEN	583.83	0.00	0.00	583.83
Vendor#	Vendor Name		Class	Pay Code								
11972	✓ MOMENTUM RENTAL & SALES											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	165301-1		04/17/202	02/22/202	03/23/202			23.69	0.00	0.00	23.69	
		SUPPLIES									✓	
Vendor Totals:							Number	Name	Gross	Discount	No-Pay	Net
							11972	MOMENTUM RENTAL & SALES	23.69	0.00	0.00	23.69
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	
✓	1860793		04/16/202	04/10/202	04/20/202			11,416.40	0.00	0.00	11,416.40	
		INVENTORY									✓	

✓ 1860792		04/16/202	04/10/202	04/20/202	28.34	0.00	0.00	28.34	✓
	INVENTORY								
✓ 1859974		04/16/202	04/10/202	04/20/202	282.26	0.00	0.00	282.26	✓
✓ 1858086		04/16/202	04/10/202	04/20/202	139.61	0.00	0.00	139.61	✓
	INVENTORY								
✓ CM17004		04/16/202	04/10/202	04/20/202	-216.45	0.00	0.00	-216.45	✓
	CREDIT								
✓ 1861092		04/16/202	04/10/202	04/20/202	41.07	0.00	0.00	41.07	✓
	INVENTORY								
✓ 1861091		04/16/202	04/10/202	04/20/202	748.45	0.00	0.00	748.45	✓
	INVENTORY								
✓ 1863297		04/16/202	04/11/202	04/21/202	325.55	0.00	0.00	325.55	✓
	INVENTORY								
✓ 1865752		04/16/202	04/11/202	04/21/202	174.93	0.00	0.00	174.93	✓
	INVENTORY								
✓ 1865753		04/16/202	04/11/202	04/21/202	3,017.87	0.00	0.00	3,017.87	✓
	INVENTORY								
✓ 1867915		04/16/202	04/12/202	04/22/202	17,340.90	0.00	0.00	17,340.90	✓
	INVENTORY								
✓ 1867878		04/16/202	04/12/202	04/22/202	2,524.99	0.00	0.00	2,524.99	✓
	INVENTORY								
✓ 1873434		04/16/202	04/14/202	04/24/202	879.59	0.00	0.00	879.59	✓
	INVENTORY								
✓ 1870985		04/16/202	04/14/202	04/24/202	0.39	0.00	0.00	0.39	✓
	INVENTORY								
✓ 1872441		04/16/202	04/14/202	04/24/202	1,650.10	0.00	0.00	1,650.10	✓
	INVENTORY								
✓ 1870983		04/16/202	04/14/202	04/24/202	3,961.04	0.00	0.00	3,961.04	✓
	INVENTORY								
✓ 1872439		04/16/202	04/14/202	04/24/202	136.36	0.00	0.00	136.36	✓
	INVENTORY								
✓ 1872440		04/16/202	04/14/202	04/24/202	646.55	0.00	0.00	646.55	✓
	INVENTORY								
✓ 1870984		04/16/202	04/14/202	04/24/202	76.49	0.00	0.00	76.49	✓
	INVENTORY								
✓ 1878026		04/16/202	04/15/202	04/25/202	114.98	0.00	0.00	114.98	✓
	INVENTORY								
✓ CM18316		04/16/202	04/15/202	04/25/202	-2,141.64	0.00	0.00	-2,141.64	✓
	CREDIT								
✓ 1874324		04/16/202	04/15/202	04/25/202	1,085.75	0.00	0.00	1,085.75	✓
	INVENTORY								
✓ 1874961		04/16/202	04/15/202	04/25/202	32.72	0.00	0.00	32.72	✓
	INVENTORY								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	42,266.25	0.00	0.00	42,266.25

Vendor#	Vendor Name	Class	Pay Code
15224	MUTUAL OF OMAHA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 001676222959		04/17/202	03/18/202	04/01/202			25,595.83	0.00	0.00	25,595.83
	INSURANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	25,595.83	0.00	0.00	25,595.83

Vendor#	Vendor Name	Class	Pay Code							
13548	NACOGDOCHES TRANSCRIPTION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓ 8305				04/17/202	03/11/202	03/21/202		181.16	0.00	0.00	181.16 ✓
				2/17/24 - 3/1/24							
✓ 8349				04/17/202	04/17/202	04/27/202		114.06	0.00	0.00	114.06 ✓
				TRANSCRIPTION 3/30 - 4/12/24							
Vendor Totals:			Number	Name			Gross	Discount	No-Pay	Net	
			13548	NACOGDOCHES TRANSCRIPTION			295.22	0.00	0.00	295.22	
Vendor#	Vendor Name		Class	Pay Code							
12096	✓ NEOGENOMICS LABORATORIES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 7416369		04/16/202	03/31/202	04/30/202			240.00	0.00	0.00	240.00 ✓
		LAB SERV									
Vendor Totals:			Number	Name			Gross	Discount	No-Pay	Net	
			12096	NEOGENOMICS LABORATORIES			240.00	0.00	0.00	240.00	
Vendor#	Vendor Name		Class	Pay Code							
11472	✓ OCCUPRO LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 35167		04/17/202	04/07/202	05/07/202			472.50	0.00	0.00	472.50 ✓
		MONTHLY LICENSE									
Vendor Totals:			Number	Name			Gross	Discount	No-Pay	Net	
			11472	OCCUPRO LLC			472.50	0.00	0.00	472.50	
Vendor#	Vendor Name		Class	Pay Code							
O1500	✓ OLYMPUS AMERICA INC		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 36044648		04/17/202	04/07/202	05/02/202			1,125.00	0.00	0.00	1,125.00 ✓
		CONTRACT									
Vendor Totals:			Number	Name			Gross	Discount	No-Pay	Net	
			O1500	OLYMPUS AMERICA INC			1,125.00	0.00	0.00	1,125.00	
Vendor#	Vendor Name		Class	Pay Code							
O1416	✓ ORTHO CLINICAL DIAGNOSTICS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 1853471784		04/17/202	04/01/202	05/01/202			1,094.44	0.00	0.00	1,094.44 ✓
		SUPPLIES									
	✓ 1853471783		04/17/202	04/01/202	05/01/202			752.16	0.00	0.00	752.16 ✓
		SUPPLIES									
Vendor Totals:			Number	Name			Gross	Discount	No-Pay	Net	
			O1416	ORTHO CLINICAL DIAGNOSTICS			1,846.60	0.00	0.00	1,846.60	
Vendor#	Vendor Name		Class	Pay Code							
11155	✓ PARAREV										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 914149		04/17/202	04/01/202	05/01/202			3,084.00	0.00	0.00	3,084.00 ✓
		REVENUE/DATA MAINT									
Vendor Totals:			Number	Name			Gross	Discount	No-Pay	Net	
			11155	PARAREV			3,084.00	0.00	0.00	3,084.00	
Vendor#	Vendor Name		Class	Pay Code							
10152	✓ PARTSSOURCE, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 05194661		04/17/202	03/25/202	04/24/202			152.90	0.00	0.00	152.90 ✓
		SUPPLIES									
Vendor Totals:			Number	Name			Gross	Discount	No-Pay	Net	
			10152	PARTSSOURCE, LLC			152.90	0.00	0.00	152.90	
Vendor#	Vendor Name		Class	Pay Code							
P1800	✓ PITNEY BOWES INC		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 1025057929		04/17/202	03/27/202	04/26/202			172.50	0.00	0.00	172.50 ✓
		POSTAGE									
	✓ 1025061986		04/17/202	03/27/202	04/26/202			104.99	0.00	0.00	104.99 ✓

INK CARTG

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		P1800	PITNEY BOWES INC				277.49	0.00	0.00	277.49	
Vendor#	Vendor Name			Class	Pay Code						
11080	RADSOURCE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PSI001488		04/17/202	04/12/202	05/07/202			1,791.67	0.00	0.00	1,791.67
		SAMSUNG GC80									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11080	RADSOURCE				1,791.67	0.00	0.00	1,791.67	
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
	22782		04/17/202	04/15/202	04/25/202			180.00	0.00	0.00	180.00
		BANNER									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11251	RAPID PRINTING LLC				180.00	0.00	0.00	180.00	
Vendor#	Vendor Name			Class	Pay Code						
S1800	SHERWIN WILLIAMS			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	033124		04/15/202	04/02/202	05/04/202			186.22	0.00	0.00	186.22
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		S1800	SHERWIN WILLIAMS				186.22	0.00	0.00	186.22	
Vendor#	Vendor Name			Class	Pay Code						
S2345	SOUTHEAST TEXAS HEALTH SYS			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	26907		04/16/202	04/05/202	05/05/202			5,000.00	0.00	0.00	5,000.00
		APRIL-JUNE 24 DUES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		S2345	SOUTHEAST TEXAS HEALTH SYS				5,000.00	0.00	0.00	5,000.00	
Vendor#	Vendor Name			Class	Pay Code						
10094	ST DAVIDS HEALTHCARE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMCP2024-02		03/29/202	03/29/202	05/04/202			420.00	0.00	0.00	420.00
		FEB 24 CONECTIVITY FEE									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10094	ST DAVIDS HEALTHCARE				420.00	0.00	0.00	420.00	
Vendor#	Vendor Name			Class	Pay Code						
S2830	STRYKER SALES CORP			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9205968550		04/17/202	04/11/202	04/17/202			3,628.40	0.00	0.00	3,628.40
		SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		S2830	STRYKER SALES CORP				3,628.40	0.00	0.00	3,628.40	
Vendor#	Vendor Name			Class	Pay Code						
T2539	T-SYSTEM, INC			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	913548		04/16/202	03/31/202	04/30/202			6,130.42	0.00	0.00	6,130.42
		PHYSICIAN TRACKING									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		T2539	T-SYSTEM, INC				6,130.42	0.00	0.00	6,130.42	
Vendor#	Vendor Name			Class	Pay Code						
14856	TEXAS A&M										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	H182596		04/17/202	04/02/202	05/01/202			2,625.00	0.00	0.00	2,625.00

APR-JUNE 24 SERV

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14856	TEXAS A&M				2,625.00	0.00	0.00	2,625.00
Vendor#	Vendor Name			Class		Pay Code				
15244	TEXAS ELITE THERAPY TEAM LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	032924		04/16/202	03/29/202	04/29/202		13,700.00	0.00	0.00	13,700.00
		THERAPY								✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15244	TEXAS ELITE THERAPY TEAM LLC				13,700.00	0.00	0.00	13,700.00
Vendor#	Vendor Name			Class		Pay Code				
15396	THIRD COAST DISTRIBUTING LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	040124		04/17/202	04/01/202	04/25/202		494.39	0.00	0.00	494.39
		SUPPLIES								✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15396	THIRD COAST DISTRIBUTING LLC				494.39	0.00	0.00	494.39
Vendor#	Vendor Name			Class		Pay Code				
14372	TRIAGE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	INV1796940969		04/17/202	03/29/202	04/28/202		3,467.50	0.00	0.00	3,467.50
		S SHAW								✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14372	TRIAGE, LLC				3,467.50	0.00	0.00	3,467.50
Vendor#	Vendor Name			Class		Pay Code				
U1064	UNIFIRST HOLDINGS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	2921029083		04/16/202	04/04/202	04/29/202		111.61	0.00	0.00	111.61
		LAUNDRY								✓
✓	2921029080		04/16/202	04/04/202	04/29/202		315.65	0.00	0.00	315.65
		LAUNDRY								✓
✓	2921029077		04/16/202	04/04/202	04/29/202		203.68	0.00	0.00	203.68
		LAUNDRY								✓
✓	2921029079		04/16/202	04/04/202	04/29/202		37.45	0.00	0.00	37.45
		LAUNDRY								✓
✓	2921029081		04/16/202	04/04/202	04/29/202		282.90	0.00	0.00	282.90
		LAUNDRY								✓
✓	2921029076		04/16/202	04/04/202	04/29/202		119.16	0.00	0.00	119.16
		LAUNDRY								✓
✓	2921029082		04/16/202	04/04/202	04/29/202		254.88	0.00	0.00	254.88
		LAUNDRY								✓
✓	2921029078		04/16/202	04/04/202	04/29/202		2,835.70	0.00	0.00	2,835.70
		LAUNDRY								✓
✓	2921029319		04/16/202	04/08/202	05/03/202		102.07	0.00	0.00	102.07
		LAUNDRY								✓
✓	2921029318		04/16/202	04/08/202	05/03/202		2,688.68	0.00	0.00	2,688.68
		LAUNDRY								✓
✓	2921029862		04/16/202	04/15/202	05/10/202		102.07	0.00	0.00	102.07
		LAUNDRY								✓
✓	2921029861		04/16/202	04/15/202	05/10/202		3,210.76	0.00	0.00	3,210.76
		LAUNDRY								✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				10,264.61	0.00	0.00	10,264.61
Vendor#	Vendor Name			Class		Pay Code				
11018	WEBPT, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

✓	INV-512691		04/17/202	04/12/202	04/13/202		23.67	0.00	0.00	23.67	
	APPT REMINDERS										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	11018	WEBPT, INC					23.67	0.00	0.00	23.67 ✓	
Vendor#	Vendor Name		Class	Pay Code							
11400	✓ WEST COAST MEDICAL RESOURCES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ INV111970		04/17/202	04/09/202	04/17/202			38.00	0.00	0.00	38.00 ✓
		SUPPLIES									
	✓ INV112040		04/17/202	04/10/202	04/17/202			348.00	0.00	0.00	348.00 ✓
		SUPPLIES									
	✓ INV112048		04/17/202	04/10/202	04/17/202			30.00	0.00	0.00	30.00 ✓
		SUPPLIES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	11400	WEST COAST MEDICAL RESOURCES					416.00	0.00	0.00	416.00	
Vendor#	Vendor Name		Class	Pay Code							
W1363	✓ WOLTERS KLUWER			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ IN-PS-121352		04/16/202	04/15/202	04/16/202			13,501.33	0.00	0.00	13,501.33
		5 YR CONTRACT SENTRI 7 BUND									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	W1363	WOLTERS KLUWER					13,501.33	0.00	0.00	13,501.33 ✓	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	463,069.80	0.00	0.00	463,069.80

463,069.80 +
 Sales Tax - 7.28 -
 463,062.52

- \$7.28 sales tax
 Inv# 9148428715
 Airgas USA

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

CK# 203819
 - 203893

0

RUN DATE:04/22/24
 TIME:11:08

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

PAGE 1
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BANK--CHECK--

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203819	04/24/24	4,936.51	AIRGAS USA, LLC - CENTRAL DIV
A/P	203820	04/24/24	973.24	ALIMED INC.
A/P	203821	04/24/24	217.09	AMAZON CAPITAL SERVICES
A/P	203822	04/24/24	4,661.27	BAXTER HEALTHCARE
A/P	203823	04/24/24	1,656.12	BAYER HEALTHCARE
A/P	203824	04/24/24	19,348.26	BECKMAN COULTER INC
A/P	203825	04/24/24	1,699.00	CERVEY, LLC
A/P	203826	04/24/24	20,228.13	CLINICAL PATHOLOGY LABS
A/P	203827	04/24/24	2,295.10	CORROHEALTH, INC.
A/P	203828	04/24/24	31,560.82	CULINARY CONCESSIONS LLC
A/P	203829	04/24/24	684.65	CULLIGAN ULTRAPURE INC.
A/P	203830	04/24/24	51.47	DETAR HOSPITAL
A/P	203831	04/24/24	628.03	DEWITT POTH & SON
A/P	203832	04/24/24	97,689.32	DISCOVERY MEDICAL NETWORK INC
A/P	203833	04/24/24	477.50	ECLINICAL WORKS LLC
A/P	203834	04/24/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	203835	04/24/24	5,500.00	EQUALIZE RCM SERVICES
A/P	203836	04/24/24	10.99	EQUIPAX WORKFORCE SOLUTIONS
A/P	203837	04/24/24	8,657.35	EVIDENT
A/P	203838	04/24/24	545.00	FASTHEALTH CORPORATION
A/P	203839	04/24/24	3,631.39	FIRST INSURANCE FUNDING
A/P	203840	04/24/24	.00	VOIDED
A/P	203841	04/24/24	4,481.95	FISHER HEALTHCARE
A/P	203842	04/24/24	12,875.54	GE HEALTHCARE
A/P	203843	04/24/24	204.83	GE PRECISION HEALTHCARE, LLC
A/P	203844	04/24/24	700.00	GUERBET, LLC
A/P	203845	04/24/24	815.29	GULF COAST PAPER COMPANY
A/P	203846	04/24/24	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	203847	04/24/24	120.96	HEALTHSTREAM, INC.
A/P	203848	04/24/24	573.53	HEWLETT-PACKARD
A/P	203849	04/24/24	255.67	HILL-ROM COMPANY, INC
A/P	203850	04/24/24	472.50	HOLOGIC INC
A/P	203851	04/24/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	203852	04/24/24	15,004.03	HUNTER PHARMACY SERVICES
A/P	203853	04/24/24	736.56	INOVALON PROVIDER INC.
A/P	203854	04/24/24	155.00	INRAD
A/P	203855	04/24/24	60.00	INTOXIMETERS INC
A/P	203856	04/24/24	89.62	JACKSON COUNTY HOSPITAL
A/P	203857	04/24/24	9,000.00	JINDAL X LLC
A/P	203858	04/24/24	22.33	LABCORP OF AMERICA HOLDINGS
A/P	203859	04/24/24	624.35	LEGAL SHIELD
A/P	203860	04/24/24	500.00	MANAGED CARE PARTNERS INC.
A/P	203861	04/24/24	250.84	MARISSA ALMANZAR
A/P	203862	04/24/24	1,524.97	MCKESSON MEDICAL SURGICAL INC
A/P	203863	04/24/24	.00	VOIDED
A/P	203864	04/24/24	2,696.37	MEDLINE INDUSTRIES INC
A/P	203865	04/24/24	318.40	MELSTAN, INC.
A/P	203866	04/24/24	583.83	MIMI NGUYEN
A/P	203867	04/24/24	23.69	MOMENTUM RENTAL & SALES
A/P	203868	04/24/24	.00	VOIDED

RUN DATE:04/22/24
TIME:11:08

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

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203869	04/24/24	42,266.25	MORRIS & DICKSON CO, LLC
A/P	203870	04/24/24	25,595.83	MUTUAL OF OMAHA
A/P	203871	04/24/24	295.22	NACOGDOCHES TRANSCRIPTION
A/P	203872	04/24/24	240.00	NEOGENOMICS LABORATORIES
A/P	203873	04/24/24	472.50	OCCUPRO LLC
A/P	203874	04/24/24	1,125.00	OLYMPUS AMERICA INC
A/P	203875	04/24/24	1,846.60	ORTHO CLINICAL DIAGNOSTICS
A/P	203876	04/24/24	3,084.00	PARAREV
A/P	203877	04/24/24	152.90	PARTSSOURCE, LLC
A/P	203878	04/24/24	277.49	PITNEY BOWES INC
A/P	203879	04/24/24	1,791.67	RADSOURCE
A/P	203880	04/24/24	180.00	RAPID PRINTING LLC
A/P	203881	04/24/24	186.22	SHERWIN WILLIAMS
A/P	203882	04/24/24	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	203883	04/24/24	420.00	ST DAVIDS HEALTHCARE
A/P	203884	04/24/24	3,628.40	STRYKER SALES CORP
A/P	203885	04/24/24	6,130.42	T-SYSTEM, INC
A/P	203886	04/24/24	2,625.00	TEXAS A&M
A/P	203887	04/24/24	13,700.00	TEXAS ELITE THERAPY TEAM LLC
A/P	203888	04/24/24	494.39	THIRD COAST DISTRIBUTING LLC
A/P	203889	04/24/24	3,467.50	TRIAGE, LLC
A/P	203890	04/24/24	10,264.61	UNIFIRST HOLDINGS INC
A/P	203891	04/24/24	23.67	WEBPT, INC
A/P	203892	04/24/24	416.00	WEST COAST MEDICAL RESOURCES
A/P	203893	04/24/24	13,501.33	WOLTERS KLUWER
A/P	203894	04/24/24	78,942.20	BETHANY SENIOR LIVING
A/P	203895	04/24/24	104,787.55	GOLDENCREEK HEALTHCARE
A/P	203896	04/24/24	3,060.00	SOLERA WEST HOUSTON
A/P	203897	04/24/24	6,036.00	THE CRESCENT
A/P	203898	04/24/24	7,679.91	TUSCANY VILLAGE
TOTALS:			663,568.18	

APPROVED ON

APR 24 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 63,062.52 +
NHXERS 200,505.66 +
663,568.18 ◊

8

RUN DATE:04/18/24
TIME:16:32

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/16/24 THRU 04/16/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P 203818 04/16/24 785.36 NICOLE BARNETT

TOTALS: 785.36

APPROVED ON

APR 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P
A
Y
E
E

Nicole Barnett

DATE REQUESTED:

4/16/2024

CHK 203818
APPROVED
ON

APR 16 2024

AMOUNT:

\$785.36 ✓

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

40000001

EXPLANATION:

Returned ACH from paycheck on 4/12/2024.

REQUESTED BY:

Andoni Flores

AUTHORIZED BY:

Andrew D. ...

4/16/24

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: 04/19/2024 Page: 002
 Mail to: Comp: 8000

Customer: 632536
 Date: 04/20/2024

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 632536 PLEASE CHECK ANY
 Date: 04/20/2024 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

		Subtotals:	1,644.25	USD		
Amount Due:	0.00				Due If Paid On Time:	
		If Paid By 04/23/2024,			USD	1,611.37 ✓✓
Amount Due:	0.00	Pay This Amount:	1,611.37	USD	Disc lost if paid late:	32.88
Amount Payment	2,451.97	If Paid After 04/23/2024,			Due If Paid Late:	
07/2017		Pay this Amount:	1,644.25	USD	USD	1,644.25

✓ Andrew D. Santos
 4/22/24

1,572.50 +
 14.38 +
 2.75 +
 21.74 +
 1,611.37 ◊

APPROVED ON
 APR 22 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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: 04/20/2024

As of: 04/19/2024
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 04/20/2024

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
4/15/2024	04/23/2024	7490054570	112639368	115Invoice	1.34	66.99		65.65 X		7490054570	✓
4/15/2024	04/23/2024	7490054572	112639368	115Invoice	3.75	187.61		183.86 X		7490054572	✓
4/15/2024	04/23/2024	7490054575	112716669	115Invoice	3.73	186.35		182.62 X		7490054575	✓
4/15/2024	04/23/2024	7490312649	112645966	195Invoice	1.88	94.24		92.36 X		7490312649	✓
4/16/2024	04/23/2024	7490632879	112884658	195Invoice	1.88	94.24		92.36 X		7490632879	✓
4/17/2024	04/23/2024	7490672007	112941228	115Invoice	3.73	186.35		182.62 X		7490672007	✓
4/17/2024	04/23/2024	7490672008	112952239	115Invoice		0.10		0.10 X		7490672008	✓
4/17/2024	04/23/2024	7490672009	113031048	115Invoice	9.68	484.10		474.42 X		7490672009	✓
4/17/2024	04/23/2024	7490672011	113031048	115Invoice	1.34	66.99		65.65 X		7490672011	✓
4/17/2024	04/23/2024	7490672012	113091601	115Invoice	1.00	50.24		49.24 X		7490672012	✓
4/17/2024	04/23/2024	7490857881	113037783	195Invoice	0.47	23.56		23.09 X		7490857881	✓
4/17/2024	04/23/2024	7490857882	112916078	115Invoice	0.08	3.80		3.72 X		7490857882	✓
4/18/2024	04/23/2024	7490954318	113163410	115Invoice	0.01	0.49		0.48 X		7490954318	✓
4/18/2024	04/23/2024	7490965311	113240389	115Invoice		0.16		0.16 X		7490965311	✓
4/18/2024	04/23/2024	7491130438	113169392	195Invoice	0.01	0.32		0.31 X		7491130438	✓
4/19/2024	04/23/2024	7491229703	113278317	115Invoice	0.01	0.32		0.31 X		7491229703	✓
4/19/2024	04/23/2024	7491229704	113346844	115Invoice	3.16	157.78		154.62 X		7491229704	✓
4/19/2024	04/23/2024	7491406230	113284483	195Invoice	0.02	0.95		0.93 X		7491406230	✓

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

TOTAL:

Subtotals: 1,604.59 USD

Future Due: 0.00
Past Due: 0.00
Total Payment 4/15/2024: 3,102.26

APPROVED
APR 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

If Paid By 04/23/2024,
Pay This Amount: 1,572.50 USD
If Paid After 04/23/2024,
Pay this Amount: 1,604.59 USD

Due If Paid On Time:
USD 1,572.50 ✓
Disc lost if paid late: 32.09
Due If Paid Late:
USD 1,604.59

✓
Andrew Santos
4/22/24

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 04/20/2024

As of: 04/19/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 04/20/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813	HEB PHCY 0434/MEM MED PHS										
4/19/2024	04/23/2024	7491221790	3891494	115 Invoice	0.29	14.67		14.38	X	7491221790	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS
Subtotals: 14.67 USD

Future Due:	0.00	If Paid By 04/23/2024,	Due If Paid On Time:	
Past Due:	0.00	Pay This Amount:	USD	14.38 X
Fast Payment 4/08/2024	4,329.78	If Paid After 04/23/2024,	Disc lost if paid late:	0.29 ✓
		Pay this Amount:	Due If Paid Late:	USD 14.67 ✓

APPROVED ON
APR 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DeFos Santos
4/22/24

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: 04/20/2024

As of: 04/19/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 04/20/2024 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 835434	CVS PHCY 8923/MEM MC PHS										
4/17/2024	04/23/2024	7490747260	3183252	115Invoice	0.06	2.81		2.75 X		7490747260	✓

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: 2.81 USD

Future Due: 0.00

If Paid By 04/23/2024,

Due If Paid On Time:

USD 2.75 X ✓

Past Due: 0.00

Pay This Amount:

2.75 USD

Disc lost if paid late:

0.06 ✓

First Payment 3,102.26

If Paid After 04/23/2024,

Due If Paid Late:

4/15/2024 Pay this Amount: 2.81 USD

USD 2.81

APPROVED ON

APR 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew De los Santos
4/22/24

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 04/20/2024

As of: 04/19/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 04/20/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
01/17/2024	04/23/2024	7490904089	3181116	115 Invoice	0.44	22.18		21.74 X		7490904089	

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

TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS
Subtotals: 22.18 USD

Future Due:	0.00	If Paid By 04/23/2024,	Due If Paid On Time:
Latest Due:	0.00	Pay This Amount:	USD 21.74 X ✓
Latest Payment 01/08/2024	4,329.78	If Paid After 04/23/2024,	Disc lost if paid late: 0.44 ✓
		Pay this Amount:	Due If Paid Late: USD 22.18

APPROVED ON
APR 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew Dolezal Santos
4/22/24

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary
Not Yet Due: 0.00
Current: 303.90
Past Due: 0.00
Total Due: 303.90
Account Balance: 303.90

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-15-2024	04-26-2024	3171552597	7006234812	Invoice	48.55 x	✓	0.00	48.55
04-15-2024	04-26-2024	3171552598	7006244153	Invoice	100.08 x	✓	0.00	100.08
04-15-2024	04-26-2024	3171552599	7006255135	Invoice	89.68 x	✓	0.00	89.68
04-15-2024	04-26-2024	3171553420	7006255301	Invoice	7.97 x	✓	0.00	7.97
04-16-2024	04-26-2024	3171741993	7006262589	Invoice	13.06 x	✓	0.00	13.06
04-17-2024	04-26-2024	3171899492	7006270356	Invoice	21.67 x	✓	0.00	21.67
04-18-2024	04-26-2024	3172053362	7006281187	Invoice	16.01 x	✓	0.00	16.01
04-19-2024	04-26-2024	3172204343	7006289509	Invoice	6.88 x	✓	0.00	6.88

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
303.90	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
04-15-2024	(679.53)
04-19-2024	(678.99)

APPROVED ON
APR 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
04-26-2024 ✓	303.90
Total Due:	303.90 ✓

✓ ✓ Andrew Estessantes
4/22/24

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

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

<input type="checkbox"/> "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ### <input type="text"/>
<input type="checkbox"/> "ENTER YOUR 4-DIGIT PIN"	<input type="text"/>
<input type="checkbox"/> "MAKE A PAYMENT, PRESS 1"	<input type="text" value="1"/>
<input type="checkbox"/> "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ <input type="text" value="941"/> #
<input type="checkbox"/> "IF FEDERAL TAX DEPOSIT ENTER 1"	<input type="text" value="1"/>
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING YEAR"	★ <input type="text" value="24"/>
<input type="checkbox"/> "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ <input type="text" value="06"/>
<input type="checkbox"/> "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★ <input type="text" value="\$ 128,903.44"/> #
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 <input type="text" value="1"/>
"ENTER W/CENTS AMOUNT OF MEDICARE"	<input type="text" value="\$ 66,160.16"/> #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	<input type="text" value="\$ 15,472.86"/> #
<input type="checkbox"/> "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ <input type="text" value="\$ 47,270.42"/> #
<input type="checkbox"/> "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ <input type="text"/>
<input type="checkbox"/> "1 TO CONFIRM"	<input type="text" value="1"/>
<input type="checkbox"/> ACKNOWLEDGEMENT NUMBER	<input type="text"/>

CALLED IN BY:	<input type="text"/>
CALLED IN DATE:	<input type="text"/>
CALLED IN TIME:	<input type="text"/>

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	4/5/2024	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	4/18/2024					
PAY DATE:	4/26/2024					
GROSS PAY:	\$ 574,012.18			\$ -		\$ 574,012.18
DEDUCTIONS:						
A/R	\$ 225.00					\$ 225.00
ADVANC						\$ -
BOOTS						\$ -
MUTUAL CRITICAL ILLNESS						\$ -
MUTUAL ACCIDENT						\$ -
IRS TAX						\$ -
MUTUAL SHORT TERM DIS						\$ -
MUTUAL VISION	\$ 910.78					\$ 910.78
CAFÉ-D	\$ 1,297.02					\$ 1,297.02
CAFÉ-H	\$ 31,556.44					\$ 31,556.44
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 570.69					\$ 570.69
CLINIC	\$ 50.00					\$ 50.00
COMBIN	\$ 250.86					\$ 250.86
CREDUN						\$ -
DENTAL						\$ -
DEP-LF						\$ -
MUTUAL TERM LIFE	\$ 1,398.47					\$ 1,398.47
MUTUAL HOSP INDEM	\$ 632.50					\$ 632.50
FED TAX	\$ 47,270.42					\$ 47,270.42
FICA-M	\$ 7,736.43					\$ 7,736.43
FICA-O	\$ 33,080.08					\$ 33,080.08
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 5,558.64					\$ 5,558.64
FLX-FE						\$ -
GIFT S	\$ 280.47					\$ 280.47
MUTUAL CRITICAL ILLNESS	\$ 1,113.72					\$ 1,113.72
MUTUAL ACCIDENT	\$ 756.85					\$ 756.85
MUTUAL SHORT TERM DIS	\$ 1,929.81					\$ 1,929.81
LEGAL	\$ 1,215.73					\$ 1,215.73
OTHER	\$ 1,941.49					\$ 1,941.49
NATIONAL FARM LIFE	\$ 1,336.05					\$ 1,336.05
MED SURCHARGE	\$ 315.00					\$ 315.00
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 1,140.86					\$ 1,140.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 39,125.37					\$ 39,125.37
UW/HOS						\$ -
TOTAL DEDUCTIONS:	\$ 179,692.68	\$ -	\$ -	\$ -	\$ -	\$ 179,692.68

NET PAY:	\$ 394,319.50	\$ -	\$ -	\$ -	\$ -	\$ 394,319.50
----------	---------------	------	------	------	------	---------------

TOTAL CAFÉ 125 PLAN:	\$ 40,463.74	Less Exempt:				
TAXABLE PAY:	\$ 533,548.44	\$ 533,548.44			Exempt Amt:	

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,736.45		
FICA - MED (EE)	1.45% \$ 7,736.45	\$ 7,736.43	\$ 0.02
FICA - SOC SEC (ER)	6.20% \$ 33,080.00		
FICA - SOC SEC (EE)	6.20% \$ 33,080.00	\$ 33,080.08	\$ (0.08)
FED WITHHOLDING	\$ 47,270.42	\$ 47,270.42	

Employees over FICA-SS Cap:
Roshanda Thomas
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: \$ -

TAX DEPOSIT:	\$ 128,903.32	\$ 128,903.44	
FICA - MEDICARE	2.90% \$ 15,472.90	\$ 15,472.86	
FICA - SOCIAL SECURITY	12.40% \$ 66,160.00	\$ 66,160.16	
FED WITHHOLDING	\$ 47,270.42	\$ 47,270.42	
TOTAL TAX:	\$ 128,903.32	\$ 128,903.44	\$ (0.12)

PREPARED BY: Andrie Flores
PREPARED DATE: 4/22/2024

Final Summary

*-- Pay Code Summary				*-- Deductions Summary			
PayCd	Description	Hrs	OT SH WE HO CB	Gross	Code	Amount	
1	REGULAR PAY-S1	10059.25	N N N	232555.95	A/R	225.00	A/R2 A/R3
1	REGULAR PAY-S1	2129.00	N N N N	104112.02	ADVANC		AWARDS BCBSVI
1	REGULAR PAY-S1	230.50	Y N N	7504.14	BOOTS		CAFE H CAFE-1
2	REGULAR PAY-S2	2645.25	N N N	73346.76	CAFE-2		CAFE-3 CAFE-4
2	REGULAR PAY-S2	53.50	Y N N	2118.34	CAFE-5		CAFE-C CAFE-D 1297.02
3	REGULAR PAY-S3	1627.00	N N N	57455.31	CAFE-F		CAFE-H 31556.44 CAFE-I
3	REGULAR PAY-S3	46.50	Y N N	1882.72	CAFE-L		CAFE-P CANCER
4	CALL BACK PAY	35.50	N 1 N N Y	1465.66	CHILD	570.69	CLINIC 50.00 COMBIN 250.86
4	CALL BACK PAY	18.00	N 2 N N Y	727.41	CREDUN		DD ADV DENTAL
4	CALL BACK PAY	.25	Y 1 N N Y	15.77	DEP-LF		DIS-LF EAT
C	CALL PAY	2275.75	N 1 N N	4551.50	EATCSH		FEDTAX 47270.42 FICA-M 7736.43
D	DOUBLE TIME	22.00	N 1 N N	1792.38	FICA-O	33080.08	FIRSTC FLEX S 4795.00
D	DOUBLE TIME	37.75	N 2 N N	3188.46	FLX FE		FORT D FUTA
D	DOUBLE TIME	18.00	N 3 N N	1512.80	GIFT S	280.47	GRANT GRP-IN
D	DOUBLE TIME	.25	Y 2 N N	36.32	GIL		HOSP-I HSA 763.64
D	DOUBLE TIME	8.25	Y 3 N N	1223.15	ID TPT		IRSTAX LEAF
E	EXTRA WAGES		N N N N	29785.47	LEGAL	289.23	MASA 926.50 MEALS 1941.49
E	EXTRA WAGES		N 1 N N N	1276.75	METVIS		MISC MISC/
F	FUNERAL LEAVE	24.00	N 1 N N	1049.52	MMCSHR		MOOACC 756.85 MOOILL 1113.72
I	INSERVICES	13.00	N 1 N N	534.84	MOOIND	632.50	MOOLIF 1398.47 MOOSTD 1929.81
K	EXTENDED-ILLNESS-BANK	253.00	N 1 N N	7448.01	MOOVIS	910.78	NATFML 1336.05 OTHER
P	PAID-TIME-OFF	136.00	N N N N	5199.35	PHI		PHI*** PR FIN
P	PAID-TIME-OFF	1182.00	N 1 N N	34749.55	RELAY		REPAY SAMS
X	CALL PAY 2	96.00	N 1 N N	192.00	SCRUBS		SIGNON ST-TX
Z	CALL PAY 3	96.00	N 1 N N	288.00	STONDF	1140.86	STONE STONE2
					STUDEN		SUNACC SUNILL
					SUNIND		SUNLIF SUNSTD
					SUNVIS		SURCHG 315.00 TSA-1
					TSA-2		TSA-C TSA-P
					TSA-R	39125.37	TUTION UNIFOR
					UN/HOS		

----- Grand Totals: 21006.75 ----- (Gross: 574012.18 Deductions: 179692.68 Net: 394319.50)
 | Checks Count:- FT 210 PT 13 Other 41 Female 236 Male 27 Credit OverAmt 15 ZeroNet Term Total: 263 |

Andrew De Paolantel
4/22/24

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 15, 2024 - April 21, 2024 ✓**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>
4/19/2024	WEBFILE TAX PYMT DD 902/75349566 21000025927	- Sales Tax	1,913.05 ✓✘	700131
4/19/2024	PAY PLUS ACHTrans 000000020365874 1010006908	- 3rd Party Payor Fee	16.48 ✓	901144
4/18/2024	PAY PLUS ACHTrans 000000020208912 1010006998	- 3rd Party Payor Fee	52.16 ✓	901145
4/17/2024	PAY PLUS ACHTrans 000000020128225 1010006986	- 3rd Party Payor Fee	12.40 ✓	901146
4/16/2024	PAY PLUS ACHTrans 000000020020518 1010006972	- 3rd Party Payor Fee	7.31 ✓	901147
4/16/2024	MCKESSON DRUG AUTO ACH ACH05956665 910000146	- 340B Drug Program Expense	3,102.26 ✘	500594
4/15/2024	PAY PLUS ACHTrans 000000019858380 1010006959	- 3rd Party Payor Fee	112.60 ✓	901148
4/15/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	679.53 ✘ <i>Diff. .54</i>	500595
4/15/2024	TEXAS COUNTY DRS RECEIVABLE 0419 21000024121	- Retirement Funding	275,260.53 ✘	800511
4/15/2024	IRS USATAXPYMT 270450622570289 6103601002238	- Payroll Taxes	121,228.32 ✘	800512
4/15/2024	FDMS FDMS PYMT 052-2100911-000 4100012779133	- Credit Card Processing Fee	45.64 ✓	901149
4/15/2024	FDMS FDMS PYMT 052-1743547-000 4100012777950	- Credit Card Processing Fee	40.03 ✓	901150
4/15/2024	FDMS FDMS PYMT 052-1737276-000 4100012777770	- Credit Card Processing Fee	120.09 ✓	901151
4/15/2024	FDMS FDMS PYMT 052-1743548-000 4100012778434	- Credit Card Processing Fee	80.05 ✓	901152
			402,670.46 ✓	

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

April 22, 2024

** Approved 04.17.24 CC*
*** Approved 04.10.24 CC*

pay plus

**PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

<u>Date</u>	<u>APPROVED ON</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amoi</u>
	APR 22 2024	402,670.46 +		
		1,913.05 -		
		3,102.26 -		
		678.99 -		
		275,260.53 -		
		121,228.32 -		
		487.31 ◊	April 22, 2024	
		487.31 -		
		0.00 ◊		

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

Ameri Source

CC fees

16.48 +
52.16 +
12.40 +
7.31 +
112.60 +
200.95 ◊
0.54 +
0.54 ◊
0.00
45.64 +
40.03 +
120.09 +
80.06 +
285.82 ◊
200.95 +
0.54 +
285.82 +
487.31 ◊

AD degree benefits

CLIND	GRNO	LOGNO	EMPNO	DEPNO	CLMPRE	CLIND	CLMSUP	CHDPT	AMT	CLMTP	PAYEE	PAYTO	CUGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUOT	PRVNO
1507	76351	1	1	0	2024	103000007	0	4/15/2024	\$36,569.17	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	3/25/2024	4/7/2024	464334244
1508	76351	1	2	0	2024	100000948	0	4/15/2024	\$49.77	1	ANDREW CHARLES CLEMMONS D.O.	P	177	0			DV	F	3/1/2024	3/1/2024	471158090
1509	76351	1	2	0	2024	100000995	0	4/15/2024	\$49.77	1	ANDREW CHARLES CLEMMONS D.O.	P	177	0			DV	F	3/20/2024	3/20/2024	471158090
1510	76351	2	7	0	2024	102000668	0	4/15/2024	\$4.47	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	2/12/2024	2/12/2024	271837628
1511	76351	2	7	0	2024	101000211	0	4/15/2024	\$400.62	1	BCM PHYSICIANS	P	457	0			OVS	F	3/11/2024	3/11/2024	300791563
1512	76351	3	11	0	2024	95000205	0	4/15/2024	\$64,500.00	1	HOUSTON METHODIST HOSPITAL	P	434	0			OHS	F	2/12/2024	2/12/2024	741180155
1513	76351	3	53	0	2024	920002520	0	4/15/2024	\$10.33	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	3/20/2024	3/20/2024	741680498
1514	76351	3	13	0	2024	93000696	0	4/15/2024	\$12.07	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	3/21/2024	3/21/2024	741680498
1515	76351	3	8	0	2024	95000476	0	4/15/2024	\$13.34	1	PORT LAVACA CLINIC ASSOCIATES	P	184	0			LBOR	F	3/30/2024	3/30/2024	742605670
1516	76351	3	42	3	2024	99000856	0	4/15/2024	\$13.37	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	3/5/2024	3/5/2024	741680498
1517	76351	3	43	0	2024	95000409	0	4/15/2024	\$15.69	1	HOUSTON CARDIOVASCULAR ASSOC INC	P	484	0			ODXS	F	3/28/2024	3/28/2024	741941710
1518	76351	3	48	0	2024	100000966	0	4/15/2024	\$31.32	1	LABORATORY CORPORATION OF AMERICA	P	185	0			LAB	F	3/26/2024	3/26/2024	840611484
1520	76351	3	8	0	2024	95000521	0	4/15/2024	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OVS	F	4/1/2024	4/1/2024	742605670
1521	76351	3	50	0	2024	99000810	0	4/15/2024	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OVS	F	1/12/2024	1/12/2024	742605670
1523	76351	3	18	1	2024	92002484	0	4/15/2024	\$74.18	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OVS	F	1/31/2024	1/31/2024	742605670
1524	76351	3	20	0	2024	99000862	0	4/15/2024	\$74.22	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	4/3/2024	4/3/2024	260151734
1525	76351	3	29	0	2024	95000451	0	4/15/2024	\$80.34	1	CHELIF JUNIOR MD	P	457	0			OVS	F	3/21/2024	3/21/2024	471158090
1526	76351	3	53	0	2024	95000480	0	4/15/2024	\$80.34	1	CHELIF JUNIOR MD	P	457	0			OVS	F	3/25/2024	3/25/2024	471158090
1527	76351	3	13	0	2024	920002510	0	4/15/2024	\$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	3/21/2024	3/21/2024	741680498
1528	76351	3	43	0	2024	95000462	0	4/15/2024	\$93.18	1	HOUSTON CARDIOVASCULAR ASSOC INC	P	457	0			OVS	F	3/28/2024	3/28/2024	741941710
1532	76351	3	43	0	2024	95000484	0	4/15/2024	\$207.88	1	HOUSTON CARDIOVASCULAR ASSOC INC	P	484	0			ODXS	F	3/28/2024	3/28/2024	741941710
1533	76351	3	43	0	2024	95000421	0	4/15/2024	\$212.60	1	HOUSTON CARDIOVASCULAR ASSOC INC	P	484	0			ODXS	F	3/28/2024	3/28/2024	741941710
1540	76360	1	88	3	2024	100000975	0	4/15/2024	\$11.19	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	3/29/2024	3/29/2024	741680498
1541	76360	1	88	2	2024	93000651	0	4/15/2024	\$20.62	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	3/19/2024	3/19/2024	741680498
1542	76360	1	88	2	2024	96000138	0	4/15/2024	\$149.12	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	3/26/2024	3/26/2024	260151734
1546	76360	2	101	0	2024	100000249	0	4/15/2024	\$160.00	1	NEXTCARE URGENT CARE	P	487	0			URG	F	3/18/2024	3/18/2024	260845489
1548	76360	3	79	1	2024	102000731	0	4/15/2024	\$1.59	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	2/16/2024	2/16/2024	271837628
1549	76360	3	81	2	2024	95000399	0	4/15/2024	\$2.28	1	SINGLETON ASSOCIATES PA	P	183	0			RAD	F	2/29/2024	2/29/2024	741680498
1551	76360	3	83	0	2024	92001228	0	4/15/2024	\$13.37	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	3/20/2024	3/20/2024	741680498
1552	76360	3	26	1	2024	99000869	0	4/15/2024	\$13.37	1	SINGLETON ASSOCIATES PA	P	183	0			RAD	F	3/27/2024	3/27/2024	741680498
1553	76360	3	14	0	2024	102000681	0	4/15/2024	\$13.62	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	2/19/2024	2/19/2024	271837628
1554	76360	3	41	1	2024	102000701	0	4/15/2024	\$16.03	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	1/18/2024	1/18/2024	271837628
1555	76360	3	81	0	2024	102000747	0	4/15/2024	\$16.03	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	2/8/2024	2/8/2024	271837628
1556	76360	3	81	1	2024	102000761	0	4/15/2024	\$25.22	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	2/6/2024	2/6/2024	271837628
1557	76360	3	60	1	2024	93000666	0	4/15/2024	\$29.10	1	STEPHEN M. DENTLER, DO, PA	P	177	0			OVS	F	3/26/2024	3/26/2024	742872709
1558	76360	3	44	1	2024	95000523	0	4/15/2024	\$29.10	1	PORT LAVACA CLINIC	P	177	0			OVS	F	3/29/2024	3/29/2024	742605670
1559	76360	3	9	0	2024	99000805	0	4/15/2024	\$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OVS	F	4/3/2024	4/3/2024	742605670
1560	76360	3	41	1	2024	99000822	0	4/15/2024	\$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	728	0			TELM	F	1/18/2024	1/18/2024	742605670
1561	76360	3	63	0	2024	102000716	0	4/15/2024	\$30.22	1	VIP CARE SERVICES LLC	P	503	0			AUDT	F	1/2/2024	1/2/2024	271837628
1562	76360	3	65	0	2024	95000469	0	4/15/2024	\$34.80	1	SINGLETON ASSOCIATES PA	P	603	0			US	F	3/22/2024	3/22/2024	741680498
1563	76360	3	49	2	2024	95000465	0	4/15/2024	\$57.56	1	MELISSA A. KAINER ERWIN, MD PA	P	457	0			OVS	F	3/25/2024	3/25/2024	200802489
1564	76360	3	74	0	2024	96003425	0	4/15/2024	\$59.94	1	AYO ADU, MD PLLC	P	177	0			OVS	F	4/2/2024	4/2/2024	273335355
1567	76360	3	2	1	2024	95000490	0	4/15/2024	\$69.57	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0			OVS	F	3/28/2024	3/28/2024	741831291
1570	76360	3	16	0	2024	94000971	0	4/15/2024	\$82.32	1	SINGLETON ASSOCIATES PA	P	321	0			MRID	F	3/12/2024	3/12/2024	741680498
1574	76360	3	74	0	2024	93000683	0	4/15/2024	\$153.60	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	3/14/2024	3/14/2024	815248556
1575	76360	3	41	0	2024	99000797	0	4/15/2024	\$156.63	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0			AB	F	4/3/2024	4/3/2024	742605670
1577	76360	3	26	0	2024	96000140	0	4/15/2024	\$223.31	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	3/18/2024	3/18/2024	815248556
1582	76360	3	31	0	2024	96003409	0	4/15/2024	\$358.05	1	MEDSOLUTIONS	P	474	0			MMS	F	3/28/2024	3/28/2024	202536458
1585	76360	3	47	0	2024	94000588	0	4/15/2024	\$472.94	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0			AO	F	3/11/2024	3/11/2024	471158090

\$104,965.74

APPROVED ON
 APR 22 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Andrew DePosa
 4/22/24

4/20/24

Start Date	Benefit	EE Per Pay	ER Per Pay Cost
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$100.00	\$25.00
1/1/2024	Health Savings Account	\$147.91	\$25.00
1/1/2024	Health Savings Account	\$41.67	\$25.00
1/1/2024	Health Savings Account	\$60.00	\$25.00
1/1/2024	Health Savings Account	\$10.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
2/1/2024	Health Savings Account	\$163.25	\$25.00
1/1/2024	Health Savings Account	\$50.00	\$25.00
2/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$100.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
3/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
2/1/2024	Health Savings Account	\$0.00	\$25.00
		\$722.83	\$550.00
	Total Contributions	\$1,272.83	

Memorial Medical Center
Transfer Request

Amount: 500,000.00

Date: 4/22/2024

From Account: Prosperity Money Market- *2998

To Account: Prosperity Operating- *4357

APPROVED ON

APR 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer from Prosperity Money Market account to Prosperity Operating.

Requested by: Caitlin Clevenger

Date: 4/22/2024

Authorized by: 

Date: 4/22/24

RECEIVED BY THE
COUNTY AUDITOR ON

APR 18 2024

MEMORIAL MEDICAL CENTER

04/18/2024
08:54

AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name
13004 TUSCANY VILLAGE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040924		04/16/202	04/09/202	05/11/202			408.00	0.00	0.00	408.00 ✓
	TRANSFER	<i>NH ins. pmt dep. into MMIC bpet. in error</i>								
041124		04/17/202	04/11/202	05/11/202			1,632.00	0.00	0.00	1,632.00 ✓
	TRANSFER	"	"							
041124A		04/17/202	04/11/202	05/11/202			5,639.91	0.00	0.00	5,639.91 ✓
	TRANSFER	"	"							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	7,679.91	0.00	0.00	7,679.91

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,679.91	0.00	0.00	7,679.91

APPROVED ON

APR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203898

RECEIVED BY THE COUNTY AUDITOR ON

APR 18 2024

MEMORIAL MEDICAL CENTER

04/18/2024 08:54

AP Open Invoice List Dates Through:

0 ap_open_invoice.template

Vendor# 11824 Vendor Name THE CRESCENT CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 041124	TRANSFER	04/17/202	04/11/202	05/11/202			816.00	0.00	0.00	816.00 ✓
✓ 041124A	TRANSFER	04/17/202	04/11/202	05/11/202			1,020.00	0.00	0.00	1,020.00 ✓
✓ 041124B	TRANSFER	04/17/202	04/11/202	05/11/202			4,200.00	0.00	0.00	4,200.00 ✓

NH ins pmt. dep. into MMC OPT. in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	6,036.00	0.00	0.00	6,036.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,036.00	0.00	0.00	6,036.00

APPROVED ON

APR 18 2024

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CL# 203897

04/18/2024
08:52

RECEIVED BY THE
COUNTY AUDITOR ON
APR 18 2024
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
12792	BETHANY SENIOR LIVING									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040924		04/16/202	04/09/202	05/11/202			21,613.79	0.00	0.00	21,613.79 ✓
✓ 041024A	TRANSFER	04/16/202	04/10/202	05/11/202			14,903.87	0.00	0.00	14,903.87 ✓
✓ 041024	TRANSFER	04/16/202	04/10/202	05/11/202			42,016.54	0.00	0.00	42,016.54 ✓
✓ 041124	TRANSFER	04/17/202	04/11/202	05/11/202			408.00	0.00	0.00	408.00 ✓
Vendor Totals: Number Name Gross Discount No-Pay Net										
12792 BETHANY SENIOR LIVING							78,942.20	0.00	0.00	78,942.20

NH INS. PMT dep. into MMC Dpt in error

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	78,942.20	0.00	0.00	78,942.20

APPROVED ON

APR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203894

RECEIVED BY THE COUNTY AUDITOR ON

APR 18 2024

MEMORIAL MEDICAL CENTER

04/18/2024
08:53

AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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

Class Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041124	TRANSFER	04/17/202	04/11/202	05/11/202			3,060.00	0.00	0.00	3,060.00

NA ins. pmx. dep. into mmc bpt. in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	3,060.00	0.00	0.00	3,060.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,060.00	0.00	0.00	3,060.00

APPROVED ON

APR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 203894

RECEIVED BY THE COUNTY AUDITOR ON

APR 18 2024

MEMORIAL MEDICAL CENTER

04/18/2024
08:53

AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# 11836 ✓ Vendor Name GALHOUN COUNTY, TEXAS

Class Pay Code

11836 ✓ GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040824A		04/16/202	04/08/202	05/11/202			23,344.06	0.00	0.00	23,344.06 ✓
✓ 040824	TRANSFER	04/16/202	04/08/202	05/11/202			20.47	0.00	0.00	20.47 ✓
✓ 040924B	TRANSFER	04/16/202	04/09/202	05/11/202			4,740.00	0.00	0.00	4,740.00 ✓
✓ 040924	TRANSFER	04/16/202	04/09/202	05/11/202			2,765.00	0.00	0.00	2,765.00 ✓
✓ 040924A	TRANSFER	04/16/202	04/09/202	05/11/202			69,613.07	0.00	0.00	69,613.07 ✓
✓ 041024	TRANSFER	04/16/202	04/10/202	05/11/202			4,284.45	0.00	0.00	4,284.45 ✓
✓ 041124	TRANSFER	04/17/202	04/11/202	05/11/202			20.50	0.00	0.00	20.50 ✓

NH ins. prv. dep. into mmc dtc. in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	104,787.55	0.00	0.00	104,787.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	104,787.55	0.00	0.00	104,787.55

APPROVED ON

APR 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 203895

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 4/22/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		156,215.55	156,209.63	156,405.51		156,411.43	121,440.29
						Bank Balance	156,411.43
						Variance	-
						Leave in Balance	100.00
<i>Routing Information for Ashford Gardens:</i>							
						Molina February	11,810.55
						Wellpoint February	23,060.59
<i>Ashford Health Care Center Ltd Co JP Morgan Chase Bank</i>							
						April Interest	
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	121,440.29
Broadmoor		156,981.45	156,881.45	147,239.03		147,339.03	134,320.65
						Bank Balance	147,339.03
						Variance	-
						Leave in Balance	100.00
						Molina February	4,375.44
						Wellpoint February	8,542.94
						April Interest	
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	134,320.65
Crescent		278,257.81	278,157.81	295,966.34		296,066.34	286,284.16
						Bank Balance	296,066.34
						Variance	0.00
						Leave in Balance	100.00
						Molina February	3,279.63
						Wellpoint February	6,402.55
						April Interest	
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	286,284.16
Fort Bend		31,239.95	31,139.95	66,785.66		66,885.66	55,894.93
						Bank Balance	66,885.66
						Variance	-
						Leave in Balance	100.00
						Molina February	3,688.73
						Wellpoint February	7,202.00
						April Interest	
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	55,894.93
Solera at W Houston		159,524.98	159,519.13	251,899.57		251,905.42	241,317.30
						Bank Balance	251,905.42
						Variance	-
						Leave in Balance	100.00
						Molina February	3,552.58
						Wellpoint February	6,935.54
						April Interest	
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	241,317.30

121,440.29 +
 134,320.65 +
 286,284.16 +
 55,894.93 +
 241,317.30 +
 839,257.33 ◊
 839,257.33 ◊

on Fort Bend / Broadmoor

APPROVED ON
APR 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 839,257.33
 Approved: *Andrew De Los Santos*
ANDREW DE LOS SANTOS 4/22/2024

Note 1: 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	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/19/2024 Deposit	-	10,364.27	-	-	-	-	-	10,364.27
4/19/2024 MOLINA HEALTHCARE MOLINAACH 01272410 42000019	-	13,536.83	11,070.72	2,466.11	-	-	11,810.55	1,726.28
4/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000266580	-	6,694.67	-	-	-	-	-	6,694.67
4/19/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,464.95	-	-	-	-	-	4,464.95
4/18/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	156,115.55	-	-	-	-	-	-	-
4/18/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000120	-	57,491.64	-	-	-	-	-	57,491.64
4/17/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,313.54	-	-	-	-	-	3,313.54
4/17/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000181	-	31,479.43	-	-	-	-	-	31,479.43
4/16/2024 MANAGEANDNET1718 MNS PMNT 00000000000093 41	-	2,047.50	-	-	-	-	-	2,047.50
4/16/2024 HNB - ECHO HCCLAIMPMT 746003411 440000244329	-	557.50	-	-	-	-	-	557.50
4/16/2024 WELLPOINT CO AP E-PAYMENT EES2780046 1110000	-	26,455.18	21,605.76	4,849.42	-	-	23,060.59	3,394.59
4/15/2024 Enhanced Analysis Ch	94.08	-	-	-	-	-	-	-
	156,209.63	156,405.51	32,676.48	7,315.53	-	-	34,871.14	121,534.37

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/19/2024 MOLINA HEALTHCARE MOLINAACH 01272952 42000019	-	5,025.22	4,098.96	926.26	-	-	4,375.44	649.78
4/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000266580	-	4,454.55	-	-	-	-	-	4,454.55
4/19/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,128.69	-	-	-	-	-	3,128.69
4/18/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	131,758.10	-	-	-	-	-	-	-
4/18/2024 Deposit	-	4,955.36	-	-	-	-	-	4,955.36
4/18/2024 HNB - ECHO HCCLAIMPMT 746003411 44000028771	-	4,454.55	-	-	-	-	-	4,454.55
4/18/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000119	-	87,218.13	-	-	-	-	-	87,218.13
4/17/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284873	-	252.13	-	-	-	-	-	252.13
4/17/2024 HUMANA CHA DISB HCCLAIMPMT 45782062 42000015	-	1,780.00	-	-	-	-	-	1,780.00
4/16/2024 HNB - ECHO HCCLAIMPMT 746003411 440000244329	-	10,589.74	-	-	-	-	-	10,589.74
4/16/2024 WELLPOINT CO AP E-PAYMENT EES2780049 1110000	-	9,819.88	7,995.68	1,824.20	-	-	8,542.94	1,276.94
4/16/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	8,585.00	-	-	-	-	-	8,585.00
4/16/2024 HUMANA CHA DISB HCCLAIMPMT 45698169 42000011	-	1,975.00	-	-	-	-	-	1,975.00
4/16/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	4,746.72	-	-	-	-	-	4,746.72
4/15/2024 Check 273	25,123.35	-	-	-	-	-	-	-
4/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	254.06	-	-	-	-	-	254.06
	156,881.45	147,239.03	12,092.64	2,752.46	-	-	12,918.38	134,320.65

Crescent	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/19/2024 MOLINA HEALTHCARE MOLINAACH 01272911 42000019	-	3,802.93	3,055.96	747.57	-	-	3,279.63	523.30
4/19/2024 MANAGEANDNET1718 MNS PMNT 00000000003268 41	-	3,316.50	-	-	-	-	-	3,316.50
4/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000266580	-	4,018.41	-	-	-	-	-	4,018.41
4/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000266580	-	665.69	-	-	-	-	-	665.69
4/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000266580	-	666.47	-	-	-	-	-	666.47
4/19/2024 HUMANA CHA DISB HCCLAIMPMT 45932358 42000013	-	1,395.00	-	-	-	-	-	1,395.00
4/18/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	264,819.77	-	-	-	-	-	-	-
4/18/2024 Deposit	-	16,975.20	-	-	-	-	-	16,975.20
4/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000228771	-	11,251.55	-	-	-	-	-	11,251.55
4/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000228771	-	649.30	-	-	-	-	-	649.30
4/18/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000119	-	96,735.55	-	-	-	-	-	96,735.55
4/17/2024 DEVOTED HEALTH P HCCLAIMPMT 21000022096551	-	9,000.00	-	-	-	-	-	9,000.00
4/17/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000181	-	119,112.96	-	-	-	-	-	119,112.96
4/16/2024 MANAGEANDNET1718 MNS PMNT 00000000003268 41	-	6,118.50	-	-	-	-	-	6,118.50
4/16/2024 HNB - ECHO HCCLAIMPMT 746003411 440000244329	-	10,971.72	-	-	-	-	-	10,971.72
4/16/2024 DEVOTED HEALTH P HCCLAIMPMT 2100002349376	-	2,470.00	-	-	-	-	-	2,470.00
4/16/2024 WELLPOINT CO AP E-PAYMENT EES2780048 1110000	-	7,428.46	5,962.88	1,465.58	-	-	6,402.55	1,025.91
4/15/2024 Check 336	13,338.04	-	-	-	-	-	-	-
4/15/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	720.00	-	-	-	-	-	720.00
4/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	260.10	-	-	-	-	-	260.10
4/15/2024 CIGNA HCCLAIMPMT 1669860425 9100001553775	-	408.00	-	-	-	-	-	408.00
	278,157.81	295,966.34	9,018.24	2,213.15	-	-	9,682.19	286,284.16

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/19/2024 MOLINA HEALTHCARE MOLINAACH 01272564 42000019	-	4,240.73	3,452.16	788.57	-	-	3,688.73	552.00
4/18/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	28,760.94	-	-	-	-	-	-	-
4/18/2024 Deposit	-	204.28	-	-	-	-	-	204.28
4/18/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000119	-	51,040.32	-	-	-	-	-	51,040.32
4/16/2024 WELLPOINT CO AP E-PAYMENT EES2780045 1110000	-	8,286.34	6,737.28	1,549.06	-	-	7,202.00	1,084.34
4/15/2024 Check 245	2,379.01	-	-	-	-	-	-	-
4/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,013.99	-	-	-	-	-	3,013.99
	31,139.95	66,785.66	10,189.44	2,337.63	-	-	10,890.73	55,894.93

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
4/19/2024 MOLINA HEALTHCARE MOLINAACH 01272770 42000019	-	4,110.96	3,313.28	797.68	-	-	3,552.58	558.38
4/19/2024 HUMANA INS CO HCCLAIMPMT 45865402 8300005501	-	5,760.00	-	-	-	-	-	5,760.00
4/19/2024 HUMANA CHA DISB HCCLAIMPMT 45938036 42000013	-	4,450.00	-	-	-	-	-	4,450.00
4/18/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	138,541.70	-	-	-	-	-	-	-
4/18/2024 Deposit	-	4,488.00	-	-	-	-	-	4,488.00
4/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000228771	-	1,364.35	-	-	-	-	-	1,364.35
4/18/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000119	-	121,511.52	-	-	-	-	-	121,511.52
4/18/2024 HUMANA INS CO HCCLAIMPMT 45793231 8300005060	-	1,525.00	-	-	-	-	-	1,525.00
4/17/2024 Deposit	-	15,819.21	-	-	-	-	-	15,819.21
4/17/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284873	-	30,873.15	-	-	-	-	-	30,873.15
4/17/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	450.00	-	-	-	-	-	450.00
4/16/2024 MANAGEANDNET1718 MNS PMNT 00000000002482 41	-	12,477.00	-	-	-	-	-	12,477.00
4/16/2024 HNB - ECHO HCCLAIMPMT 746003411 440000244329	-	14,554.48	-	-	-	-	-	14,554.48
4/16/2024 WELLPOINT CO AP E-PAYMENT EES2780047 1110000	-	8,030.56	6,466.24	1,564.32	-	-	6,935.54	1,095.02
4/16/2024 HUMANA INS CO HCCLAIMPMT 45599802 8300005130	-	9,364.00	-	-	-	-	-	9,364.00
4/16/2024 HUMANA CHA DISB HCCLAIMPMT 45665757 42000011	-	3,750.00	-	-	-	-	-	3,750.00
4/15/2024 Enhanced Analysis Ch	94.15	-	-	-	-	-	-	-
4/15/2024 Check 1299	20,883.28	-	-	-	-	-	-	-
4/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000287195	-	3,864.45	-	-	-	-	-	3,864.45
4/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000286694	-	999.70	-	-	-	-	-	999.70
4/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000287195	-	8,061.33	-	-	-	-	-	8,061.33
4/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	445.86	-	-	-	-	-	445.86
	159,519.13	251,899.57	9,779.52	2,362.00	-	-	10,488.12	241,411.45

TOTALS

781,907.97	918,296.11	73,756.32	16,980.77	-	-	78,850.55	839,445.56
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Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,023,163.67	\$1,137,704.74	\$1,023,163.67	\$1,135,703.69
*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 ✓	\$156,411.43 ✓	\$167,970.04	\$156,411.43	\$121,350.71
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$147,339.03 ✓	\$165,513.26	\$147,339.03	\$134,730.57
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$296,066.34 ✓	\$316,887.63	\$296,066.34	\$282,201.34
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$251,905.42 ✓	\$258,628.53	\$251,905.42	\$237,584.46
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$66,885.66 ✓	\$71,898.92	\$66,885.66	\$62,644.93
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$154,397.69	\$159,815.41	\$154,397.69	\$153,681.77
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$5,553.21	\$5,783.73	\$5,553.21	\$15,917.48
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$13,247.65	\$17,051.43	\$13,247.65	\$1,261.14
*5506 MMC -NH BETHANY SENIOR LIVING	\$127,316.94	\$227,305.72	\$127,316.94	\$105,503.07
*3407 MMC -NH TUSCANY VILLAGE	\$510,294.43	\$571,858.43	\$510,294.43	\$408,735.08
*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	\$3,363,553.19	\$3,711,389.56	\$3,363,553.19	\$3,270,285.96

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 4/22/2024

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Nursing Home</u> <u>Gulf Pointe Plaza- Private Pay</u>	14,462.29	10,364.27	1,455.19			5,553.21	5,453.21
					Bank Balance Variance	5,553.21	
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	<u>5,453.21</u>	
<u>Nursing Home</u> <u>Gulf Pointe Plaza-Medicare/Medicaid</u>	13,532.47	13,432.47	13,147.65			13,247.65	8,599.05
					Bank Balance Variance	13,247.65	
					Leave in Balance	100.00	
					Claim payment transfer	4,548.60	
					Adjust Balance/Transfer Amt	<u>8,599.05</u>	
TOTAL TRANSFERS						14,052.26	

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 4/22/2024

APPROVED ON
 APR 22 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

4/19/2024 Check 1115
 4/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000228771
 4/17/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284873
 4/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000287445
 4/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000286661

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
10,364.27	-	-	-	-	-	-	-
-	118.60	-	-	-	-	-	118.60
-	96.05	-	-	-	-	-	96.05
-	98.01	-	-	-	-	-	98.01
-	1,142.53	-	-	-	-	-	1,142.53
10,364.27	1,455.19	-	-	-	-	-	1,455.19

Gulf Pointe Plaza-Medicare/Medicaid

4/19/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 4/19/2024 NORIDIAN J3A HCCLAIMPMT 675892 4200001200477
 4/18/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 4/18/2024 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	105.86	-	-	-	-	-	105.86
-	11,880.65	-	-	-	-	-	11,880.65
13,432.47	-	-	-	-	-	-	-
-	1,161.14	-	-	-	-	-	1,161.14
13,432.47	13,147.65	-	-	-	-	-	13,147.65
23,796.74	14,602.84	-	-	-	-	-	14,602.84

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,023,163.67	\$1,137,704.74	\$1,023,163.67	\$1,135,703.69
*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	\$156,411.43	\$167,970.04	\$156,411.43	\$121,350.71
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$147,339.03	\$165,513.26	\$147,339.03	\$134,730.57
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$296,066.34	\$316,887.63	\$296,066.34	\$282,201.34
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$251,905.42	\$258,628.53	\$251,905.42	\$237,584.46
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$66,885.66	\$71,898.92	\$66,885.66	\$62,644.93
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$154,397.69	\$159,815.41	\$154,397.69	\$153,681.77
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$5,553.21 ✓	\$5,783.73	\$5,553.21	\$15,917.48
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$13,247.65 ✓	\$17,051.43	\$13,247.65	\$1,261.14
*5506 MMC -NH BETHANY SENIOR LIVING	\$127,316.94	\$227,305.72	\$127,316.94	\$105,503.07
*3407 MMC -NH TUSCANY VILLAGE	\$510,294.43	\$571,858.43	\$510,294.43	\$408,735.08
*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	\$3,363,553.19	\$3,711,389.56	\$3,363,553.19	\$3,270,285.96

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 4/22/2024

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		33,773.88	37,173.88	157,797.69		154,397.69	133,081.09
						Bank Balance Variance	
						Leave in Balance	100.00
						Superior February	21,216.60

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 133,081.09

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 4/22/2024

APPROVED ON
 APR 22 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek ✓

MMC PORTION

	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
4/19/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011.2	-	715.92						715.92
4/18/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	33,673.88	-						-
4/18/2024 Deposit	-	110,694.19						110,694.19
4/18/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	6,272.00						6,272.00
4/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000228771	-	4,421.45						4,421.45
4/17/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	400.85						400.85
4/17/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284873	-	793.88						793.88
4/17/2024 Centene Managem ACH 008765433514 1110000288	-	23,920.13	19,414.24	4,505.89			21,216.60	2,703.53
4/16/2024 GOLDENCREEKHEALT ELEC DEBIT 1220356 91000016	3,500.00	-						-
4/15/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	4,950.00						4,950.00
4/15/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	754.27						754.27
4/15/2024 AETNA AS01 HCCLAIMPMT 1588075964 51000013064	-	4,875.00						4,875.00
	<u>37,173.88</u>	<u>157,797.69</u>	<u>19,414.24</u>	<u>4,505.89</u>	-	-	<u>21,216.60</u>	<u>136,581.09</u>

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,023,163.67	\$1,137,704.74	\$1,023,163.67	\$1,135,703.69
*4385 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	\$156,411.43	\$167,970.04	\$156,411.43	\$121,350.71
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$147,339.03	\$165,513.26	\$147,339.03	\$134,730.57
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$296,066.34	\$316,887.63	\$296,066.34	\$282,201.34
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$251,905.42	\$258,628.53	\$251,905.42	\$237,584.46
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$66,885.66	\$71,898.92	\$66,885.66	\$62,644.93
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$154,397.69 ✓	\$159,815.41	\$154,397.69	\$153,681.77
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$5,553.21	\$5,783.73	\$5,553.21	\$15,917.48
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$13,247.65	\$17,051.43	\$13,247.65	\$1,261.14
*5506 MMC -NH BETHANY SENIOR LIVING	\$127,316.94	\$227,305.72	\$127,316.94	\$105,503.07
*3407 MMC -NH TUSCANY VILLAGE	\$510,294.43	\$571,858.43	\$510,294.43	\$408,735.08
*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	\$3,363,553.19	\$3,711,389.56	\$3,363,553.19	\$3,270,285.96

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 4/22/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Ckt Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		63,065.32	62,965.32	127,216.94			127,316.94	106,484.38
						Bank Balance	127,316.94	
						Variance	-	
						Leave in Balance	100.00	
						Superior February	20,732.56	
						April Interest		
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	106,484.38	

Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 4/22/2024

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 22 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

MMC PORTION

	Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	NH PORTION
4/19/2024 Deposit	-	2,304.05					-	2,304.05
4/19/2024 Deposit	-	8,081.00					-	8,081.00
4/19/2024 HEALTH HUMAN SVC HCLAIMPMT 17460034113016 2	-	11,428.82					-	11,428.82
4/18/2024 WIRE OUT PORT LAVACA NH, LLC	62,965.32	-					-	-
4/18/2024 Deposit	-	46,963.69					-	46,963.69
4/17/2024 NDC SWEEP FAC K236 31316962734802 SWEEP FR	-	4,342.00					-	4,342.00
4/17/2024 Centene Managemt ACH 008765433514 1110000288	-	23,610.38	19,182.96	4,427.42			20,732.56	2,877.82
4/15/2024 Deposit	-	16,862.00					-	16,862.00
4/15/2024 Deposit	-	13,625.00					-	13,625.00
	62,965.32	127,216.94	19,182.96	4,427.42	-	-	20,732.56	106,484.38

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,023,163.67	\$1,137,704.74	\$1,023,163.67	\$1,135,703.69
*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	\$156,411.43	\$167,970.04	\$156,411.43	\$121,350.71
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$147,339.03	\$165,513.26	\$147,339.03	\$134,730.57
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$296,066.34	\$316,887.63	\$296,066.34	\$282,201.34
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$251,905.42	\$258,628.53	\$251,905.42	\$237,584.46
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$66,885.66	\$71,898.92	\$66,885.66	\$62,644.93
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$154,397.69	\$159,815.41	\$154,397.69	\$153,681.77
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$5,553.21	\$5,783.73	\$5,553.21	\$15,917.48
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$13,247.65	\$17,051.43	\$13,247.65	\$1,261.14
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$127,316.94 ✓	\$227,305.72 ✓	\$127,316.94	\$105,503.07
*3407 MMC -NH TUSCANY VILLAGE	\$510,294.43	\$571,858.43	\$510,294.43	\$408,735.08
*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	\$3,363,553.19	\$3,711,389.56	\$3,363,553.19	\$3,270,285.96

Memorial Medical Center ,
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 4/22/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		34,948.67	34,848.67	510,194.43	-	-	510,294.43	488,707.67
						Bank Balance Variance	510,294.43	
						Leave in Balance	100.00	
						Molina February	7,276.04	
						Wellpoint February	14,210.72	
						Adjust Balance/Transfer Amt	488,707.67	

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 4/22/2024

APPROVED ON
 APR 22 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Tuscany Village ✓	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	
4/19/2024 MOLINA HEALTHCAR MOLINAACH 01272946 42000019	-	8,004.88	6,547.20	1,457.68	-	7,276.04	728.84 ✓
4/19/2024 HNB - ECHO HCCLAIMPMT 746003411 440000266580	-	93,554.47	-	-	-	-	93,554.47
4/18/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	34,848.67 ✓	-	-	-	-	-	-
4/18/2024 Deposit	-	359,875.92	-	-	-	-	359,875.92
4/17/2024 HNB - ECHO HCCLAIMPMT 746003411 440000284873	-	1,979.80	-	-	-	-	1,979.80
4/16/2024 HNB - ECHO HCCLAIMPMT 746003411 440000244944	-	18,266.81	-	-	-	-	18,266.81
4/16/2024 HNB - ECHO HCCLAIMPMT 746003411 440000244330	-	12,868.71	-	-	-	-	12,868.71
4/16/2024 WELLPOINT CO AP E-PAYMENT EE52780050 1110000	-	15,643.84	12,777.60	2,866.24	-	14,210.72	1,433.12 ✓
	34,848.67 ✓	510,194.43 ✓	19,324.80	4,323.92	-	21,486.76	488,707.67 ✓

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,023,163.67	\$1,137,704.74	\$1,023,163.67	\$1,135,703.69
*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	\$156,411.43	\$167,970.04	\$156,411.43	\$121,350.71
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$147,339.03	\$165,513.26	\$147,339.03	\$134,730.57
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$296,066.34	\$316,887.63	\$296,066.34	\$282,201.34
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$251,905.42	\$258,628.53	\$251,905.42	\$237,584.46
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$66,885.66	\$71,898.92	\$66,885.66	\$62,644.93
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$154,397.69	\$159,815.41	\$154,397.69	\$153,681.77
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$5,553.21	\$5,783.73	\$5,553.21	\$15,917.48
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$13,247.65	\$17,051.43	\$13,247.65	\$1,261.14
*5506 MMC -NH BETHANY SENIOR LIVING	\$127,316.94	\$227,305.72	\$127,316.94	\$105,503.07
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*2998 MMC -MONEY MARKET FUND	\$609,891.25	\$609,891.25	\$609,891.25	\$609,891.25
Total Balance	\$3,363,553.19	\$3,711,389.56	\$3,363,553.19	\$3,270,285.96

Ashford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memoria Medical Center ✓

Date Requested: 4/22/2024

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FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
APR 22 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL#001237

AMOUNT: \$ 34,871.14 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina and Wellpoint February QIPP ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew De la Senter

4/22/24

Broadmoor ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memoria Medical Center ✓

Date Requested: 4/22/2024

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APPROVED ON
APR 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Clt#000274

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT: \$ 12,918.38 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina and Wellpoint February QIPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DeCoster*

4/22/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memoria Medical Center ✓

Date Requested: 4/22/2024

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APPROVED ON

APR 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 000338

FOR ACCT USE ONLY

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

AMOUNT: \$ 9,682.19 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina and Wellpoint February QIPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeKal Sante

4/22/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memoria Medical Center ✓

Date Requested: 4/22/2024

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APPROVED ON

APR 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 000246

FOR ACCT USE ONLY

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

AMOUNT: \$ 10,890.73 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina and Wellpoint February QIPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew De los Santos

4/22/24

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memoria Medical Center ✓ Date Requested: 4/22/2024

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FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

APR 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 001300

AMOUNT: \$ 10,488.12 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina and Wellpoint February QIPP ✓ ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Santos

4/22/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memoria Medical Center ✓

Date Requested: 4/22/2024

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APPROVED ON

APR 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#000210

FOR ACCT USE ONLY

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

AMOUNT: \$ 21,216.60 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior February ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Santos

4/22/24

Bethany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

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Memoria Medical Center ✓

Date Requested: 4/22/2024

APPROVED ON

APR 22 2024

BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

CHK 1041

FOR ACCT USE ONLY

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

AMOUNT: \$ 20,732.56 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior February ✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew D. Forster

4/22/24

Tuscany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

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Memoria Medical Center ✓

Date Requested: 4/22/2024

APPROVED ON
APR 22 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 001153

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT: \$ 21,486.76 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina and Wellpoint February QIPP

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Delap Santa

4/22/24

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

4/24/2024

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina Feb	Wellpoint Feb	Superior Feb			TOTAL	Date
Ashford ✓			Prosperity	MMC -Prosperity Operating	10255040	11,810.55 ✓	23,060.59 ✓			34,871.14	4/24/2024
Broadmoor ✓			Prosperity	MMC -Prosperity Operating	10255040	4,375.44 ✓	8,542.94 ✓			12,918.38	4/24/2024
Crescent ✓			Prosperity	MMC -Prosperity Operating	10255040	3,279.63 ✓	6,402.55 ✓			9,682.19	4/24/2024
Fort Bend ✓			Prosperity	MMC -Prosperity Operating	10255040	3,688.73 ✓	7,202.00 ✓			10,890.73	4/24/2024
Solera ✓			Prosperity	MMC -Prosperity Operating	10255040	3,552.58 ✓	6,935.54 ✓			10,488.12	4/24/2024
Golden Creek ✓			Prosperity	MMC -Prosperity Operating	10255040			21,216.60 ✓		21,216.60	4/24/2024
Bethany ✓			Prosperity	MMC -Prosperity Operating	10255040			20,732.56 ✓		20,732.56	4/24/2024
Tuscany ✓			Prosperity	MMC -Prosperity Operating	10255040	7,276.04 ✓	14,210.72 ✓			21,486.76	4/24/2024
				Total:		33,982.98 ✓	66,354.33 ✓	41,949.15 ✓	-	-	142,286.46

Note:

Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 4/22/2024

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memoria Medical Center ✓

Date Requested: 4/22/2024

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APPROVED ON

APR 22 2024

BY COUNTY AUDITOR
GALHOON COUNTY, TEXAS

CK# 1017

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

AMOUNT: \$ 4,548.60 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim Payment transfer

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLeon Santos

4/22/24

0

RUN DATE:04/24/24
TIME:15:36

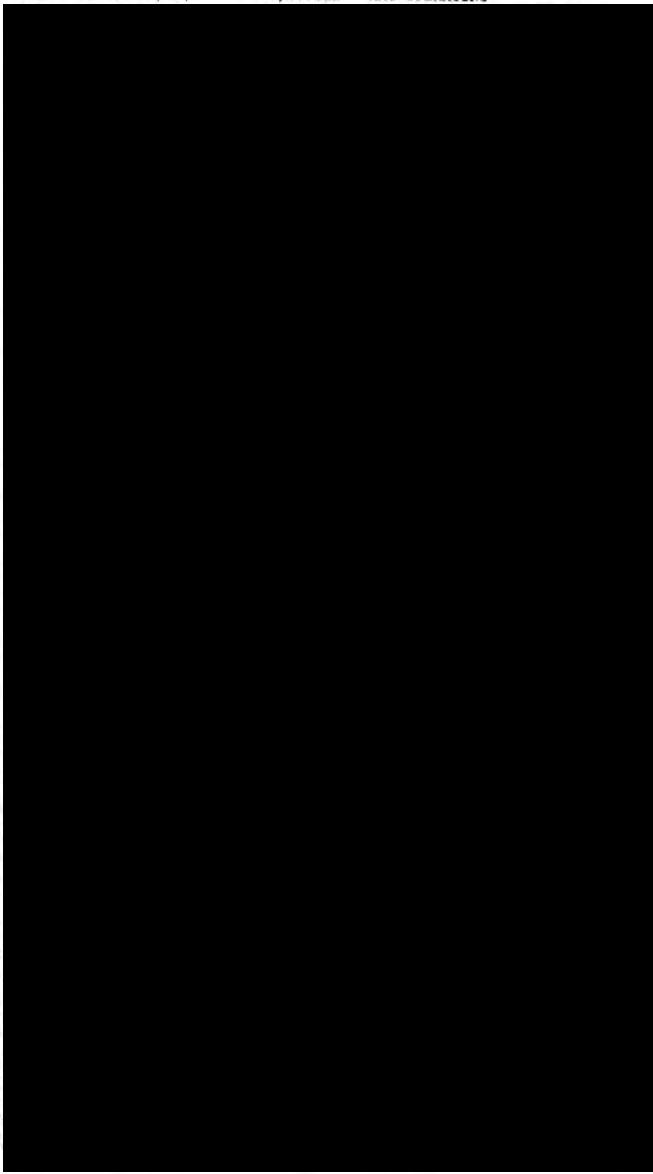
MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/24/24 THRU 04/24/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG * 000210 04/24/24 21,216.60 MMC OPERATING
NHF * 000246 04/24/24 10,890.73 MMC OPERATING
NHB * 000274 04/24/24 12,918.38 MMC OPERATING
NHC * 000338 04/24/24 9,682.18 MMC OPERATING
GPM * 001017 04/24/24 4,548.60 MMC OPERATING
BSL * 001041 04/24/24 20,732.56 MMC OPERATING
TUS * 001153 04/24/24 21,486.76 MMC OPERATING
NHA * 001237 04/24/24 34,871.14 MMC OPERATING
NHS * 001300 04/24/24 10,488.12 MMC OPERATING



MEMORIAL MEDICAL CENTER

NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001237

Date 4-24-24

88-2265/1131

PAY

TO THE ORDER OF

MMC Operating

\$ 34,871. ¹⁴/₁₀₀

Thirty-four thousand, eight hundred seventy-one dollars ¹⁴/₁₀₀ DOLLARS



County auditor

FOR Wellpoint's Molina Feb QPPP

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

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000274

Date 4-24-24

88-2265/1131

PAY

TO THE ORDER OF

MMC Operating

\$ 12,918. ³⁰/₁₀₀

Twelve thousand, nine hundred eighteen dollars ³⁰/₁₀₀ DOLLARS



County auditor

FOR Wellpoint's Molina Feb QPPP

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

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000338

Date 4-24-24

88-2265/1131

PAY

TO THE ORDER OF

MMC Operating

\$ 9,682. ¹⁹/₁₀₀

Nine thousand, six hundred eighty-two dollars ¹⁹/₁₀₀ DOLLARS



County auditor

FOR

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

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

MEMORIAL MEDICAL CENTER

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

000246

Date 4-24-24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 10,890 ⁷³/₁₀₀

Ten thousand, eight hundred ninety dollars ⁷³/₁₀₀

DOLLARS



County auditor

FOR Molina - Wellpoint Feb QIPP



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

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001300

Date 4-24-24

88-2265/1131

PAY

TO THE
ORDER OF

mme operating

\$ 10,488 ¹²/₁₀₀

Ten thousand, four hundred eighty-eight dollars ¹²/₁₀₀

DOLLARS



County auditor

FOR Wellpoint's Molina Feb QIPP



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

MEMORIAL MEDICAL CENTER

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

000210

Date 4-24-24

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 21,216 ⁶⁰/₁₀₀

Twenty-one thousand, two hundred sixteen dollars ⁶⁰/₁₀₀

DOLLARS



County auditor

FOR Molina's Wellpoint Feb QIPP



MEMORIAL MEDICAL CENTER

TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001153

Date 4-24-24 88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 21,486 $\frac{76}{100}$

Twenty-one thousand, four hundred eighty-six dollars & $\frac{76}{100}$

DOLLARS



**PROSPERITY
BANK**

FOR Wellpoint Molina QIPP

County Auditor



MEMORIAL MEDICAL CENTER 102019

NH BETHANY SENIOR LIVING

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

1041

88-2265/1131-87

DATE 4-24-24



PAY
TO THE
ORDER OF

MMC Operating

\$ 20,732 $\frac{56}{100}$

Twenty thousand, seven hundred thirty-two dollars & $\frac{56}{100}$

DOLLARS



PROSPERITY BANK

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

FOR Superior Feb QIPP

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA
MEDICARE/MEDICAID 361-553-4618
1816 N VIRGINIA ST
PORT LAVACA, TX 77879

1017

86-2285/1101-87

DATE 4-24-24

CHECK ARMOR

PAY
TO THE
ORDER OF

MMC Operating

\$ 4548. ⁶⁰/₁₀₀

Four thousand, five hundred forty-eight dollars ⁶⁰/₁₀₀

DOLLARS

Photo
Print
Deposit
Details on back



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 auditor

County Treasurer