

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 8, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 760,389.39	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 235,373.07	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 861,980.43	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED May 8, 2024	\$ 1,857,742.89	✓

APPROVED

MAY 08 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 8, 2024

PAYABLES AND PAYROLL

5/2/2024 Weekly Payables	208,360.28
5/6/2024 McKesson-340B Prescription Expense	4,254.13
5/6/2024 Amerisource Bergen-340B Prescription Expense	389.21
5/6/2024 Payroll Liabilities -Payroll Taxes	120,892.82
5/6/2024 Payroll	371,891.54
5/6/2024 Health Equity-Wage works employee FSA	18,860.96

Prosperity Electronic Bank Payments

5/6/2024 90 Degree Benefits - employee insurance claims	32,677.83
5/2/2024 Authnet Gateway Billing-3rd Party Payor Fee	35.30
5/3/2024 Credit Card Fees	703.15
4/29-5/3/2024 Pay Plus-Patient Claims Processing Fee	1,051.34
5/6/2024 Health Equity-HSA Contributions	1,272.83

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 760,389.39
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

5/2/2024 MMC Operating to Fort bend-correction of nursing home insurance payment deposited into MMC Operating	7,086.40
5/2/2024 MMC Operating to Broadmoor-correction of nursing home insurance payment deposited into MMC Operating	2,244.00
5/2/2024 MMC Operating to The Crescent-correction of nursing home insurance payment deposited into MMC Operating in error	18,564.00
5/2/2024 MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating in error	98,894.87
5/2/2024 MMC Operating to Gulf Pointe Plaza - correction of nursing home insurance payment deposited into MMC Operating	215.26
5/2/2024 MMC Operating to Tuscany Village-correction of nursing home insurance payment deposited into MMC operating in error	61,199.43
5/2/2024 MMC Operating to Bethany-correction of nursing home insurance payment deposited into MMC Operating in error	47,169.11

TOTAL TRANSFERS BETWEEN FUNDS	\$ 235,373.07
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NURSING HOME UPL EXPENSES

5/6/2024 Nursing Home UPL-Cantex Transfer	278,325.10
5/6/2024 Nursing Home UPL-Nexion Transfer	163,310.75
5/6/2024 Nursing Home UPL-Tuscany Transfer	51,936.83
5/6/2024 Nursing Home UPL-HSL Transfer	359,928.67

TRANSFER OF FUNDS BETWEEN NURSING HOMES

5/6/2024 Crescent to Tuscany Village - Tuscany Village Claim payment deposited into Crescent in error	8,479.08
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TOTAL NURSING HOME UPL EXPENSES	\$ 861,980.43
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED May 8, 2024	\$ 1,857,742.89
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RECEIVED BY THE
COUNTY AUDITOR ON

MAY 02 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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ap_open_invoice.template

05/02/2024

12:31

Due Dates Through: 05/24/2024

Vendor# Vendor Name CALHOUN COUNTY, TEXAS

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
9149029392		05/01/202	04/12/202	05/07/202			87.00	0.00	0.00	87.00

SUPPLIES

Vendor Totals: Number Name

A1680 AIRGAS USA, LLC - CENTRAL DIV

Gross	Discount	No-Pay	Net
87.00	0.00	0.00	87.00

Vendor# Vendor Name

Class Pay Code

15436

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
276041		04/29/202	04/26/202	05/20/202			94.78	0.00	0.00	94.78

PT REFUND

Vendor Totals: Number Name

15436

Gross	Discount	No-Pay	Net
94.78	0.00	0.00	94.78

Vendor# Vendor Name

Class Pay Code

14416

ALLOMETRICS, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
00137564		04/29/202	03/28/202	04/27/202			541.00	0.00	0.00	541.00

TRAVEL /SERVICE

Vendor Totals: Number Name

14416 ALLOMETRICS, INC.

Gross	Discount	No-Pay	Net
541.00	0.00	0.00	541.00

Vendor# Vendor Name

Class Pay Code

14028

AMAZON CAPITAL SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1KX1-7R7Y-CTPM		04/17/202	04/11/202	04/10/202			21.76	0.00	0.00	21.76

SUPPLIES

1M66-VY6R-PGLK		04/29/202	04/17/202	05/17/202			19.58	0.00	0.00	19.58
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SUPPLIES

1XDK-GH4N-36RD		04/29/202	04/22/202	05/22/202			377.26	0.00	0.00	377.26
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SUPPLIES

Vendor Totals: Number Name

14028 AMAZON CAPITAL SERVICES

Gross	Discount	No-Pay	Net
418.60	0.00	0.00	418.60

Vendor# Vendor Name

Class Pay Code

10419

AMBU INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
224087000		04/29/202	04/22/202	05/20/202			87.00	0.00	0.00	87.00

SUPPLIES

Vendor Totals: Number Name

10419 AMBU INC

Gross	Discount	No-Pay	Net
87.00	0.00	0.00	87.00

Vendor# Vendor Name

Class Pay Code

B1150

BAXTER HEALTHCARE

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82259815		04/29/202	04/18/202	05/13/202			42.75	0.00	0.00	42.75

SUPPLIES

82255752		04/29/202	04/18/202	05/13/202			266.63	0.00	0.00	266.63
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SUPPLIES

Vendor Totals: Number Name

B1150 BAXTER HEALTHCARE

Gross	Discount	No-Pay	Net
309.38	0.00	0.00	309.38

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
6011098887		04/29/202	04/11/202	05/11/202			1,104.08	0.00	0.00	1,104.08

SUPPLIES

Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
M2485		BAYER HEALTHCARE		1,104.08		0.00		0.00		1,104.08	
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	
111269624		04/29/202	04/18/202	05/13/202			1,229.49	0.00	0.00	1,229.49	

SUPPLIES

Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
B1220		BECKMAN COULTER INC					1,229.49	0.00	0.00	1,229.49	
Vendor#	Vendor Name	Class			Pay Code						
B1320	BEEKLEY CORPORATION	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MIN0088710		04/24/202	03/27/202	05/20/202			199.00	0.00	0.00	199.00

SUPPLIES

Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
B1320		BEEKLEY CORPORATION					199.00	0.00	0.00	199.00
Vendor#	Vendor Name	Class			Pay Code					
11072	BIO-RAD LABORATORIES, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907214847		04/29/202	04/18/202	05/01/202			1,026.00	0.00	0.00	1,026.00

SUPPLIES

907214846	04/29/202 04/18/202 05/01/202	368.89	0.00	0.00	368.89
SUPPLIES					
Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11072	BIO-RAD LABORATORIES, INC	1,394.89	0.00	0.00	1,394.89

FUEL

Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
C1048		CALHOUN COUNTY		131.33		0.00		0.00		131.33	
Vendor#	Vendor Name	Class		Pay Code							
14120	CALHOUN COUNTY EMS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
2024-03		03/31/202	03/31/202	05/20/202			5,720.00	0.00	0.00	5,720.00	

MAR 24 TRANSFERS

Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
14120		CALHOUN COUNTY EMS		5,720.00		0.00		0.00		5,720.00	
Vendor#	Vendor Name	Class		Pay Code							
14064	CAPITAL ONE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1655147677		04/29/202	04/19/202	05/14/202			305.12	0.00	0.00	305.12	

SUPPLIES

Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
14064		CAPITAL ONE		305.12		0.00		0.00		305.12	
Vendor#	Vendor Name			Class	Pay Code						
14236	CARRIER CORPORATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	90360819		04/29/202	04/24/202	05/24/202			12,830.00	0.00	0.00	12,830.00

CHILLER RENTAL 1/1-1/28/24

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90360820		04/29/202	04/24/202	05/24/202			12,830.00	0.00	0.00	12,830.00

CHILLER RENTAL 1/29-2/25/24

Vendor Totals: Number Name		Gross		Discount		No-Pay		Net	
14236 CARRIER CORPORATION		25,660.00		0.00		0.00		25,660.00	

Vendor#	Vendor Name	Class	Pay Code								
C1992	CDW GOVERNMENT, INC.	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	QR65605		04/29/202	04/12/202	05/12/202			274.99	0.00	0.00	274.99
	SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.					274.99	0.00	0.00	274.99
Vendor#	Vendor Name	Class	Pay Code								
C1390	CENTRAL DRUG	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	042224		04/24/202	04/22/202	05/20/202			38.80	0.00	0.00	38.80
	INVENTORY										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		C1390	CENTRAL DRUG					38.80	0.00	0.00	38.80
Vendor#	Vendor Name	Class	Pay Code								
13000	CLEARFLY										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV604144		05/02/202	05/01/202	05/15/202			1,203.95	0.00	0.00	1,203.95
	PHONE										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13000	CLEARFLY					1,203.95	0.00	0.00	1,203.95
Vendor#	Vendor Name	Class	Pay Code								
10006	CUSTOM MEDICAL SPECIALTIES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV5001		04/29/202	04/19/202	05/19/202			384.84	0.00	0.00	384.84
	SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10006	CUSTOM MEDICAL SPECIALTIES					384.84	0.00	0.00	384.84
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
	752657-0		04/24/202	04/16/202	05/11/202			532.40	0.00	0.00	532.40
	SUPPLIES										
	753390-0		04/29/202	04/22/202	05/17/202			120.59	0.00	0.00	120.59
	SUPPLIES										
	753472-0		04/29/202	04/23/202	05/18/202			297.46	0.00	0.00	297.46
	SUPPLIES										
	753390-1		04/29/202	04/23/202	05/18/202			61.36	0.00	0.00	61.36
	SUPPLIES										
	754042-0		04/29/202	04/26/202	05/21/202			20.50	0.00	0.00	20.50
	SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON					1,032.31	0.00	0.00	1,032.31
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
	43160		04/29/202	04/30/202	05/10/202			40,062.50	0.00	0.00	40,062.50
	PHYSICIAN SERVICES 16th - Eom										
	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								
15432	ETS ENVIRONMENTAL TESTING SERV										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22404278		04/29/202	04/16/202	05/16/202			2,240.00	0.00	0.00	2,240.00
	ALARM REPAIR										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

15432	ETS ENVIRONMENTAL TESTING SERV						2,240.00	0.00	0.00	2,240.00
Vendor#	Vendor Name	Class	Pay Code							
F1300	FIRESTONE OF PORT LAVACA	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0085422		04/29/202	04/22/202	05/01/202			427.29	0.00	0.00	427.29
	AR BRAKE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1300	FIRESTONE OF PORT LAVACA					427.29	0.00	0.00	427.29
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
1491643		04/29/202	04/12/202	05/07/202			60.23	0.00	0.00	60.23
	SUPPLIES									
1525042		04/29/202	04/15/202	05/10/202			4,525.16	0.00	0.00	4,525.16
	SUPPLIES									
1600102		04/29/202	04/17/202	05/12/202			363.83	0.00	0.00	363.83
	SUPPLIES									
1637629		04/29/202	04/18/202	05/13/202			1,091.08	0.00	0.00	1,091.08
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					6,040.30	0.00	0.00	6,040.30
Vendor#	Vendor Name	Class	Pay Code							
11183	FRONTIER									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041924		04/29/202	04/23/202	05/13/202			56.40	0.00	0.00	56.40
	PHONE									
042324		04/29/202	04/23/202	05/17/202			25.58	0.00	0.00	25.58
	PHONE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					81.98	0.00	0.00	81.98
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
2527286		04/29/202	04/23/202	05/23/202			1,049.45	0.00	0.00	1,049.45
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					1,049.45	0.00	0.00	1,049.45
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
6503		04/29/202	04/30/202	05/10/202			23,663.00	0.00	0.00	23,663.00
	HOSPITALIST SERV									
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							
11285	ITA RESOURCES INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC52024		04/29/202	05/01/202	05/21/202			28,660.38	0.00	0.00	28,660.38
	PROF FEES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC					28,660.38	0.00	0.00	28,660.38
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
19049175A		04/29/202	02/08/202	02/23/202			26.07	0.00	0.00	26.07
	SUPPLIES									

Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net		
M2178		MCKESSON MEDICAL SURGICAL INC		26.07		0.00		0.00		26.07		
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	✓
✓	2315498628		04/24/202	04/17/202	05/12/202			4,217.96	0.00	0.00	4,217.96	✓
	SUPPLIES											
✓	2316364962		04/29/202	04/24/202	05/19/202			24.55	0.00	0.00	24.55	✓
	SUPPLIES											
✓	2316364965		04/29/202	04/24/202	05/19/202			224.10	0.00	0.00	224.10	✓
	SUPPLIES											
✓	2316364969		04/29/202	04/24/202	05/19/202			126.80	0.00	0.00	126.80	✓
	SUPPLIES											
✓	2316364981		04/29/202	04/24/202	05/19/202			4,485.82	0.00	0.00	4,485.82	✓
	SUPPLIES											
✓	2316364968		04/29/202	04/24/202	05/19/202			59.66	0.00	0.00	59.66	✓
	SUPPLIES											
✓	2316364967		04/29/202	04/24/202	05/19/202			51.91	0.00	0.00	51.91	✓
	SUPPLIES											
✓	2316364979		04/29/202	04/24/202	05/19/202			3,423.14	0.00	0.00	3,423.14	✓
	SUPPLIES											
✓	2316364966		04/29/202	04/24/202	05/19/202			20.68	0.00	0.00	20.68	✓
	SUPPLIES											
✓	2316364963		04/29/202	04/24/202	05/19/202			799.65	0.00	0.00	799.65	✓
	SUPPLIES											
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net		
M2470		MEDLINE INDUSTRIES INC		13,434.27		0.00		0.00		13,434.27		
Vendor#	Vendor Name	Class		Pay Code								
10182	MERCEDES SCIENTIFIC											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
✓	2829428		04/29/202	04/22/202	05/22/202			35.88	0.00	0.00	35.88	✓
	SUPPLIES											
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net		
10182		MERCEDES SCIENTIFIC		35.88		0.00		0.00		35.88		
Vendor#	Vendor Name	Class		Pay Code								
10791	MINDRAY DS USA, INC.											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
✓	0601077813		04/29/202	04/18/202	05/08/202			277.20	0.00	0.00	277.20	✓
	SUPPLIES											
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net		
10791		MINDRAY DS USA, INC.		277.20		0.00		0.00		277.20		
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	✓
✓	1910549		04/29/202	04/23/202	05/03/202			111.43	0.00	0.00	111.43	✓
	INVENTORY											
✓	1910550		04/29/202	04/23/202	05/03/202			88.16	0.00	0.00	88.16	✓
	INVENTORY											
✓	8893A		04/29/202	04/23/202	05/03/202			-228.85	0.00	0.00	-228.85	✓
	CREDIT											
✓	1907128		04/29/202	04/23/202	05/03/202			2,319.36	0.00	0.00	2,319.36	✓
	INVENTORY											
✓	1907732		04/29/202	04/23/202	05/03/202			436.62	0.00	0.00	436.62	✓
	INVENTORY											
✓	1912967		04/29/202	04/24/202	05/04/202			367.74	0.00	0.00	367.74	✓
	INVENTORY											

✓ 1912437		04/29/202	04/24/202	05/04/202		3,611.54	0.00	0.00	3,611.54	✓
✓ 1915440	INVENTORY	04/29/202	04/24/202	05/04/202		48.37	0.00	0.00	48.37	✓
✓ 1912427	INVENTORY	04/29/202	04/24/202	05/04/202		902.89	0.00	0.00	902.89	✓
✓ 1912442	INVENTORY	04/29/202	04/24/202	05/04/202		5,417.31	0.00	0.00	5,417.31	✓
✓ 1912436	INVENTORY	04/29/202	04/24/202	05/04/202		10,732.01	0.00	0.00	10,732.01	✓
✓ CM20817	CREDIT	04/29/202	04/24/202	05/04/202		-30.71	0.00	0.00	-30.71	✓
✓ 1918073	INVENTORY	04/29/202	04/25/202	05/05/202		117.88	0.00	0.00	117.88	✓
✓ CM21153	CREDIT	04/29/202	04/25/202	05/05/202		-5,175.12	0.00	0.00	-5,175.12	✓
✓ 1920857	INVENTORY	04/29/202	04/25/202	05/05/202		374.66	0.00	0.00	374.66	✓
✓ 1917548	INVENTORY	04/29/202	04/25/202	05/05/202		3,830.44	0.00	0.00	3,830.44	✓
✓ 1920858	INVENTORY	04/29/202	04/25/202	05/05/202		149.60	0.00	0.00	149.60	✓
✓ 1920859	INVENTORY	04/29/202	04/25/202	05/05/202		144.68	0.00	0.00	144.68	✓
✓ 1927536	INVENTORY	04/29/202	04/28/202	05/08/202		533.11	0.00	0.00	533.11	✓
✓ 1927535	INVENTORY	04/29/202	04/28/202	05/08/202		959.34	0.00	0.00	959.34	✓
✓ 1931070	INVENTORY	04/29/202	04/29/202	05/09/202		3,989.03	0.00	0.00	3,989.03	✓
✓ 1930922	INVENTORY	04/29/202	04/29/202	05/09/202		146.06	0.00	0.00	146.06	✓
✓ 1930919	INVENTORY	04/29/202	04/29/202	05/09/202		9.59	0.00	0.00	9.59	✓
✓ 1930921	INVENTORY	04/29/202	04/29/202	05/09/202		179.01	0.00	0.00	179.01	✓
✓ 1931071	INVENTORY	04/29/202	04/29/202	05/09/202		492.97	0.00	0.00	492.97	✓
✓ 1929125	INVENTORY	04/29/202	04/29/202	05/09/202		117.88	0.00	0.00	117.88	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	29,645.00	0.00	0.00	29,645.00

Vendor#	Vendor Name	Class	Pay Code
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15440										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
274179		04/29/202	04/24/202	05/20/202			120.00	0.00	0.00	120.00

PT REFUND

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15440		120.00	0.00	0.00	120.00

Vendor#	Vendor Name	Class	Pay Code
Q1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35726403		04/29/202	03/08/202	04/02/202			201.88	0.00	0.00	201.88

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Q1500	OLYMPUS AMERICA INC	201.88	0.00	0.00	201.88

Vendor#	Vendor Name	Class	Pay Code							
12708	POC ELECTRIC, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4077		04/29/202	04/26/202	05/01/202			5,036.13	0.00	0.00	5,036.13
CASHIER STATION										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12708 POC ELECTRIC, LLC							5,036.13	0.00	0.00	5,036.13
Vendor#	Vendor Name	Class	Pay Code							
P2100	PORT LAVACA WAVE	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
300070789		04/29/202	04/26/202	05/21/202			885.00	0.00	0.00	885.00
ADVERTISING										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
P2100 PORT LAVACA WAVE							885.00	0.00	0.00	885.00
Vendor#	Vendor Name	Class	Pay Code							
10372	PRECISION DYNAMICS CORP (PDC)									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9356002823		04/29/202	04/17/202	05/17/202			6.41	0.00	0.00	6.41
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10372 PRECISION DYNAMICS CORP (PDC)							6.41	0.00	0.00	6.41
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
23046		04/29/202	04/29/202	05/01/202			120.00	0.00	0.00	120.00
BUSINESS CARDS										
23044		04/29/202	04/29/202	05/09/202			112.00	0.00	0.00	112.00
FOAMBOARD										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11251 RAPID PRINTING LLC							232.00	0.00	0.00	232.00
Vendor#	Vendor Name	Class	Pay Code							
S0900	SAM'S CLUB DIRECT	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042024		04/29/202	04/20/202	05/08/202			168.91	0.00	0.00	168.91
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
S0900 SAM'S CLUB DIRECT							168.91	0.00	0.00	168.91
Vendor#	Vendor Name	Class	Pay Code							
S2001	SIEMENS MEDICAL SOLUTIONS INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116534719		04/29/202	04/16/202	05/11/202			2,451.95	0.00	0.00	2,451.95
SYMBIA EVO CONTRACT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
S2001 SIEMENS MEDICAL SOLUTIONS INC							2,451.95	0.00	0.00	2,451.95
Vendor#	Vendor Name	Class	Pay Code							
12472	SOMETHING MORE MEDIA, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2186		04/29/202	04/26/202	05/11/202			2,525.00	0.00	0.00	2,525.00
ADVERTISING										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12472 SOMETHING MORE MEDIA, INC.							2,525.00	0.00	0.00	2,525.00
Vendor#	Vendor Name	Class	Pay Code							
C1010	SPARKLIGHT	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041624		04/29/202	04/16/202	04/17/202			149.79	0.00	0.00	149.79
CABLE										

Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
	C1010	SPARKLIGHT		149.79		0.00		0.00		149.79	
Vendor#	Vendor Name			Class	Pay Code						
S3940	STERIS CORPORATION			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	12308075		04/29/202	04/19/202	05/14/202			222.08	0.00	0.00	222.08
SUPPLIES											
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
	S3940	STERIS CORPORATION		222.08		0.00		0.00		222.08	
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
	INV1796944261		04/29/202	04/05/202	05/05/202			3,372.50	0.00	0.00	3,372.50
	STEVEN SHAW										
	INV1796947724		04/29/202	04/12/202	05/12/202			2,992.50	0.00	0.00	2,992.50
	STEVEN SHAW										
	INV1796951357		04/29/202	04/19/202	05/19/202			3,396.25	0.00	0.00	3,396.25
	STEVEN SHAW										
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
	14372	TRIAGE, LLC		9,761.25		0.00		0.00		9,761.25	
Vendor#	Vendor Name			Class	Pay Code						
W1189	WERLING ASSOCIATES INC			W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8588		04/17/202	03/22/202	05/22/202			740.00	0.00	0.00	740.00
	WAGE/BENEFIT SURVEY 2024										
Vendor Totals: Number		Name		Gross		Discount		No-Pay		Net	
	W1189	WERLING ASSOCIATES INC		740.00		0.00		0.00		740.00	
Report Summary											
Grand Totals:		Gross		Discount		No-Pay		Net			
		208,360.28		0.00		0.00		208,360.28			

Report Summary

Grand Totals:		Gross		Discount		No-Pay		Net	
		208,360.28		0.00		0.00		208,360.28	

APPROVED ON

MAY 02 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8

RUN DATE:05/06/24
TIME:11:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/08/24 THRU 05/08/24

PAGE 1
GLCKREG

BANK--CHECK--

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	203983	05/08/24	87.00	AIRGAS USA, LLC - CENTRAL DIV
A/P	203984	05/08/24	94.78	[REDACTED]
A/P	203985	05/08/24	541.00	ALLOMETRICS, INC.
A/P	203986	05/08/24	418.60	AMAZON CAPITAL SERVICES
A/P	203987	05/08/24	87.00	AMBU INC
A/P	203988	05/08/24	309.38	BAXTER HEALTHCARE
A/P	203989	05/08/24	1,104.08	BAYER HEALTHCARE
A/P	203990	05/08/24	1,229.49	BECKMAN COULTER INC
A/P	203991	05/08/24	199.00	BEEKLEY CORPORATION
A/P	203992	05/08/24	1,394.89	BIO-RAD LABORATORIES, INC
A/P	203993	05/08/24	131.33	CALHOUN COUNTY
A/P	203994	05/08/24	5,720.00	CALHOUN COUNTY EMS
A/P	203995	05/08/24	305.12	CAPITAL ONE
A/P	203996	05/08/24	25,660.00	CARRIER CORPORATION
A/P	203997	05/08/24	274.99	CDW GOVERNMENT, INC.
A/P	203998	05/08/24	38.80	CENTRAL DRUG
A/P	203999	05/08/24	1,203.95	CLEARFLY
A/P	204000	05/08/24	384.84	CUSTOM MEDICAL SPECIALTIES
A/P	204001	05/08/24	1,032.31	DEWITT POTH & SON
A/P	204002	05/08/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	204003	05/08/24	2,240.00	ETS ENVIRONMENTAL TESTING SERV
A/P	204004	05/08/24	427.29	FIRESTONE OF PORT LAVACA
A/P	204005	05/08/24	6,040.30	FISHER HEALTHCARE
A/P	204006	05/08/24	81.98	FRONTIER
A/P	204007	05/08/24	1,049.45	GULF COAST PAPER COMPANY
A/P	204008	05/08/24	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	204009	05/08/24	28,660.38	ITA RESOURCES INC
A/P	204010	05/08/24	26.07	MCKESSON MEDICAL SURGICAL INC
A/P	204011	05/08/24	.00	VOIDED
A/P	204012	05/08/24	13,434.27	MEDLINE INDUSTRIES INC
A/P	204013	05/08/24	35.88	MERCEDES SCIENTIFIC
A/P	204014	05/08/24	277.20	MINDRAY DS USA, INC.
A/P	204015	05/08/24	.00	VOIDED
A/P	204016	05/08/24	29,645.00	MORRIS & DICKSON CO, LLC
A/P	204017	05/08/24	120.00	[REDACTED]
A/P	204018	05/08/24	201.88	OLYMPUS AMERICA INC
A/P	204019	05/08/24	5,036.13	POC ELECTRIC, LLC
A/P	204020	05/08/24	885.00	PORT LAVACA WAVE
A/P	204021	05/08/24	6.41	PRECISION DYNAMICS CORP (PDC)
A/P	204022	05/08/24	232.00	RAPID PRINTING LLC
A/P	204023	05/08/24	168.91	SAM'S CLUB DIRECT
A/P	204024	05/08/24	2,451.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	204025	05/08/24	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	204026	05/08/24	149.79	SPARKLIGHT
A/P	204027	05/08/24	222.08	STERIS CORPORATION
A/P	204028	05/08/24	9,761.25	TRIAGE, LLC
A/P	204029	05/08/24	740.00	WERLING ASSOCIATES INC
A/P	204030	05/08/24	47,169.11	BETHANY SENIOR LIVING
A/P	204031	05/08/24	2,244.00	BROADMOOR AT CREEKSIDE PARK
A/P	204032	05/08/24	7,086.40	FORTBEND HEALTHCARE CENTER

RUN DATE:05/06/24
TIME:11:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/08/24 THRU 05/08/24

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	204033	05/08/24	98,894.87	GOLDENCREEK HEALTHCARE
A/P	204034	05/08/24	215.26	GULF POINTE PLAZA
A/P	204035	05/08/24	18,564.00	THE CRESCENT
A/P	204036	05/08/24	61,199.43	TUSCANY VILLAGE
TOTALS:			443,733.35	

APPROVED ON

MAY 08, 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
208,360.28 +
Nixfers
235,373.07 +
443,733.35

McKESSON

STATEMENT

As of: 05/03/2024

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 05/04/2024

As of: 05/03/2024
Mail to: Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 05/04/2024 PLEASE CHECK ANY
ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,340.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 05/07/2024,
Pay This Amount: 4,254.13 USD

If Paid After 05/07/2024,
Pay this Amount: 4,340.94 USD

Due If Paid On Time:
USD 4,254.13 ✓

Disc lost if paid late:
86.81

Due If Paid Late:
USD 4,340.94

3,640.43 +

35.08 +

557.81 +

20.81 +

4,254.13

APPROVED ON

MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew De Los Santos
516124

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

McKESSON

STATEMENT

As of: 05/03/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 05/04/2024

As of: 05/03/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/04/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
04/29/2024	05/07/2024	7493036007	114204504	115Invoice	0.02	0.95		0.93	X	7493036007	✓
04/29/2024	05/07/2024	7493036008	114283110	115Invoice	1.34	66.99		65.65	X	7493036008	✓
04/29/2024	05/07/2024	7493036010	114351743	115Invoice	1.35	67.32		65.97	X	7493036010	✓
04/29/2024	05/07/2024	7493248809	114210758	195Invoice	0.01	0.32		0.31	X	7493248809	✓
04/29/2024	05/07/2024	7493248810	114289305	195Invoice	2.08	103.90		101.82	X	7493248810	✓
04/29/2024	05/07/2024	7493248811	114215853	115Invoice	0.02	0.95		0.93	X	7493248811	✓
04/29/2024	05/07/2024	7493353565	111708965	115Invoice	2.57	128.69		126.12	X	7493353565	✓
04/29/2024	05/07/2024	7493353566	110816926	115Invoice	2.42	121.06		118.64	X	7493353566	✓
04/29/2024	05/07/2024	7493353567	109605264	115Invoice	2.60	130.23		127.63	X	7493353567	✓
04/30/2024	05/07/2024	7493402279	114525817	115Invoice	6.70	334.95		328.25	X	7493402279	✓
05/01/2024	05/07/2024	7493658957	114603161	115Invoice	1.00	50.24		49.24	X	7493658957	✓
05/01/2024	05/07/2024	7493658958	114603161	115Invoice	0.01	0.32		0.31	X	7493658958	✓
05/01/2024	05/07/2024	7493658959	114677008	115Invoice	0.05	2.27		2.22	X	7493658959	✓
05/01/2024	05/07/2024	7493822438	114361757	115Invoice	7.52	375.96		368.44	X	7493822438	✓
05/01/2024	05/07/2024	7493822439	114455432	115Invoice	0.03	1.58		1.55	X	7493822439	✓
05/01/2024	05/07/2024	7493822440	114609900	195Invoice	0.47	23.56		23.09	X	7493822440	✓
05/01/2024	05/07/2024	7493822441	114599152	115Invoice	2.50	125.21		122.71	X	7493822441	✓
05/02/2024	05/07/2024	7493920155	114735193	115Invoice	37.34	1,867.18		1,829.84	X	7493920155	✓
05/02/2024	05/07/2024	7493920157	114735193	115Invoice	0.01	0.49		0.48	X	7493920157	✓
05/02/2024	05/07/2024	7493920158	114798308	115Invoice	0.01	0.49		0.48	X	7493920158	✓
05/03/2024	05/07/2024	7494181674	114849568	115Invoice	1.00	50.24		49.24	X	7494181674	✓
05/03/2024	05/07/2024	7494350175	114855606	195Invoice	5.24	261.82		256.58	X	7494350175	✓

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

McKESSON

STATEMENT

As of: 05/03/2024

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 05/04/2024

As of: 05/03/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/04/2024 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	
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PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 3,714.72 USD

Future Due: 0.00

If Paid By 05/07/2024,
Pay This Amount:

3,640.43 USD

Due If Paid On Time:

USD 3,640.43 X✓

Past Due: 0.00

Disc lost if paid late:

74.29

Last Payment 8,444.11
04/29/2024

If Paid After 05/07/2024,
Pay this Amount:

3,714.72 USD

Due If Paid Late:

USD 3,714.72

✓ Andrew Dela Lantia
5/16/24

APPROVED ON

MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 05/03/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 05/03/2024

As of: 05/03/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 05/03/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/01/2024	05/07/2024	7493648564	3915041	115Invoice	0.64	32.03		31.39	X	7493648564	✓
05/03/2024	05/07/2024	7494179464	3920522	115Invoice	0.08	3.77		3.69	X	7494179464	✓

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

TOTAL:

Subtotals: 35.80 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,444.11
04/29/2024

If Paid By 05/07/2024,
Pay This Amount:

35.08 USD

If Paid After 05/07/2024,
Pay this Amount:

35.80 USD

Due If Paid On Time:

USD

35.08 ✓✓

Disc lost if paid late:

0.72

Due If Paid Late:

USD

35.80

Andrew Delos Santos
5/6/24

APPROVED ON

MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

STATEMENT

As of: 05/03/2024

Page: 001

Company: 8000

HEB PHCY WHSE/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: 820405
Date: 05/04/2024

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

As of: 05/03/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 05/04/2024 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 820405 HEB PHCY WHSE/MEM MED PHS											
04/30/2024	05/07/2024	7493419371	B2404-055-157136	115Invoice	1.01	50.66		49.65 X		7493419371	✓
04/30/2024	05/07/2024	7493419372	B2404-055-157147	115Invoice	10.37	518.53		508.16 X		7493419372	✓

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

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 569.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,444.11
04/29/2024

If Paid By 05/07/2024,
Pay This Amount:

557.81 USD

If Paid After 05/07/2024,
Pay this Amount:

569.19 USD

Due If Paid On Time:

USD 557.81 X ✓

Disc lost if paid late:

11.38

Due If Paid Late:

USD 569.19

APPROVED ON

MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew DeLaSantas
5/6/24

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 05/03/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 05/04/2024

As of: 05/03/2024
Mail to: Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437
Date: 05/04/2024
**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
05/01/2024	05/07/2024	7493842888	3213490	115Invoice	0.42	21.23		20.81	X	7493842888	✓

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

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

Subtotals: 21.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,444.11
04/29/2024

If Paid By 05/07/2024,
Pay This Amount:

20.81 USD

If Paid After 05/07/2024,
Pay this Amount:

21.23 USD

Due If Paid On Time:
USD

20.81 X✓

Disc lost if paid late:

0.42

Due If Paid Late:
USD

21.23

APPROVED ON

MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew Delos Santos
5/6/24

For AR Inquiries please contact 800-867-0333

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:	389.21
Past Due:	0.00
Total Due:	389.21
Account Balance:	389.21

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-29-2024	05-10-2024	3173186269	7006363164	Invoice	57.54 X		0.00	57.54
04-29-2024	05-10-2024	3173186460	7006373066	Invoice	100.10 X		0.00	100.10
04-30-2024	05-10-2024	3173369639	7006391931	Invoice	6.50 X		0.00	6.50
05-01-2024	05-10-2024	3173533672	7006399279	Invoice	49.81 X		0.00	49.81
05-02-2024	05-10-2024	3173677927	7006409064	Invoice	93.56 X		0.00	93.56
05-03-2024	05-10-2024	3173826557	7006419548	Invoice	78.23 X		0.00	78.23
05-03-2024	05-10-2024	3173826558	7006420188	Invoice	3.47 X		0.00	3.47

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
389.21	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
05-03-2024	(530.56)

Reminders

Due Date	Amount
05-10-2024	389.21
Total Due:	389.21

APPROVED ON

MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew D. [Signature]
516124

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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "ENTER YOUR 4-DIGIT PIN"	
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 24
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 06
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ \$ 120,892.82 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 62,675.26 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 14,657.86 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 43,559.70 #
☐ "6-DIGIT SETTLEMENT DATE"	★
"1 TO CONFIRM"	1
☐ ACKNOWLEDGEMENT NUMBER	

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED

3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	4/19/2024	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	5/2/2024					
PAY DATE:	5/10/2024					
GROSS PAY:	\$ 544,921.49			\$ -		\$ 544,921.49
DEDUCTIONS:						
A/R	\$ 180.41					\$ 180.41
ADVANC						\$ -
BOOTS						\$ -
MUTUAL CRITICAL ILLNESS						\$ -
MUTUAL ACCIDENT						\$ -
IRS TAX						\$ -
MUTUAL SHORT TERM DIS						\$ -
MUTUAL VISION	\$ 877.74					\$ 877.74
CAFÉ-D	\$ 1,276.38					\$ 1,276.38
CAFÉ-H	\$ 30,868.17					\$ 30,868.17
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ 570.69					\$ 570.69
CLINIC	\$ 58.80					\$ 58.80
COMBIN	\$ 250.86					\$ 250.86
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
MUTUAL TERM LIFE	\$ 1,392.52					\$ 1,392.52
MUTUAL HOSP INDEM	\$ 598.50					\$ 598.50
FED TAX	\$ 43,559.70					\$ 43,559.70
FICA-M	\$ 7,328.93					\$ 7,328.93
FICA-O	\$ 31,337.63					\$ 31,337.63
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 5,558.64					\$ 5,558.64
FLX-FE	\$ -					\$ -
GIFT S	\$ 160.60					\$ 160.60
MUTUAL CRITICAL ILLNESS	\$ 1,114.31					\$ 1,114.31
MUTUAL ACCIDENT	\$ 736.67					\$ 736.67
MUTUAL SHORT TERM DIS	\$ (89.79)					\$ (89.79)
LEGAL	\$ 1,179.78					\$ 1,179.78
OTHER	\$ 6,377.12					\$ 6,377.12
NATIONAL FARM LIFE	\$ 1,336.05					\$ 1,336.05
MED SURCHARGE	\$ 315.00					\$ 315.00
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 895.00					\$ 895.00
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 37,146.24					\$ 37,146.24
UWHOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 173,029.95	\$ -	\$ -	\$ -	\$ -	\$ 173,029.95
NET PAY:	\$ 371,891.54	\$ -	\$ -	\$ -	\$ -	\$ 371,891.54
TOTAL CAFÉ 125 PLAN:	\$ 39,475.93					
TAXABLE PAY:	\$ 505,445.56	\$ 505,445.56				
	CALCULATED	From MMC Report	Difference			
FICA - MED (ER)	1.45% \$ 7,328.96	\$ 7,328.96	\$ 0.03			
FICA - MED (EE)	1.45% \$ 7,328.96	\$ 7,328.93	\$ 0.03			
FICA - SOC SEC (ER)	6.20% \$ 31,337.62	\$ 31,337.63	\$ (0.01)			
FICA - SOC SEC (EE)	6.20% \$ 31,337.62	\$ 31,337.63	\$ (0.01)			
FED WITHHOLDING	\$ 43,559.70	\$ 43,559.70				
TAX DEPOSIT:	\$ 120,892.86	\$ 120,892.82				
FICA - MEDICARE	2.90% \$ 14,657.92	\$ 14,657.86				
FICA - SOCIAL SECURITY	12.40% \$ 62,675.24	\$ 62,675.26				
FED WITHHOLDING	\$ 43,559.70	\$ 43,559.70				
TOTAL TAX:	\$ 120,892.86	\$ 120,892.82	\$ 0.04			

Employees over FICA-SS Cap:
Roshanda Thomas
Michael Gaines

Paycode S - Employee Reimb.:

Exempt Amt:

TOTAL: \$ -

Caitlin Clevenger

5/6/2024

Run Date: 05/06/24
Time: 08:43

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 04/19/24 - 05/02/24 Run# 1 ✓

Page 109
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*			
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code Amount
1	REGULAR PAY-S1	10178.50	N		N	N		238905.39	A/R 180.41 ✓
1	REGULAR PAY-S1	2005.25	N		N	N		98384.43	ADVANC AWARDS BCBSVI
1	REGULAR PAY-S1	164.00	Y		N	N		4798.61	BOOTS CAFE H CAFE-1
2	REGULAR PAY-S2	2840.00	N		N	N		78942.77	CAFE-2 CAFE-3 CAFE-4
2	REGULAR PAY-S2	57.50	Y		N	N		2913.54	CAFE-5 CAFE-C CAFE-D
3	REGULAR PAY-S3	1668.25	N		N	N		59562.38	CAFE-F CAFE-H 30868.17 ✓ CAFE-I
3	REGULAR PAY-S3	3.25	N		N	N	Y	271.34	CAFE-L CAFE-P CANCER
3	REGULAR PAY-S3	75.75	Y		N	N		3706.78	CHILD 570.65 ✓ CLINIC 58.80 ✓ COMBIN 250.86 ✓
4	CALL BACK PAY	29.00	N	1	N	N	Y	1377.48	CREDUN DD ADV DENTAL
4	CALL BACK PAY	47.25	N	2	N	N	Y	2109.00	DEP-LF DIS-LF EAT
4	CALL BACK PAY	.75	Y	2	N	N	Y	45.23	EATCSH FEDTAX 43559.70 ✓ FICA-M 7328.93 ✓
C	CALL PAY	2121.50	N	1	N	N		4243.00	FICA-O 31337.63 ✓ FIRSTC FLEX S 4795.00 ✓
D	DOUBLE TIME	9.75	N	1	N	N		657.09	FLX FE FORT D FUTA
D	DOUBLE TIME	4.00	N	2	N	N		322.00	GIFT S 160.60 ✓ GRANT GRP-IN
E	EXTRA WAGES		N		N	N	N	600.00	GTL HOSP-I HSA 763.64 ✓
E	EXTRA WAGES		N	1	N	N	N	1208.75	ID TFT IRSTAX LEAF
F	FUNERAL LEAVE	24.00	N	1	N	N		927.36	LEGAL 272.78 ✓ MASA 907.00 ✓ MEALS 2091.59 ✓
I	INSERVICE	8.00	N	1	N	N		349.84	METVIS MISC
J	JURY LEAVE	16.00	N	1	N	N		204.00	MMCSHR MOOACC 736.67 ✓ MOOILL 1114.31 ✓
K	EXTENDED-ILLNESS-BANK	169.58	N	1	N	N		5928.19	MOOIND 598.50 ✓ MOOLIF 1392.52 ✓ MOOSTD -89.79 ✓
P	PAID-TIME-OFF	172.91	N		N	N	N	15730.72	MOOVIS 877.74 ✓ NATFML 1336.05 ✓ OTHER
P	PAID-TIME-OFF	788.42	N	1	N	N		20908.79	PHI PHI*** PR FIN
X	CALL PAY 2	128.00	N	1	N	N		256.00	RELAY REPAY SAMS
Y	YMCA/CURVES		N		N	N	N	30.00	SCRUBS SIGNON ST-TX
Z	CALL PAY 3	24.00	N	1	N	N		72.00	STONDF 895.00 ✓ STONE STONE2
p	PAID TIME OFF - PROBATION	40.00	N	1	N	N		866.80	STUDEN SUNACC SUNILL
t	PHONE & DATA		N		N	N	N	1600.00	SUNIND SUNLIF SUNSTD
									SUNVIS SURCHG 315.00 ✓ TSA-1
									TSA-2 TSA-C TSA-P
									TSA-R 37146.24 ✓ TUTION UNIFOR 4285.53 ✓
									UN/HOS

----- Grand Totals: 20575.66 ----- { Gross: 544921.49 Deductions: 173029.95 Net: 371891.54 } ✓
| Checks Count:- FT 209 PT 13 Other 40 Female 234 Male 27 Credit OverAmt 7 ZeroNet Term Total: 261 |

Andrew D. Santos
5/6/24

Memorial Medical Center
Transfer Request

Amount: 18,860.96 ✓

Date: 5/6/2024

From Account: Prosperity Operating- *4357

To Account: ██████████

Routing ██████████

APPROVED ON

MAY 06 2024

Explanation:

Wageworks FSA payment for invoices 6370673, 6398288, 6435507, 6454746, 6491187

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Requested by: Caitlin Clevenger

Date: 5/6/2024

Authorized by: Andrew Delos Santos

Date: 5/6/24

WageWorks

INVOICE

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

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

Remit: Via Wire or ACH Credit to US BANCORP
FSA/HRA/DC Acct #: [REDACTED] Routing #: [REDACTED]

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

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

Account #	Invoice Date
2052366	04/01/2024
PO #	DUE DATE
	07/01/2024 ✓
Invoice #	AMOUNT DUE
INV6370673	\$4,762.92

Description	Plan Code	Amount
Visa Card Payments - HCFA 2024	HCFA2024	4,273.31
PMB Payments - HCFA 2023	HCFA2023	444.51
Visa Card Payments - HCFA 2023	HCFA2023	45.10

Total Amount Due

\$4,762.92 ✓

Andrew De La Santos
5/6/24

WageWorks

INVOICE

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

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

Remit: Via Wire or ACH Credit to US BANCORP
FSA/HRA/DC Acct #: [REDACTED] Routing #: [REDACTED]

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

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

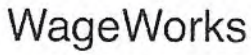
Account #	Invoice Date
2052366	04/08/2024
PO #	DUE DATE
	07/08/2024 ✓
Invoice #	AMOUNT DUE
INV6398288	\$1,839.35

Description	Plan Code	Amount
Visa Card Payments - HCFA 2024	HCFA2024	1,452.43
Visa Card Payments - HCFA 2023	HCFA2023	386.92

Total Amount Due

\$1,839.35

Andrew DeLaSantis
5/6/24



INVOICE

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

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

Remit: Via Wire or ACH Credit to US BANCORP
FSA/HRA/DC Acct #: [REDACTED] Routing #: [REDACTED]

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

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

Account #	Invoice Date
2052366	04/15/2024
PO #	DUE DATE
	07/15/2024
Invoice #	AMOUNT DUE
INV6435507	\$1,689.79

Description	Plan Code	Amount
PMB Payments - DCFSA 2024	DCFSA2024	380.00
Visa Card Payments - HCFSA 2024	HCFSA2024	1,272.49
Visa Card Payments - HCFSA 2023	HCFSA2023	37.30

Total Amount Due

\$1,689.79

Andrew Dolas Santos
5/6/24

WageWorks

INVOICE

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

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

Remit: Via Wire or ACH Credit to US BANCORP
FSA/HRA/DC Acct #: [REDACTED] Routing #: [REDACTED]

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

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

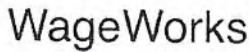
Account #	Invoice Date
2052366	04/22/2024
PO #	DUE DATE
	07/22/2024 ✓
Invoice #	AMOUNT DUE
INV6454746	\$8,855.20

Description	Plan Code	Amount
PMB Payments - HCFA 2024	HCFA2024	1,320.24
PMP Payments - HCFA 2024	HCFA2024	424.08
Visa Card Payments - HCFA 2024	HCFA2024	5,110.86

Total Amount Due

\$6,855.20

Andrew Dolores Santos
5/6/24

**INVOICE**

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

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

Remit: Via Wire or ACH Credit to US BANCORP
FSA/HRA/DC Acct #: [REDACTED] Routing #: [REDACTED]

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

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

Account #	Invoice Date
2052366	04/29/2024
PO #	DUE DATE
	07/29/2024 ✓
Invoice #	AMOUNT DUE
INV6491187	\$3,713.70

Description	Plan Code	Amount
Visa Card Payments - HCFA 2024	HCFA2024	3,723.94
Repayments - HCFA 2023	HCFA2023	(10.24)

Total Amount Due

\$3,713.70

Andrew DeLoz Santos
516124

add degree benefits

CHRGNO	GRPNO	LOCNO	EMPNO	DEPTNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUOT	PRVNO
1690	76351	1	1	0	2024	117002714		4/29/2024	\$21,822.32	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	4/8/2024	4/21/2024	464334244
1691	76351	3	56	0	2024	113000975		4/29/2024	\$6,569.70	1	M.D. ANDERSON CANCER CENTER	P	186	0			HLAB	F	4/2/2024	4/2/2024	746001118
1692	76351	3	11	0	2024	106001329		4/29/2024	\$11.19	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	4/1/2024	4/1/2024	741680498
1694	76351	3	21	0	2024	114000844		4/29/2024	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	4/17/2024	4/17/2024	742605670
1695	76351	3	40	0	2024	115000540		4/29/2024	\$74.00	1	ALMA COMMUNITY NETWORK	P	728	0			TELM	F	4/18/2024	4/18/2024	841856765
1702	76351	3	11	0	2024	103001343		4/29/2024	\$110.72	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	4/1/2024	4/1/2024	741680498
1703	76351	3	5	0	2024	113001785		4/29/2024	\$112.21	1	KHIEM VU DO PA	P	172	0			AB	F	3/25/2024	3/25/2024	451261253
1704	76351	3	11	0	2024	113000570		4/29/2024	\$153.60	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	4/1/2024	4/1/2024	815248556
1706	76351	3	38	0	2024	109001096		4/29/2024	\$280.37	1	USAP-TEXAS	P	178	0			SO	F	1/11/2024	1/11/2024	760482007
1707	76351	3	56	0	2024	113001757		4/29/2024	\$323.00	1	PHYSICIANS REFERRAL SERVICE	P	324	0			CAT	F	4/2/2024	4/2/2024	760273984
1710	76351	3	56	0	2024	113001805		4/29/2024	\$862.92	1	PHYSICIANS REFERRAL SERVICE	P	324	0			CAT	F	4/2/2024	4/2/2024	760273984
1712	76351	3	28	0	2024	110000855		4/29/2024	\$1,733.42	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	538	0			MAT	F	2/22/2024	2/22/2024	741831291
1714	76360	3	51	3	2024	110000268		4/29/2024	\$10.33	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	4/5/2024	4/5/2024	741680498
1717	76360	3	23	0	2024	114000912		4/29/2024	\$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	4/15/2024	4/15/2024	742605670
1720	76360	3	70	0	2024	109001024		4/29/2024	\$110.16	1	MICHELLE M CUMMINS	P	457	0			OVS	F	4/4/2024	4/4/2024	742951453
1723	76360	3	2	0	2024	109001120		4/29/2024	\$256.20	1	SEAN K OSULLIVAN MDDABR	P	172	0			AB	F	4/11/2024	4/11/2024	742765481
1731	76370	3	19	0	2024	103002280		4/29/2024	\$115.91	1	NORTHSTAR ANESTHESIA, PA	P	176	0			AO	F	1/30/2024	1/30/2024	201218565
									\$32,677.83												

Andrew DeLosSantos
5/6/24

APPROVED ON

MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

5/10/24

Start Date	Benefit	EE Per Pay Cost	ER Per Pay Cost
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$100.00	\$25.00
1/1/2024	Health Savings Account	\$147.91	\$25.00
1/1/2024	Health Savings Account	\$41.67	\$25.00
1/1/2024	Health Savings Account	\$60.00	\$25.00
1/1/2024	Health Savings Account	\$10.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
1/1/2024	Health Savings Account	\$25.00	\$25.00
1/1/2024	Health Savings Account	\$0.00	\$25.00
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
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- April 29, 2024 - May 5, 2024**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
5/3/2024	PAY PLUS ACHTrans 000000021702521 1010006931	- 3rd Party Payor Fee
5/3/2024	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee
5/3/2024	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee
5/3/2024	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee
5/3/2024	MERCHANT BANKCD FEE 971160910883 91000014217	- Credit Card Processing Fee
5/3/2024	MERCHANT BANKCD FEE 971160913887 91000014217	- Credit Card Processing Fee
5/3/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
5/2/2024	PAY PLUS ACHTrans 000000021582678 1010006914	- 3rd Party Payor Fee
5/2/2024	AUTHNET GATEWAY BILLING 136239843 1040000147	- 3rd Party Payor Fee
5/1/2024	PAY PLUS ACHTrans 000000021425329 1010006900	- 3rd Party Payor Fee
4/30/2024	PAY PLUS ACHTrans 000000021292144 1010006986	- 3rd Party Payor Fee
4/30/2024	MCKESSON DRUG AUTO ACH ACH05976766 910000184	- 340B Drug Program Expense
4/29/2024	PAY PLUS ACHTrans 000000021150521 1010006973	- 3rd Party Payor Fee
4/29/2024	IRS USATAXPYMT 270452064024463 6103601003290	- Payroll Taxes
4/29/2024	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment

<u>Amount</u>	<u>CPSI "Handwritten"</u> <u>Check" #</u>
292.17 ✓	901158
19.95 ✓	901159
326.93 ✓	901160
164.72 ✓	901161
9.95 ✓	
181.60 ✓	
530.56 *	pay plus 292.17 +
92.97 ✓	92.97 +
35.30 ✓	49.85 +
49.85 ✓	158.42 +
158.42 ✓	457.93 +
8,444.11 *	1:051.34 *
126,084.86 **	
69,685.87 *	
<u>206,535.19</u> ✓	0 = C

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

May 6, 2024

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

* Approved on 5.1.24 CC
** Approved on 4.24.24 CC

CC Fees
19.95 +
326.93 +
164.72 +
9.95 +
181.60 +
703.15 *

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
	206,535.19 +		
	530.56 -		
	8,444.11 -		
	126,084.86 -		
	69,685.87 -		
	1,789.79 ◇		
	1,789.79 -		
	0.00 ◇		
			<u>0.00</u> ✓

Andrew De Los Santos

ANDREW DE LOS SANTOS
Memorial Medical Center

May 6, 2024

APPROVED ON
MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

0 = C
pay plus net
35.30 +
55.30 *
1:051.34 +
703.15 +
1:754.49 ◇
35.30 +
1:789.79 ◇

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05/02/2024

10:09

MAY 02 2024

AP Open Invoice List

0

Dates Through:

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Vendor# Vendor Name

13004 TUSCANY VILLAGE

CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 042224		04/29/202	04/22/202	05/25/202			10,800.00	0.00	0.00	10,800.00 ✓
	TRANSFER									
✓ 042324		04/29/202	04/23/202	05/25/202			11,039.26	0.00	0.00	11,039.26 ✓
	TRANSFER									
✓ 042424		04/29/202	04/24/202	05/26/202			25,343.22	0.00	0.00	25,343.22 ✓
	TRANSFER									
✓ 042524		04/29/202	04/25/202	05/26/202			13,285.23	0.00	0.00	13,285.23 ✓
	TRANSFER									
✓ 042924		04/29/202	04/29/202	05/29/202			731.72	0.00	0.00	731.72 ✓
	TRANSFER									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE							61,199.43	0.00	0.00	61,199.43

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	61,199.43	0.00	0.00	61,199.43

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CALHOUN COUNTY, TEXAS

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AP Open Invoice List

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Dates Through:

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

Class Pay Code

12792 ✓ BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 042324A		04/29/202	04/23/202	05/25/202			30,239.38	0.00	0.00	30,239.38 ✓

TRANSFERQ

✓ 042324		04/29/202	04/23/202	05/25/202			9,970.39	0.00	0.00	9,970.39 ✓
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TRANSFER

✓ 042424		04/29/202	04/24/202	05/26/202			6,959.34	0.00	0.00	6,959.34 ✓
----------	--	-----------	-----------	-----------	--	--	----------	------	------	------------

TRANSFER

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	47,169.11	0.00	0.00	47,169.11

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,169.11	0.00	0.00	47,169.11

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MAY 02 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER

05/02/2024

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AP Open Invoice List

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Dates Through:

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

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 042224		04/29/202	04/22/202	05/25/202			1,613.14	0.00	0.00	1,613.14 ✓
	TRANSFER									
✓ 042324A		04/29/202	04/23/202	05/25/202			26,986.35	0.00	0.00	26,986.35 ✓
	TRANSFER									
✓ 042324		04/29/202	04/23/202	05/25/202			7,790.00	0.00	0.00	7,790.00 ✓
	TRANSFER									
✓ 042424		04/29/202	04/24/202	05/26/202			59,936.53	0.00	0.00	59,936.53 ✓
	TRANSFER									
✓ 042524		04/29/202	04/25/202	05/26/202			479.65	0.00	0.00	479.65 ✓
	TRANSFER									
✓ 042624		04/29/202	04/26/202	05/26/202			2,089.20	0.00	0.00	2,089.20 ✓
	TRANSFER									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	98,894.87	0.00	0.00	98,894.87

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	98,894.87	0.00	0.00	98,894.87

APPROVED ON

MAY 02 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/02/2024

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MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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MAY 02 2024

Dates Through:

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 042324		04/29/202	04/23/202	05/25/202			4,488.00	0.00	0.00	4,488.00 ✓
	TRANSFER									
✓ 042424		04/29/202	04/24/202	05/26/202			4,284.00	0.00	0.00	4,284.00 ✓
	TRANSFER									
✓ 042624		04/29/202	04/26/202	05/26/202			4,284.00	0.00	0.00	4,284.00 ✓
	TRANSFER									
✓ 042624A		04/29/202	04/26/202	05/26/202			5,508.00	0.00	0.00	5,508.00 ✓
	TRANSFER									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11824 THE CRESCENT							18,564.00	0.00	0.00	18,564.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	18,564.00	0.00	0.00	18,564.00

APPROVED ON

MAY 02 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

05/02/2024

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10:07

MAY 02 2024

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

12696 ✓ GULF POINTE PLAZA

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 042424		04/29/202	04/24/202	05/26/202			194.10	0.00	0.00	194.10 ✓

TRANSFER

NH ins. amt dep into inmc opt. in error

✓ 042424A		04/29/202	04/24/202	05/26/202			21.16	0.00	0.00	21.16 ✓
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TRANSFER

Vendor Totals: Number Name

12696 GULF POINTE PLAZA

Gross	Discount	No-Pay	Net
215.26	0.00	0.00	215.26

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
215.26	0.00	0.00	215.26

APPROVED ON

MAY 02 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 02 2024

CALHOUN COUNTY TEXAS

MEMORIAL MEDICAL CENTER

0

05/02/2024

10:07

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042924		04/29/202	04/29/202	05/29/202			7,086.40	0.00	0.00	7,086.40
TRANSFER										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11820 FORTBEND HEALTHCARE CENTER							7,086.40	0.00	0.00	7,086.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,086.40	0.00	0.00	7,086.40

APPROVED ON

MAY 02 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NY ins. pmx dep. into mmc opt in error

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COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

05/02/2024

10:07

MAY 02 2024

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042424		04/29/202	04/24/202	05/26/202			2,244.00	0.00	0.00	2,244.00

TRANSFER

Vendor Totals: Number Name

11832 BROADMOOR AT CREEKSIDE PARK

Gross	Discount	No-Pay	Net
2,244.00	0.00	0.00	2,244.00

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
2,244.00	0.00	0.00	2,244.00

APPROVED ON

MAY 02 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/6/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		162,613.98	162,513.98	70,704.62		70,804.62	70,526.29
						Bank Balance	70,804.62
						Variance	-
						Leave in Balance	100.00

Routing Information for Ashford Gardens

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

Broadmoor	129,754.14	129,654.14	55,200.75			April Interest	178.33
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	70,526.29
						Bank Balance	55,300.75
						Variance	55,300.75
						Leave in Balance	100.00

Crescent	112,380.23	112,280.24	63,510.08			April Interest	191.20
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	55,009.55
						Bank Balance	63,610.07
						Variance	63,610.07
						Leave in Balance	100.00
						Claim Payment Transfer	8,479.08

Fort Bend	91,478.05	91,378.05	6,131.37			April Interest	269.03
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	54,761.96
						Bank Balance	6,231.37
						Variance	6,231.37
						Leave in Balance	100.00

Solera at W Houston	124,545.12	124,445.12	92,181.02			April Interest	61.77
						May Interest	
						June Interest	
						Adjust Balance/Transfer Amt	8,069.60
						Bank Balance	92,281.02
						Variance	92,281.02
						Leave in Balance	100.00

70,526.29 +
55,009.55 +
54,761.96 +
6,069.60 +
91,957.70 +
278,325.10

West Houston / Fort Bend / Broadmoor

April Interest	223.32
May Interest	
June Interest	
Adjust Balance/Transfer Amt	91,957.70

APPROVED ON
MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 278,325.10
Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 5/6/2024

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

Ashford Gardens

5/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000201584
 5/3/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/3/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 5/2/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 5/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255165
 5/2/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000192
 5/2/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2
 5/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000212774
 5/1/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/1/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000192
 4/30/2024 Added to Account
 4/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 4/29/2024 Check 1237
 4/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206851
 4/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206851

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	5,832.50	-	-	-	-	-	6,832.50
-	2,438.38	-	-	-	-	-	2,438.38
-	164.90	-	-	-	-	-	164.90
127,647.84	-	-	-	-	-	-	-
-	355.82	-	-	-	-	-	355.82
-	912.83	-	-	-	-	-	912.83
-	2,400.00	-	-	-	-	-	2,400.00
-	662.90	-	-	-	-	-	662.90
-	22,762.40	-	-	-	-	-	22,762.40
-	2,774.81	-	-	-	-	-	2,774.81
-	178.33	-	-	-	-	-	178.33
34,871.14	-	-	-	-	-	-	-
-	1,291.96	-	-	-	-	-	1,291.96
-	27,107.89	-	-	-	-	-	27,107.89
-	2,821.90	-	-	-	-	-	2,821.90
162,513.98	70,704.62	-	-	-	-	-	70,704.62

Broadmoor

5/3/2024 Deposit
 5/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000201584
 5/2/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255165
 5/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255150
 5/1/2024 MANAGEANDNET1718 MNS PMNT 00000000004293 41
 5/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000212774
 5/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000212774
 4/30/2024 Added to Account
 4/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000268377
 4/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 4/30/2024 HUMANA INS CO HCCLAIMPMT 46531307 8300005371
 4/29/2024 Check 274
 4/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206851

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	2,244.00	-	-	-	-	-	2,244.00
-	8,232.84	-	-	-	-	-	8,232.84
116,735.76	-	-	-	-	-	-	-
-	63.71	-	-	-	-	-	63.71
-	2,017.05	-	-	-	-	-	2,017.05
-	4,680.00	-	-	-	-	-	4,680.00
-	4,822.09	-	-	-	-	-	4,822.09
-	3,918.83	-	-	-	-	-	3,918.83
-	191.20	-	-	-	-	-	191.20
-	2,999.11	-	-	-	-	-	2,999.11
-	1,695.44	-	-	-	-	-	1,695.44
-	3,468.00	-	-	-	-	-	3,468.00
12,918.38	-	-	-	-	-	-	-
-	20,867.48	-	-	-	-	-	20,867.48
129,654.14	55,200.75	-	-	-	-	-	55,200.75

Crescent

5/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000201584
 5/3/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 5/3/2024 HUMANA INS CO HCCLAIMPMT 46850475 8300005932
 5/3/2024 DEVOTED HEALTH P HCCLAIMPMT 21000027212710
 5/3/2024 CIGNA HCCLAIMPMT 1869860425 9100001335046
 5/2/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/2/2024 MANAGEANDNET1718 MNS PMNT 000000000001268 41
 5/2/2024 DEVOTED HEALTH P HCCLAIMPMT 21000023435995
 5/1/2024 HUMANA INS CO HCCLAIMPMT 46689410 8300005871
 4/30/2024 Added to Account
 4/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000268384
 4/29/2024 Check 338
 4/29/2024 Deposit
 4/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206851
 4/29/2024 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	11,858.72	-	-	-	-	-	11,858.72
-	2,050.00	-	-	-	-	-	2,050.00
-	11,167.00	-	-	-	-	-	11,167.00
-	5,850.00	-	-	-	-	-	5,850.00
-	4,080.00	-	-	-	-	-	4,080.00
102,598.05	-	-	-	-	-	-	-
-	1,647.50	-	-	-	-	-	1,647.50
-	1,350.00	-	-	-	-	-	1,350.00
-	5,460.00	-	-	-	-	-	5,460.00
-	269.03	-	-	-	-	-	269.03
-	3,616.57	-	-	-	-	-	3,616.57
9,682.19	-	-	-	-	-	-	-
-	6,036.00	-	-	-	-	-	6,036.00
-	3,801.26	-	-	-	-	-	3,801.26
-	6,324.00	-	-	-	-	-	6,324.00
112,280.24	63,510.08	-	-	-	-	-	63,510.08

Fort Bend

5/2/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/1/2024 MANAGEANDNET1718 MNS PMNT 000000000004294 41
 4/30/2024 Added to Account
 4/30/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 4/29/2024 Check 246
 4/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206851
 4/29/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000140

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
80,457.32	-	-	-	-	-	-	-
-	877.50	-	-	-	-	-	877.50
-	61.77	-	-	-	-	-	61.77
-	2,580.00	-	-	-	-	-	2,580.00
10,890.73	-	-	-	-	-	-	-
-	1,984.83	-	-	-	-	-	1,984.83
-	627.27	-	-	-	-	-	627.27
91,378.05	6,131.37	-	-	-	-	-	6,131.37

Solera at West Houston

5/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000202945
 5/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000201584
 5/3/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/3/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 5/3/2024 HUMANA INS CO HCCLAIMPMT 46854606 8300005932
 5/3/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 5/2/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/2/2024 MANAGEANDNET1718 MNS PMNT 000000000002482 41
 5/1/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384
 5/1/2024 HUMANA CHA DISB HCCLAIMPMT 46708470 420000014
 5/1/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2
 4/30/2024 Added to Account
 4/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000268392
 4/30/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 4/30/2024 HUMANA INS CO HCCLAIMPMT 46536408 8300005371
 4/29/2024 Check 1300
 4/29/2024 Deposit
 4/29/2024 MANAGEANDNET1718 MNS PMNT 000000000002482 41
 4/29/2024 HNB - ECHO HCCLAIMPMT 746003411 440000206851
 4/29/2024 HUMANA INS CO HCCLAIMPMT 46379735 8300005897

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	408.69	-	-	-	-	-	408.69
-	13,645.93	-	-	-	-	-	13,645.93
-	463.77	-	-	-	-	-	463.77
-	40.06	-	-	-	-	-	40.06
-	4,480.00	-	-	-	-	-	4,480.00
113,957.00	-	-	-	-	-	-	-
-	4,625.00	-	-	-	-	-	4,625.00
-	9,000.00	-	-	-	-	-	9,000.00
-	4,875.00	-	-	-	-	-	4,875.00
-	9,720.57	-	-	-	-	-	9,720.57
-	223.32	-	-	-	-	-	223.32
-	7,497.76	-	-	-	-	-	7,497.76
-	0.34	-	-	-	-	-	0.34
-	6,510.00	-	-	-	-	-	6,510.00
10,488.12	-	-	-	-	-	-	-
-	3,060.00	-	-	-	-	-	3,060.00
-	6,273.50	-	-	-	-	-	6,273.50
-	4,407.78	-	-	-	-	-	4,407.78
-	10,880.00	-	-	-	-	-	10,880.00
124,445.12	92,181.02	-	-	-	-	-	92,181.02
620,271.53	287,727.84	-	-	-	-	-	287,727.84

TOTALS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,411,014.55	\$1,525,213.37	\$1,411,014.55	\$1,357,559.45
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.86	\$543.86	\$543.86	\$543.86
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.82	\$437.82	\$437.82	\$437.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$70,804.62 ✓✓	\$84,657.11	\$70,804.62	\$61,368.84
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$55,300.75 ✓✓	\$68,739.91	\$55,300.75	\$44,823.91
*4411 MEMORIAL MEDICAL CENTER ✓ NH CRESCENT	\$63,610.07 ✓✓	\$82,172.37	\$63,610.07	\$28,604.35
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$92,281.02 ✓✓	\$95,368.33	\$92,281.02	\$67,173.27
*4446 MEMORIAL MEDICAL CENTER ✓ NH FORT BEND	\$6,231.37 ✓✓	\$11,821.37	\$6,231.37	\$6,231.37
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$163,563.22	\$169,047.62	\$163,563.22	\$141,516.82
*4551 CAL CO INDIGENT HEALTHCARE	\$5,518.05	\$5,518.05	\$5,518.05	\$5,518.05
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$858.11	\$858.11	\$858.11	\$858.11
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$149.53	\$41,790.09	\$149.53	\$149.53
*5506 MMC -NH BETHANY SENIOR LIVING	\$360,223.08	\$360,223.08	\$360,223.08	\$355,037.24
*3407 MMC -NH TUSCANY VILLAGE	\$52,036.83	\$54,016.63	\$52,036.83	\$51,329.60
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$111,493.32	\$111,493.32	\$111,493.32	\$111,493.32
Total Balance	\$2,394,166.20	\$2,612,001.04	\$2,394,166.20	\$2,232,745.54

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/6/2024

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		43,468.66	43,368.66	163,463.22		163,563.22	163,310.75
					Bank Balance	163,563.22	
					Variance	-	
					Leave in Balance	100.00	

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

April Interest 152.47
May Interest
June Interest

Adjust Balance/Transfer Amt 163,310.75

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

5/6/2024

APPROVED ON
MAY 06 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

5/3/2024 Deposit
 5/3/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001350
 5/2/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 5/2/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 5/2/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001396
 5/1/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 5/1/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 4/30/2024 Added to Account
 4/30/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001125
 4/30/2024 GOLDENCREEKHEALT MERC DEP 1220356 9100001125
 4/29/2024 Check 210
 4/29/2024 Deposit
 4/29/2024 TSYS/TRANSFIRST CR CD DEP 543684555876917 91

MMC PORTION							NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	13,162.83					-	13,162.83
-	8,883.57					-	8,883.57
22,152.06	-					-	-
-	1,417.54					-	1,417.54
-	5,381.19					-	5,381.19
-	1,512.00					-	1,512.00
-	25,388.77					-	25,388.77
-	152.47					-	152.47
-	907.00					-	907.00
-	1,815.00					-	1,815.00
21,216.60	-					-	-
-	104,787.55					-	104,787.55
-	55.30					-	55.30
43,368.66	163,463.22	-	-	-	-	-	163,463.22

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,411,014.55	\$1,525,213.37	\$1,411,014.55	\$1,357,559.45
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.86	\$543.86	\$543.86	\$543.86
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.82	\$437.82	\$437.82	\$437.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$70,804.62	\$84,657.11	\$70,804.62	\$61,368.84
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$55,300.75	\$68,739.91	\$55,300.75	\$44,823.91
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$63,610.07	\$82,172.37	\$63,610.07	\$28,604.35
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$92,281.02	\$95,368.33	\$92,281.02	\$67,173.27
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$6,231.37	\$11,821.37	\$6,231.37	\$6,231.37
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$163,563.22 ✓	\$169,047.62	\$163,563.22	\$141,516.82
*4551 CAL CO INDIGENT HEALTHCARE	\$5,518.05	\$5,518.05	\$5,518.05	\$5,518.05
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$858.11	\$858.11	\$858.11	\$858.11
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$149.53	\$41,790.09	\$149.53	\$149.53
*5506 MMC -NH BETHANY SENIOR LIVING	\$360,223.08	\$360,223.08	\$360,223.08	\$355,037.24
*3407 MMC -NH TUSCANY VILLAGE	\$52,036.83	\$54,016.63	\$52,036.83	\$51,329.60
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$111,493.32	\$111,493.32	\$111,493.32	\$111,493.32
Total Balance	\$2,394,166.20	\$2,612,001.04	\$2,394,166.20	\$2,232,745.54

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
5/6/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		572.50	-	285.61			858.11	no transfer
						Bank Balance	858.11	
						Variance		
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	758.11	
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		69,692.58	69,592.98	49.53			149.53	
						Bank Balance	149.53	
						Variance		
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	49.53	
TOTAL TRANSFERS							807.64	

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 ON

MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 5/6/2024

Gulf Pointe Plaza-Private Pay

5/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255165
 4/30/2024 Added to Account
 4/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000267688

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	24.00					-	24.00
✓	8.41					-	8.41
-	253.20					-	253.20
-	285.61	-	-	-	-	-	285.61

Gulf Pointe Plaza-Medicare/Medicaid

5/2/2024 WIRE OUT HMG Rockport SNF, LP - Commerical
 4/30/2024 Added to Account
 4/30/2024 Check 1017

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
65,044.38	-					-	-
-	49.53					-	49.53
4,548.60	-					-	-
69,592.98	49.53	-	-	-	-	-	49.53
69,592.98	335.14	-	-	-	-	-	335.14

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,411,014.55	\$1,525,213.37	\$1,411,014.55	\$1,357,559.45
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.86	\$543.86	\$543.86	\$543.86
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.82	\$437.82	\$437.82	\$437.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$70,804.62	\$84,657.11	\$70,804.62	\$61,368.84
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$55,300.75	\$68,739.91	\$55,300.75	\$44,823.91
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$63,610.07	\$82,172.37	\$63,610.07	\$28,604.35
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$92,281.02	\$95,368.33	\$92,281.02	\$67,173.27
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$6,231.37	\$11,821.37	\$6,231.37	\$6,231.37
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$163,563.22	\$169,047.62	\$163,563.22	\$141,516.82
*4551 CAL CO INDIGENT HEALTHCARE	\$5,518.05	\$5,518.05	\$5,518.05	\$5,518.05
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$858.11 ✓	\$858.11 ✓	\$858.11	\$858.11
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$149.53 ✓	\$41,790.09 ✓	\$149.53	\$149.53
*5506 MMC -NH BETHANY SENIOR LIVING	\$360,223.08	\$360,223.08	\$360,223.08	\$355,037.24
*3407 MMC -NH TUSCANY VILLAGE	\$52,036.83	\$54,016.63	\$52,036.83	\$51,329.60
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$111,493.32	\$111,493.32	\$111,493.32	\$111,493.32
Total Balance	\$2,394,166.20	\$2,612,001.04	\$2,394,166.20	\$2,232,745.54

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
5/6/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		401,994.49	401,894.49	51,936.83			52,036.83	51,936.83
						Bank Balance Variance	52,036.83	
						Leave in Balance	100.00	

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

APPROVED ON

MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 51,936.83
Approved: Andrew D. De Santos
ANDREW DE LOS SANTOS 5/6/2024

Tuscany Village

5/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000200945
 5/2/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE
 5/2/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000124
 5/1/2024 Deposit
 5/1/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000192
 4/30/2024 Added to Account
 4/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000267997
 4/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000267688
 4/29/2024 Check 1153
 4/29/2024 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
-	707.23					-	707.23
380,407.73	-					-	-
-	2,071.29					-	2,071.29
-	26,184.36					-	26,184.36
-	2,830.33					-	2,830.33
-	320.22					-	320.22
-	8,678.84					-	8,678.84
-	3,464.65					-	3,464.65
21,486.76	-					-	-
-	7,679.91					-	7,679.91
401,894.49	51,936.83	-	-	-	-	-	51,936.83

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,411,014.55	\$1,525,213.37	\$1,411,014.55	\$1,357,559.45
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.86	\$543.86	\$543.86	\$543.86
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.82	\$437.82	\$437.82	\$437.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$70,804.62	\$84,657.11	\$70,804.62	\$61,368.84
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$55,300.75	\$68,739.91	\$55,300.75	\$44,823.91
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$63,610.07	\$82,172.37	\$63,610.07	\$28,604.35
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$92,281.02	\$95,368.33	\$92,281.02	\$67,173.27
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$6,231.37	\$11,821.37	\$6,231.37	\$6,231.37
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$163,563.22	\$169,047.62	\$163,563.22	\$141,516.82
*4551 CAL CO INDIGENT HEALTHCARE	\$5,518.05	\$5,518.05	\$5,518.05	\$5,518.05
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$858.11	\$858.11	\$858.11	\$858.11
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$149.53	\$41,790.09	\$149.53	\$149.53
*5506 MMC -NH BETHANY SENIOR LIVING	\$360,223.08	\$360,223.08	\$360,223.08	\$355,037.24
*3407 MMC -NH TUSCANY VILLAGE	\$52,036.83	\$54,016.63	\$52,036.83	\$51,329.60
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$111,493.32	\$111,493.32	\$111,493.32	\$111,493.32
Total Balance	\$2,394,166.20	\$2,612,001.04	\$2,394,166.20	\$2,232,745.54

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
5/6/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cts Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		159,136.37	159,036.37	360,123.08			360,223.08	359,928.67
						Bank Balance	360,223.08	
						Variance		
						Leave in Balance	100.00	

APPROVED ON

MAY 06 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.

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

April Interest 194.41
May Interest
June Interest
Adjust Balance/Transfer Amt 359,928.67
Approved: *Andrew De Los Santos*
ANDREW DE LOS SANTOS 5/6/2024

Bethany Senior Living

5/3/2024 Deposit
5/2/2024 WIRE OUT PORT LAVACA NH, LLC
5/2/2024 Deposit
5/2/2024 Deposit
5/2/2024 Deposit
5/2/2024 Deposit
4/30/2024 Added to Account
4/30/2024 NDC SWEEP FAC K236 31316961929105 SWEEP FR
4/30/2024 HNB - ECHO HCCLAIMPMT 746003411 440000268384
4/30/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000195
4/30/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
4/29/2024 Check 1041
4/29/2024 Deposit
4/29/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000140
4/29/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2

MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	
-	5,185.84	-	-	-	-	5,185.84
138,303.81	-	-	-	-	-	-
-	9,232.07	-	-	-	-	9,232.07
-	8,974.01	-	-	-	-	8,974.01
-	50,533.70	-	-	-	-	50,533.70
-	26,691.44	-	-	-	-	26,691.44
-	194.41	-	-	-	-	194.41
-	1,685.40	-	-	-	-	1,685.40
-	2,338.28	-	-	-	-	2,338.28
-	16,717.92	-	-	-	-	16,717.92
-	3,427.50	-	-	-	-	3,427.50
20,732.56	-	-	-	-	-	-
-	78,942.20	-	-	-	-	78,942.20
-	155,220.63	-	-	-	-	155,220.63
-	979.68	-	-	-	-	979.68
159,036.37	360,123.08	-	-	-	-	360,123.08

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,411,014.55	\$1,525,213.37	\$1,411,014.55	\$1,357,559.45
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.86	\$543.86	\$543.86	\$543.86
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.82	\$437.82	\$437.82	\$437.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$70,804.62	\$84,657.11	\$70,804.62	\$61,368.84
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$55,300.75	\$68,739.91	\$55,300.75	\$44,823.91
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$63,610.07	\$82,172.37	\$63,610.07	\$28,604.35
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$92,281.02	\$95,368.33	\$92,281.02	\$67,173.27
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$6,231.37	\$11,821.37	\$6,231.37	\$6,231.37
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$163,563.22	\$169,047.62	\$163,563.22	\$141,516.82
*4551 CAL CO INDIGENT HEALTHCARE	\$5,518.05	\$5,518.05	\$5,518.05	\$5,518.05
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$858.11	\$858.11	\$858.11	\$858.11
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$149.53	\$41,790.09	\$149.53	\$149.53
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$360,223.08 ✓	\$360,223.08	\$360,223.08	\$355,037.24
*3407 MMC -NH TUSCANY VILLAGE	\$52,036.83	\$54,016.63	\$52,036.83	\$51,329.60
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$111,493.32	\$111,493.32	\$111,493.32	\$111,493.32
Total Balance	\$2,394,166.20	\$2,612,001.04	\$2,394,166.20	\$2,232,745.54

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Tuscany Village

Date Requested:

5/6/2024

A

Y

E

E

APPROVED ON

MAY 06 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT:

\$

8,479.08

G/L NUMBER:

21400007

EXPLANATION:

Claim Payment Transfer

REQUESTED BY:

Michelle Cumberland

AUTHORIZED BY:

Andrew D. Polanco

5/6/24

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000339

Date 5-9-24 88-2265/1131

PAY

TO THE
ORDER OF

Tuscany Village

\$ 8479.⁰⁸/₁₀₀

Eight thousand four hundred seventy-nine dollars & ⁰⁸/₁₀₀

DOLLARS



PROSPERITY
BANK

FOR

Claim payment transfer

County Auditor



County Treasurer
Security features are
included. Details on back.

0

RUN DATE:05/09/24
TIME:15:16

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/09/24 THRU 05/09/24

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000339 05/09/24 8,479.08 TUSCANY VILLAGE

TOTALS: 8,479.08