## MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ---May 22, 2024

**TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES**

| | | |
|---|---|---|
| TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS | $ | 878,084.76 |
| TOTAL TRANSFERS BETWEEN FUNDS | $ | 96,199.04 |
| TOTAL NURSING HOME UPL EXPENSES | $ | 1,032,080.65 |
| TOTAL INTER-GOVERNMENT TRANSFERS | $ | - |
| GRAND TOTAL DISBURSEMENTS APPROVED May 22, 2024 | $ | 2,006,364.45 |

APPROVED

MAY 22 2024

CALHOUN COUNTY
COMMISSIONERS COURT

# MEMORIAL MEDICAL CENTER

## COMMISSIONERS COURT APPROVAL LIST FOR ---May 22, 2024

| | | | |
|---|---|---|---|
| **PAYABLES AND PAYROLL** | | | |
| 5/16/2024 | Weekly Payables | 245,007.65 | |
| 5/17/2024 | Mutual of Omaha - Supp. Insurance | 25,837.81 | |
| 5/17/2024 | Clean Enviorments Inc | 1,040.50 | |
| 5/20/2024 | McKesson-340B Prescription Expense | 3,925.30 | |
| 5/20/2024 | Amerisource Bergen-340B Prescription Expense | 996.24 | |
| 5/20/2024 | Payroll Liabilities -Payroll Taxes | 165,667.08 | |
| 5/20/2024 | Payroll | 428,829.54 | |
| | **Prosperity Electronic Bank Payments** | | |
| 5/20/2024 | 90 Degree Benefits - employee insurance claims | 4,920.64 | |
| 5/20/2024 | Credit Card Fees | 285.82 | |
| 5/13-5/17/2024 | Pay Plus-Patient Claims Processing Fee | 301.35 | |
| 5/20/2024 | Health Equity -HSA Contributions | 1,272.83 | |
| **TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** | | | **$ 878,084.76** |
| **TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES** | | | |
| 5/16/2024 | MMC Operating to Solera-correction of nursing home insurance payment deposited into MMC Operating in error | 9,792.00 | |
| 5/16/2024 | MMC Operating to Fort bend-correction of nursing home insurance payment deposited into MMC Operating | 452.40 | |
| 5/16/2024 | MMC Operating to The Crescent-correction of nursing home insurance payment deposited into MMC Operating in error | 8,888.17 | |
| 5/16/2024 | MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating in error | 41,832.44 | |
| 5/16/2024 | MMC Operating to Gulf Pointe Plaza - correction of nursing home insurance payment deposited into MMC Operating | 917.34 | |
| 5/16/2024 | MMC Operating to Tuscany Village-correction of nursing home insurance payment deposited into MMC operating in error | 7,409.10 | |
| 5/16/2024 | MMC Operating to Bethany-correction of nursing home insurance payment deposited into MMC Operating in error | 26,907.59 | |
| **TOTAL TRANSFERS BETWEEN FUNDS** | | | **$ 96,199.04** |
| **NURSING HOME UPL EXPENSES** | | | |
| 5/20/2024 | Nursing Home UPL-Cantex Transfer | 469,483.96 | |
| 5/20/2024 | Nursing Home UPL-Nexion Transfer | 153,129.99 | |
| 5/20/2024 | Nursing Home UPL-Tuscany Transfer | 108,894.95 | |
| 5/20/2024 | Nursing Home UPL-HSL Transfer | 132,780.53 | |
| **QIPP CHECKS TO MMC** | | | |
| 5/20/2024 | Golden Creek - Superior Q2 & March QIPP | 44,307.34 | |
| 5/20/2024 | Bethany - Superior Q2 & March QIPP | 38,176.06 | |
| **TRANSFER OF FUNDS BETWEEN NURSING HOMES** | | | |
| 5/20/2024 | Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error | 13,500.00 | |
| 5/20/2024 | Bethany to Golden Creek - Golden Creek insurance payment deposited into Bethany in error | 71,807.82 | |
| **TOTAL NURSING HOME UPL EXPENSES** | | | **$ 1,032,080.65** |
| **TOTAL INTER-GOVERNMENT TRANSFERS** | | | **$ -** |
| **GRAND TOTAL DISBURSEMENTS APPROVED May 22, 2024** | | | **$ 2,006,364.45** |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 5506315346 | | 04/30/202 | 02/29/202 | 06/07/202 | | | 550.81 | 0.00 | 0.00 | 550.81 |
| 5507737701 | OXYGEN | 04/30/202 | 04/30/202 | 06/07/202 | | | 574.32 | 0.00 | 0.00 | 574.32 |
| | OXYGEN | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1680 | AIRGAS USA, LLC - CENTRAL DIV | 1,125.13 | 0.00 | 0.00 | 1,125.13 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| A1705 | ALIMED INC. | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| RPSV004259101 | | 05/15/202 | 04/04/202 | 04/19/202 | | | 101.99 | 0.00 | 0.00 | 101.99 |
| | SUPPLIES | | | | | | | | | |
| RPSV004263414 | | 05/15/202 | 04/12/202 | 04/27/202 | | | 195.20 | 0.00 | 0.00 | 195.20 |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | A1705 | ALIMED INC. | 297.19 | 0.00 | 0.00 | 297.19 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| ~~17B-V9-RPT1-FMCW~~ 17VP- | SUPPLIES | 05/04/202 | 05/04/202 | 06/03/202 | | | 54.28 | 0.00 | 0.00 | 54.28 |
| 19DXR4XK4P4D | SUPPLIES | 05/14/202 | 05/07/202 | 06/06/202 | | | 78.56 | 0.00 | 0.00 | 78.56 |
| 1K4HTH9C73XY | SUPPLIES | 05/14/202 | 05/07/202 | 06/06/202 | | | 105.59 | 0.00 | 0.00 | 105.59 |
| KR979W34QVT | SUPPLIES | 05/14/202 | 05/08/202 | 06/07/202 | | | 19.98 | 0.00 | 0.00 | 19.98 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14028 | AMAZON CAPITAL SERVICES | 258.41 | 0.00 | 0.00 | 258.41 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 12800 | AUTHORITYRX | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 7000051092 | | 05/16/202 | 05/06/202 | 06/07/202 | | | 9,372.84 | 0.00 | 0.00 | 9,372.84 |
| | 340B EXPENSE | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12800 | AUTHORITYRX | 9,372.84 | 0.00 | 0.00 | 9,372.84 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 82322794 | | 05/14/202 | 05/02/202 | 05/27/202 | | | 43.52 | 0.00 | 0.00 | 43.52 |
| | SUPPLIES | | | | | | | | | |
| 82322096 | | 05/16/202 | 05/02/202 | 05/27/202 | | | 373.79 | 0.00 | 0.00 | 373.79 |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | B1150 | BAXTER HEALTHCARE | 417.31 | 0.00 | 0.00 | 417.31 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 111237216 | | 04/17/202 | 04/02/202 | 06/01/202 | | | 11,529.46 | 0.00 | 0.00 | 11,529.46 |
| | SUPPLIES | | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 111298496 | | 05/04/202 | 05/05/202 | 06/01/202 | | 1,159.88 | 0.00 | 0.00 | 1,159.88 |
| SUPPLIES | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | Gross | Discount | No-Pay | Net |
| | B1220 | BECKMAN COULTER INC | | | | 12,689.34 | 0.00 | 0.00 | 12,689.34 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 10024 | BECTON, DICKINSON & CO (BD) | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9112616755 | | 04/29/202 | 04/16/202 | 06/01/202 | | | 273.25 | 0.00 | 0.00 | 273.25 |
| SUPPLIES | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10024 | BECTON, DICKINSON & CO (BD) | | | | | 273.25 | 0.00 | 0.00 | 273.25 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| C1992 | CDW GOVERNMENT, INC. | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| QS18607 | | 04/29/202 | 04/15/202 | 06/01/202 | | | 116.19 | 0.00 | 0.00 | 116.19 |
| SUPPLIES | | | | | | | | | | |
| QZ50511 | | 04/30/202 | 04/29/202 | 05/29/202 | | | 1,095.53 | 0.00 | 0.00 | 1,095.53 |
| SUPPLIES | | | | | | | | | | |
| QZ69549 | | 05/14/202 | 04/30/202 | 05/30/202 | | | 172.25 | 0.00 | 0.00 | 172.25 |
| DELL USB DVD DRIVE | | | | | | | | | | |
| QZ57199 | | 05/14/202 | 04/30/202 | 05/30/202 | | | 459.88 | 0.00 | 0.00 | 459.88 |
| MONITORS | | | | | | | | | | |
| RB58729 | | 05/14/202 | 05/01/202 | 05/31/202 | | | 10,018.25 | 0.00 | 0.00 | 10,018.25 |
| NINJA CORE | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | C1992 | CDW GOVERNMENT, INC. | | | | | 11,862.10 | 0.00 | 0.00 | 11,862.10 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| C1166 | COASTAL OFFICE SOLUTONS | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| INQT26898 | | 04/30/202 | 04/30/202 | 05/10/202 | | | 22,865.36 | 0.00 | 0.00 | 22,865.36 |
| DEPOSIT FOR CUSTOM SIGNAGE | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | C1166 | COASTAL OFFICE SOLUTONS | | | | | 22,865.36 | 0.00 | 0.00 | 22,865.36 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 13932 | COVIDIEN SALES LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 44747 | | 05/16/202 | 04/30/202 | 05/08/202 | | | 491.50 | 0.00 | 0.00 | 491.50 |
| SUPPLIES | | | | | | | | | | |
| 5871839671 | | 05/16/202 | 04/30/202 | 05/16/202 | | | 491.50 | 0.00 | 0.00 | 491.50 |
| SUPPLIES | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 13932 | COVIDIEN SALES LLC | | | | | 983.00 | 0.00 | 0.00 | 983.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 7549150 | | 05/14/202 | 05/06/202 | 05/31/202 | | | 401.77 | 0.00 | 0.00 | 401.77 |
| SUPPLIES | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10368 | DEWITT POTH & SON | | | | | 401.77 | 0.00 | 0.00 | 401.77 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 43217 | | 05/16/202 | 05/15/202 | 06/07/202 | | | 40,062.50 | 0.00 | 0.00 | 40,062.50 |
| PHYSICIAN SERVICES Services 5/1/24 - 5/15/24 | | | | | | | | | | |
| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 535703 | KPI/AR FEES | 05/08/202 | 05/01/202 | 06/02/202 | | | 4,716.15 | 0.00 | 0.00 | 4,716.15 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 14708 | EQUALIZE RCM SERVICES | 4,716.15 | 0.00 | 0.00 | 4,716.15 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1057646 | SUPPLIES | 04/17/202 | 03/27/202 | 06/01/202 | | | 111.15 | 0.00 | 0.00 | 111.15 |
| 1382019 | SUPPLIES | 04/24/202 | 04/09/202 | 06/01/202 | | | 492.29 | 0.00 | 0.00 | 492.29 |
| 2005634 | SUPPLIES | 05/14/202 | 05/02/202 | 05/27/202 | | | 402.09 | 0.00 | 0.00 | 402.09 |
| 2005632 | LAB SUPPLIES | 05/14/202 | 05/02/202 | 05/27/202 | | | 787.07 | 0.00 | 0.00 | 787.07 |
| 2042148 | SUPPLIES | 05/14/202 | 05/03/202 | 05/28/202 | | | 23.85 | 0.00 | 0.00 | 23.85 |
| 2042149 | LAB TEST AND SUPPLIES COV/FI | 05/14/202 | 05/03/202 | 05/28/202 | | | 14,434.32 | 0.00 | 0.00 | 14,434.32 |
| 1782657 | SUPPLIES | 05/15/202 | 04/24/202 | 05/19/202 | | | 26.74 | 0.00 | 0.00 | 26.74 |
| 1888925 | SUPPLIES | 05/15/202 | 04/29/202 | 05/24/202 | | | 79.57 | 0.00 | 0.00 | 79.57 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | F1400 | FISHER HEALTHCARE | 16,357.08 | 0.00 | 0.00 | 16,357.08 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11183 | FRONTIER | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 052824 | TELEPHONE SERVICE | 05/16/202 | 05/02/202 | 05/28/202 | | | 1,214.03 | 0.00 | 0.00 | 1,214.03 |

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

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| W1300 | GRAINGER | M | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9101966274 | THERMOSTAT | 05/14/202 | 04/29/202 | 05/24/202 | | | 352.04 | 0.00 | 0.00 | 352.04 |
| 9105109228 | SUPPLIES | 05/15/202 | 05/01/202 | 05/26/202 | | | 281.04 | 0.00 | 0.00 | 281.04 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | W1300 | GRAINGER | 633.08 | 0.00 | 0.00 | 633.08 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 100886861 | LEASE | 05/09/202 | 04/27/202 | 06/01/202 | | | 4,610.52 | 0.00 | 0.00 | 4,610.52 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 0353954 | STABLE | 05/09/202 | 05/02/202 | 06/01/202 | | | 965.88 | 0.00 | 0.00 | 965.88 |

| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| | 10829 | HEALTHSTREAM, INC. | | | | | 965.88 | 0.00 | 0.00 | 965.88 |
| 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 |
| | 601089699 | | 04/30/202 | 05/15/202 | 06/01/202 | | 573.53 | 0.00 | 0.00 | 573.53 |
| | | JUNE 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 | | | | |
| 12148 | HOBART SERVICES | | | | | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | 35986868 | | 05/15/202 | 04/08/202 | 05/15/202 | | 729.05 | 0.00 | 0.00 | 729.05 |
| | | WAREWASHER | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 12148 | HOBART SERVICES | | | | | 729.05 | 0.00 | 0.00 | 729.05 |
| 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 |
| | 10905602 | | 05/15/202 | 04/12/202 | 05/15/202 | | 50.00 | 0.00 | 0.00 | 50.00 |
| | | SUPPLIES | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | H0416 | HOLOGIC INC | | | | | 50.00 | 0.00 | 0.00 | 50.00 |
| 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 |
| | 5981 | | 04/30/202 | 04/30/202 | 06/07/202 | | 14,678.02 | 0.00 | 0.00 | 14,678.02 |
| | | PHARM SALARY | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10922 | HUNTER PHARMACY SERVICES | | | | | 14,678.02 | 0.00 | 0.00 | 14,678.02 |
| 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 |
| | 760263 | | 05/14/202 | 05/09/202 | 06/03/202 | | 29.50 | 0.00 | 0.00 | 29.50 |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | I1260 | INTOXIMETERS INC | | | | | 29.50 | 0.00 | 0.00 | 29.50 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| K0530 | KCI USA | | | | M | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | 32535810 | | 04/29/202 | 04/17/202 | 06/01/202 | | 922.25 | 0.00 | 0.00 | 922.25 |
| | | SUPPLIES | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | K0530 | KCI USA | | | | | 922.25 | 0.00 | 0.00 | 922.25 |
| Vendor# | Vendor Name | | | | Class | Pay Code | | | | |
| M1511 | MARKETLAB, INC | | | | W | | | | | |
| | Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt Pay | Gross | Discount | No-Pay | Net |
| | IN02233681 | | 05/15/202 | 05/07/202 | 05/15/202 | | 144.95 | 0.00 | 0.00 | 144.95 |
| | | SUPPLIES | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | M1511 | MARKETLAB, INC | | | | | 144.95 | 0.00 | 0.00 | 144.95 |
| 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 |
| | 22068064 | | 04/30/202 | 05/06/202 | 06/01/202 | | 410.59 | 0.00 | 0.00 | 410.59 |
| | | SUPPLIES | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 22060065 | | 05/03/202 | 05/03/202 | 06/01/202 | 502.94 | 0.00 | 0.00 | 502.94 |
| | SUPPLIES | | | | | | | |
| 22074281 | | 05/15/202 | 05/07/202 | 05/22/202 | 2,445.55 | 0.00 | 0.00 | 2,445.55 |
| | SUPPLIES | | | | | | | |
| 22074996 | | 05/15/202 | 05/07/202 | 05/22/202 | 178.89 | 0.00 | 0.00 | 178.89 |
| | SUPPLIES | | | | | | | |
| 22084382 | | 05/15/202 | 05/15/202 | 05/30/202 | 596.41 | 0.00 | 0.00 | 596.41 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2178 | MCKESSON MEDICAL SURGICAL INC | 4,134.38 | 0.00 | 0.00 | 4,134.38 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2318258155 | | 05/16/202 | 04/24/202 | 05/19/202 | | | 759.99 | 0.00 | 0.00 | 759.99 |
| | SUPPLIES | | | | | | | | | |
| 2318258147 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 460.81 | 0.00 | 0.00 | 460.81 |
| | SUPPLIES | | | | | | | | | |
| 2318258152 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 100.86 | 0.00 | 0.00 | 100.86 |
| | SUPPLIES | | | | | | | | | |
| 2318258159 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 50.71 | 0.00 | 0.00 | 50.71 |
| | SUPPLIES | | | | | | | | | |
| 2318258148 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 1,605.76 | 0.00 | 0.00 | 1,605.76 |
| | SUPPLIES | | | | | | | | | |
| 2318258144 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 840.93 | 0.00 | 0.00 | 840.93 |
| | SUPPLIES | | | | | | | | | |
| 2318258158 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 3,069.89 | 0.00 | 0.00 | 3,069.89 |
| | SUPPLIES | | | | | | | | | |
| 2318258156 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 1,531.07 | 0.00 | 0.00 | 1,531.07 |
| | SUPPLIES | | | | | | | | | |
| 2318258153 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 155.96 | 0.00 | 0.00 | 155.96 |
| | SUPPLIES | | | | | | | | | |
| 2318258150 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 27.36 | 0.00 | 0.00 | 27.36 |
| | SUPPLIES | | | | | | | | | |
| 2318258149 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 22.32 | 0.00 | 0.00 | 22.32 |
| | SUPPLIES | | | | | | | | | |
| 2318258146 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 500.44 | 0.00 | 0.00 | 500.44 |
| | SUPPLIES | | | | | | | | | |
| 2318258157 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 5,750.82 | 0.00 | 0.00 | 5,750.82 |
| 2318258145 | | 05/16/202 | 05/08/202 | 06/02/202 | | | 79.52 | 0.00 | 0.00 | 79.52 |
| | SUPPLIES | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | M2470 | MEDLINE INDUSTRIES INC | 14,956.44 | 0.00 | 0.00 | 14,956.44 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1969742 | | 05/15/202 | 05/08/202 | 05/18/202 | | | 1,097.21 | 0.00 | 0.00 | 1,097.21 |
| | SUPPLIES | | | | | | | | | |
| 1969343 | | 05/15/202 | 05/08/202 | 05/18/202 | | | 2,953.70 | 0.00 | 0.00 | 2,953.70 |
| | SUPPLIES | | | | | | | | | |
| 1969743 | | 05/15/202 | 05/08/202 | 05/18/202 | | | 45.90 | 0.00 | 0.00 | 45.90 |
| | SUPPLIES | | | | | | | | | |
| 1969342 | | 05/15/202 | 05/08/202 | 05/18/202 | | | 728.50 | 0.00 | 0.00 | 728.50 |
| | SUPPLIES | | | | | | | | | |
| 1969744 | | 05/15/202 | 05/08/202 | 05/18/202 | | | 11,087.46 | 0.00 | 0.00 | 11,087.46 |
| | SUPPLIES | | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1973717 | | 05/15/202 | 05/09/202 | 05/19/202 | 3,037.53 | 0.00 | 0.00 | 3,037.53 |
| SUPPLIES | | | | | | | | |
| 1973716 | | 05/15/202 | 05/09/202 | 05/19/202 | 2.66 | 0.00 | 0.00 | 2.66 |
| SUPPLIES | | | | | | | | |
| 1978876 | | 05/15/202 | 05/12/202 | 05/22/202 | 140.12 | 0.00 | 0.00 | 140.12 |
| SUPPLIES | | | | | | | | |
| 1980216 | | 05/15/202 | 05/12/202 | 05/22/202 | 285.64 | 0.00 | 0.00 | 285.64 |
| SUPPLIES | | | | | | | | |
| 1980218 | | 05/15/202 | 05/12/202 | 05/22/202 | 173.49 | 0.00 | 0.00 | 173.49 |
| SUPPLIES | | | | | | | | |
| 1980220 | | 05/15/202 | 05/12/202 | 05/22/202 | 5,549.72 | 0.00 | 0.00 | 5,549.72 |
| SUPPLIES | | | | | | | | |
| 1980219 | | 05/15/202 | 05/12/202 | 05/22/202 | 873.06 | 0.00 | 0.00 | 873.06 |
| SUPPLIES | | | | | | | | |
| 1980217 | | 05/15/202 | 05/12/202 | 05/22/202 | 96.85 | 0.00 | 0.00 | 96.85 |
| SUPPLIES | | | | | | | | |
| 1986552 | | 05/15/202 | 05/13/202 | 05/23/202 | 330.19 | 0.00 | 0.00 | 330.19 |
| SUPPLIES | | | | | | | | |
| 1986551 | | 05/15/202 | 05/13/202 | 05/23/202 | 88.57 | 0.00 | 0.00 | 88.57 |
| SUPPLIES | | | | | | | | |
| Vendor Totals: | Number | Name | | | Gross | Discount | No-Pay | Net |
| | 10536 | MORRIS & DICKSON CO, LLC | | | 26,490.60 | 0.00 | 0.00 | 26,490.60 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 35505 | | 05/08/202 | 05/07/202 | 06/06/202 | | | 472.50 | 0.00 | 0.00 | 472.50 |
| 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 |
|---|---|---|---|
| O1416 | ORTHO CLINICAL DIAGNOSTICS | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 1853535162 | | 05/15/202 | 05/08/202 | 06/07/202 | | | 533.99 | 0.00 | 0.00 | 533.99 |
| SUPPLIES | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | O1416 | ORTHO CLINICAL DIAGNOSTICS | | | | | 533.99 | 0.00 | 0.00 | 533.99 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 9355512121 | | 05/15/202 | 02/21/202 | 03/22/202 | | | 204.36 | 0.00 | 0.00 | 204.36 |
| SUPPLIES | | | | | | | | | | |
| 9355812632 | | 05/15/202 | 03/25/202 | 04/24/202 | | | 272.48 | 0.00 | 0.00 | 272.48 |
| 9355869686 | | 05/15/202 | 04/02/202 | 05/02/202 | | | 76.76 | 0.00 | 0.00 | 76.76 |
| SUPPLIES | | | | | | | | | | |
| 9356045075 | | 05/15/202 | 04/22/202 | 05/22/202 | | | 167.60 | 0.00 | 0.00 | 167.60 |
| SUPPLIES | | | | | | | | | | |
| 9355869685 | | 05/15/202 | 05/15/202 | 06/07/202 | | | 204.36 | 0.00 | 0.00 | 204.36 |
| SUPPLIES | | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 10372 | PRECISION DYNAMICS CORP (PDC) | | | | | 925.56 | 0.00 | 0.00 | 925.56 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 15264 | REPUBLIC PAIN SPECIALISTS | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 28 | | 05/08/202 | 05/07/202 | 06/07/202 | | | 15,000.00 | 0.00 | 0.00 | 15,000.00 |
| PAIN SPECIALISTS | | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15264 | REPUBLIC PAIN SPECIALISTS | 15,000.00 | 0.00 | 0.00 | 15,000.00 |

Vendor# S1600 — Vendor Name: SETON IDENTIFICATION PRODUCTS — Class: M — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9355272507 | SUPPLIES | 05/16/202 | 01/26/202 | 04/26/202 | | | 290.30 | 0.00 | 0.00 | 290.30 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S1600 | SETON IDENTIFICATION PRODUCTS | 290.30 | 0.00 | 0.00 | 290.30 |

Vendor# 10699 — Vendor Name: SIGN AD, LTD. — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 299988 | Advertising lease space 5/8/24 - 6/4/24 | 05/16/202 | 05/01/202 | 05/11/202 | | | 410.00 | 0.00 | 0.00 | 410.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10699 | SIGN AD, LTD. | 410.00 | 0.00 | 0.00 | 410.00 |

Vendor# 10681 — Vendor Name: SIMMLER, INC. — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 194219 | SUPPLIES | 05/15/202 | 05/09/202 | 05/15/202 | | | 222.00 | 0.00 | 0.00 | 222.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10681 | SIMMLER, INC. | 222.00 | 0.00 | 0.00 | 222.00 |

Vendor# 10845 — Vendor Name: STAPLES — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 8072443947 | | 05/14/202 | 11/30/202 | 12/30/202 | | | 49.96 | 0.00 | 0.00 | 49.96 |
| 7000255754A | SUPPLIES | 05/14/202 | 03/31/202 | 03/31/202 | | | 56.71 | 0.00 | 0.00 | 56.71 |
| 7000255754 | SUPPLIES | 05/14/202 | 03/31/202 | 04/30/202 | | | 56.71 | 0.00 | 0.00 | 56.71 |
| 7000515577A | SUPPLIES | 05/14/202 | 04/30/202 | 05/14/202 | | | 62.50 | 0.00 | 0.00 | 62.50 |
| 7000515577 | SUPPLIES | 05/14/202 | 05/14/202 | 05/30/202 | | | 62.50 | 0.00 | 0.00 | 62.50 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 10845 | STAPLES | 288.38 | 0.00 | 0.00 | 288.38 |

Vendor# S2830 — Vendor Name: STRYKER SALES CORP — Class: M — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9206139525 | SUPPLIES | 05/15/202 | 05/07/202 | 05/15/202 | | | 907.10 | 0.00 | 0.00 | 907.10 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | S2830 | STRYKER SALES CORP | 907.10 | 0.00 | 0.00 | 907.10 |

Vendor# 15244 — Vendor Name: TEXAS ELITE THERAPY TEAM LLC — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 04.30.24 | | 05/15/202 | 04/30/202 | 05/30/202 | | | 22,075.00 | 0.00 | 0.00 | 22,075.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15244 | TEXAS ELITE THERAPY TEAM LLC | 22,075.00 | 0.00 | 0.00 | 22,075.00 |

Vendor# 14372 — Vendor Name: TRIAGE, LLC — Class: — Pay Code:

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| INV1796956818 | | 05/03/202 | 05/03/202 | 06/02/202 | | | 3,467.50 | 0.00 | 0.00 | 3,467.50 |

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| 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 |
|---|---|---|---|
| U1054 | UNIFIRST HOLDINGS | W | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 2921031887 | LAUNDRY | 05/15/202 | 05/09/202 | 06/03/202 | | | 132.21 | 0.00 | 0.00 | 132.21 |
| 2921031889 | LAUNDRY | 05/15/202 | 05/09/202 | 06/03/202 | | | 2,849.07 | 0.00 | 0.00 | 2,849.07 |
| 2921031888 | LAUNDRY | 05/15/202 | 05/09/202 | 06/03/202 | | | 241.19 | 0.00 | 0.00 | 241.19 |
| 2921031892 | LAUNDYR | 05/15/202 | 05/09/202 | 06/03/202 | | | 282.90 | 0.00 | 0.00 | 282.90 |
| 2921031893 | LAUNDRY | 05/15/202 | 05/09/202 | 06/03/202 | | | 285.61 | 0.00 | 0.00 | 285.61 |
| 2921031891 | LAUNDRY | 05/15/202 | 05/09/202 | 06/03/202 | | | 315.80 | 0.00 | 0.00 | 315.80 |
| 2921031894 | LAUNDRY | 05/15/202 | 05/09/202 | 06/03/202 | | | 113.81 | 0.00 | 0.00 | 113.81 |
| 2921031890 | LAUNDRY | 05/15/202 | 05/09/202 | 06/03/202 | | | 30.07 | 0.00 | 0.00 | 30.07 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | U1054 | UNIFIRST HOLDINGS | 4,250.66 | 0.00 | 0.00 | 4,250.66 |

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| I1110 | WERFEN USA LLC | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 9111499463 | SUPPLIES | 05/15/202 | 05/08/202 | 06/02/202 | | | 1,953.00 | 0.00 | 0.00 | 1,953.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | I1110 | WERFEN USA LLC | 1,953.00 | 0.00 | 0.00 | 1,953.00 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| INV113142 | SUPPLIES | 05/16/202 | 05/07/202 | 05/16/202 | | | 2,398.00 | 0.00 | 0.00 | 2,398.00 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11400 | WEST COAST MEDICAL RESOURCES | 2,398.00 | 0.00 | 0.00 | 2,398.00 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 245,007.65 | 0.00 | 0.00 | 245,007.65 |

APPROVED ON

MAY 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 204134 - 204179

RECEIVED BY THE COUNTY AUDITOR ON

MAY 17 2024

05/16/2024 MEMORIAL MEDICAL CENTER 0

17:01 AP Open Invoice List ap_open_invoice.template

Dates Through:

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code

15224 MUTUAL OF OMAHA

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 001693024639 | SUPP INSURANCE | 04/30/202 | 04/17/202 | 05/01/202 | | | 25,837.81 | 0.00 | 0.00 | 25,837.81 |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15224 | MUTUAL OF OMAHA | 25,837.81 | 0.00 | 0.00 | 25,837.81 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 25,837.81 | 0.00 | 0.00 | 25,837.81 |

APPROVED ON

MAY 17 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 204165

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 17 2024

CALHOUN COUNTY, TEXAS

05/17/2024
11:42

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 15384 | CLEAN ENVIRONMENTS INC. | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 28027 | | 04/30/202 | 04/08/202 | 05/08/202 | | | 1,040.50 | 0.00 | 0.00 | 1,040.50 |
| | ASBESTOS SURVEY | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 15384 | CLEAN ENVIRONMENTS INC. | 1,040.50 | 0.00 | 0.00 | 1,040.50 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 1,040.50 | 0.00 | 0.00 | 1,040.50 |

APPROVED ON

MAY 17 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 204142

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RUN DATE:05/21/24 TIME:08:37 — MEMORIAL MEDICAL CENTER — CHECK REGISTER — 05/22/24 THRU 05/22/24 — PAGE 1 — GLCKREG

| BANK--CHECK | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 204134 | 05/22/24 | 1,125.13 | AIRGAS USA, LLC - CENTRAL DIV |
| A/P | 204135 | 05/22/24 | 297.19 | ALIMED INC. |
| A/P | 204136 | 05/22/24 | 258.41 | AMAZON CAPITAL SERVICES |
| A/P | 204137 | 05/22/24 | 9,372.84 | AUTHORITYRX |
| A/P | 204138 | 05/22/24 | 417.31 | BAXTER HEALTHCARE |
| A/P | 204139 | 05/22/24 | 12,689.34 | BECKMAN COULTER INC |
| A/P | 204140 | 05/22/24 | 273.25 | BECTON, DICKINSON & CO (BD) |
| A/P | 204141 | 05/22/24 | 11,862.10 | CDW GOVERNMENT, INC. |
| A/P | 204142 | 05/22/24 | 1,040.50 | CLEAN ENVIRONMENTS INC. |
| A/P | 204143 | 05/22/24 | 22,865.36 | COASTAL OFFICE SOLUTONS |
| A/P | 204144 | 05/22/24 | 983.00 | COVIDIEN SALES LLC |
| A/P | 204145 | 05/22/24 | 401.77 | DEWITT POTH & SON |
| A/P | 204146 | 05/22/24 | 40,062.50 | EMERGENCY STAFFING SOLUTIONS |
| A/P | 204147 | 05/22/24 | 4,716.15 | EQUALIZE RCM SERVICES |
| A/P | 204148 | 05/22/24 | 16,357.08 | FISHER HEALTHCARE |
| A/P | 204149 | 05/22/24 | 1,214.03 | FRONTIER |
| A/P | 204150 | 05/22/24 | 633.08 | GRAINGER |
| A/P | 204151 | 05/22/24 | 4,610.52 | HEALTHCARE FINANCIAL SERVICES |
| A/P | 204152 | 05/22/24 | 965.88 | HEALTHSTREAM, INC. |
| A/P | 204153 | 05/22/24 | 573.53 | HEWLETT-PACKARD |
| A/P | 204154 | 05/22/24 | 729.05 | HOBART SERVICES |
| A/P | 204155 | 05/22/24 | 50.00 | HOLOGIC INC |
| A/P | 204156 | 05/22/24 | 14,678.02 | HUNTER PHARMACY SERVICES |
| A/P | 204157 | 05/22/24 | 29.50 | INTOXIMETERS INC |
| A/P | 204158 | 05/22/24 | 922.25 | KCI USA |
| A/P | 204159 | 05/22/24 | 144.95 | MARKETLAB, INC |
| A/P | 204160 | 05/22/24 | 4,134.38 | MCKESSON MEDICAL SURGICAL INC |
| A/P | 204161 | 05/22/24 | .00 | VOIDED |
| A/P | 204162 | 05/22/24 | 14,956.44 | MEDLINE INDUSTRIES INC |
| A/P | 204163 | 05/22/24 | .00 | VOIDED |
| A/P | 204164 | 05/22/24 | 26,490.60 | MORRIS & DICKSON CO, LLC |
| A/P | 204165 | 05/22/24 | 25,837.81 | MUTUAL OF OMAHA |
| A/P | 204166 | 05/22/24 | 472.50 | OCCUPRO LLC |
| A/P | 204167 | 05/22/24 | 533.99 | ORTHO CLINICAL DIAGNOSTICS |
| A/P | 204168 | 05/22/24 | 925.56 | PRECISION DYNAMICS CORP (PDC) |
| A/P | 204169 | 05/22/24 | 15,000.00 | REPUBLIC PAIN SPECIALISTS |
| A/P | 204170 | 05/22/24 | 290.30 | SETON IDENTIFICATION PRODUCTS |
| A/P | 204171 | 05/22/24 | 410.00 | SIGN AD, LTD. |
| A/P | 204172 | 05/22/24 | 222.00 | SIMMLER, INC. |
| A/P | 204173 | 05/22/24 | 288.38 | STAPLES |
| A/P | 204174 | 05/22/24 | 907.10 | STRYKER SALES CORP |
| A/P | 204175 | 05/22/24 | 22,075.00 | TEXAS ELITE THERAPY TEAM LLC |
| A/P | 204176 | 05/22/24 | 3,467.50 | TRIAGE, LLC |
| A/P | 204177 | 05/22/24 | 4,250.66 | UNIFIRST HOLDINGS |
| A/P | 204178 | 05/22/24 | 1,953.00 | WERFEN USA LLC |
| A/P * | 204179 | 05/22/24 | 2,398.00 | WEST COAST MEDICAL RESOURCES |
| A/P | 204181 | 05/22/24 | 26,907.59 | BETHANY SENIOR LIVING |
| A/P | 204182 | 05/22/24 | 452.40 | FORTBEND HEALTHCARE CENTER |
| A/P | 204183 | 05/22/24 | 41,832.44 | GOLDENCREEK HEALTHCARE |
| A/P | 204184 | 05/22/24 | 917.34 | GULF POINTE PLAZA |

BANK--CHECK----------

| CODE | NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| A/P | 204185 | 05/22/24 | 9,792.00 | SOLERA WEST HOUSTON |
| A/P | 204186 | 05/22/24 | 8,888.17 | THE CRESCENT |
| A/P | 204187 | 05/22/24 | 7,409.10 | TUSCANY VILLAGE |
| TOTALS: | | | 368,085.00 | |

APPROVED ON

MAY 23 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 245,007.65 +
Criticare 25,837.81 +
NH Xfers 1,040.50 +
96,199.04 +
368,085.00 ◊

# McKESSON

# STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/17/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 05/18/2024

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

As of: 05/17/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 05/18/2024 **ITEMS NOT PAID (✓)**

National Account 632536

| Billing Date | Due Date | Receivable Number | 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:** 4,005.55 USD

**Future Due:** 0.00

**Past Due:** 6.30-

**Last Payment** 2,451.97
08/07/2017

**If Paid By 05/21/2024, Pay This Amount:** 3,925.30 USD

**If Paid After 05/21/2024, Pay this Amount:** 4,005.55 USD

**Due If Paid On Time:** USD 3,925.30

**Disc lost if paid late:** 80.25

**Due If Paid Late:** USD 4,005.55

Andrea DeLosSantos
5/20/24

3,748.75 +
19.61 +
41.99 +
114.95 +
3,925.30 ◊

APPROVED ON
MAY 20 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

Company: 8000

As of: 05/17/2024 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 05/18/2024

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

As of: 05/17/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342
Date: 05/18/2024

**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 | |
|---|---|---|---|---|---|---|---|---|---|
| 05/13/2024 | 05/21/2024 | 7495921181 | 115751266 | 115Invoice | 4.22 | 210.82 | 206.60 | 7495921181 | |
| 05/13/2024 | 05/21/2024 | 7495921185 | 115799209 | 115Invoice | 0.02 | 0.95 | 0.93 | 7495921185 | |
| 05/13/2024 | 05/21/2024 | 7495921186 | 115828316 | 115Invoice | 2.47 | 123.34 | 120.87 | 7495921186 | |
| 05/13/2024 | 05/21/2024 | 7495921188 | 115828316 | 115Invoice | 0.01 | 0.63 | 0.62 | 7495921188 | |
| 05/13/2024 | 05/21/2024 | 7495921189 | 115911780 | 115Invoice | 0.04 | 1.90 | 1.86 | 7495921189 | |
| 05/13/2024 | 05/21/2024 | 7496123575 | 115899239 | 195Invoice | 0.94 | 47.12 | 46.18 | 7496123575 | |
| 05/13/2024 | 05/21/2024 | 7496123576 | 115758047 | 195Invoice | 58.45 | 2,922.63 | 2,864.18 | 7496123576 | |
| 05/13/2024 | 05/21/2024 | 7496123577 | 115834884 | 195Invoice | 0.47 | 23.56 | 23.09 | 7496123577 | |
| 05/14/2024 | 05/21/2024 | 7496263096 | 115985061 | 115Invoice | 0.01 | 0.32 | 0.31 | 7496263096 | |
| 05/14/2024 | 05/21/2024 | 7496430108 | 115991007 | 195Invoice | 0.04 | 1.90 | 1.86 | 7496430108 | |
| 05/14/2024 | 05/21/2024 | 7496430109 | 115996398 | 115Invoice | 0.02 | 0.95 | 0.93 | 7496430109 | |
| 05/15/2024 | 05/21/2024 | 7496525879 | 116136631 | 115Invoice | 0.03 | 1.27 | 1.24 | 7496525879 | |
| 05/15/2024 | 05/21/2024 | 7496706536 | 116143499 | 195Invoice | 6.78 | 338.82 | 332.04 | 7496706536 | |
| 05/16/2024 | 05/21/2024 | 7496787052 | 116270035 | 115Invoice | 0.02 | 1.05 | 1.03 | 7496787052 | |
| 05/16/2024 | 05/21/2024 | 7496963520 | 116276213 | 195Invoice | 0.71 | 35.27 | 34.56 | 7496963520 | |
| 05/16/2024 | 05/21/2024 | 7496963521 | 116282111 | 115Invoice | 0.01 | 0.63 | 0.62 | 7496963521 | |
| 05/17/2024 | 05/21/2024 | 7497052730 | 116384277 | 115Invoice | 1.34 | 66.99 | 65.65 | 7497052730 | |
| 05/17/2024 | 05/21/2024 | 7497218143 | 116390516 | 195Invoice | 0.94 | 47.12 | 46.18 | 7497218143 | |

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

**TOTAL:**

**Subtotals:** 3,825.27 USD

**Future Due:** 0.00

**Past Due:** 0.00

**Last Payment** 1,402.39
05/13/2024

APPROVED ON
MAY 20 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**If Paid By 05/21/2024, Pay This Amount:** 3,748.75 USD

**If Paid After 05/21/2024, Pay this Amount:** 3,825.27 USD

**Due If Paid On Time:**
USD 3,748.75

**Disc lost if paid late:** 76.52

**Due If Paid Late:**
USD 3,825.27

Andrea Dotson Santos
5/20/24

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

Company: 8000

As of: 05/17/2024

Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 05/18/2024

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

As of: 05/17/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 190813
Date: 05/18/2024

**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 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 05/15/2024 | 05/21/2024 | 7496525675 | 3943094 | 115Invoice | 0.09 | 4.29 | | 4.20 | | 7496525675 | |
| 05/17/2024 | 05/21/2024 | 7497044088 | 3948821 | 115Invoice | 0.31 | 15.72 | | 15.41 | | 7497044088 | |

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

**TOTAL:**

**Subtotals:** 20.01 USD

**Future Due:** 0.00

**Past Due:** 0.00

**Last Payment** 4,254.13
05/06/2024

**If Paid By 05/21/2024, Pay This Amount:** 19.61 USD

**If Paid After 05/21/2024, Pay this Amount:** 20.01 USD

**Due If Paid On Time:** USD 19.61

**Disc lost if paid late:** 0.40

**Due If Paid Late:** USD 20.01

Andrew DeLa Santos
5/20/24

APPROVED ON
MAY 20 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

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

As of: 05/17/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 05/18/2024

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

As of: 05/17/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 05/18/2024 **ITEMS NOT PAID (✓)**

National Account 632536

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Customer Number 820405 HEB PHCY WHSE/MEM MED PHS** | | | | | | | | | | | |
| 05/13/2024 | 05/21/2024 | 7495916501 | B2405-055-158694 | 115Invoice | 0.13 | 6.68 | | 6.55 | | 7495916501 | |
| 05/14/2024 | 05/14/2024 | 7496500690 | MFC PR CORR CR | Pricing Cor | | 6.30- | P | 6.30- | P | 7496500690 | |
| 05/14/2024 | 05/21/2024 | 7496500691 | MFC PR CORR IN | Pricing Cor | 0.10 | 5.20 | | 5.10 | | 7496500691 | |
| 05/15/2024 | 05/21/2024 | 7496782744 | B2405-055-159205 | 115Invoice | 0.75 | 37.39 | | 36.64 | | 7496782744 | |

**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:** 42.97 USD

**Future Due:** 0.00

**Past Due:** 6.30-

**Last Payment** 1,402.39
05/13/2024

**If Paid By 05/21/2024, Pay This Amount:** 41.99 USD

**If Paid After 05/21/2024, Pay this Amount:** 42.97 USD

**Due If Paid On Time:** USD 41.99

**Disc lost if paid late:** 0.98

**Due If Paid Late:** USD 42.97

APPROVED ON

MAY 20 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLaSantos
5/20/24

For AR Inquiries please contact 800-867-0333

# McKESSON

# STATEMENT

Company: 8000

As of: 05/17/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 05/18/2024

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

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

As of: 05/17/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 05/18/2024 **ITEMS NOT PAID (✓)**

National Account 632536

| Billing Date | Due Date | Receivable Number | Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Customer Number 835437 CVS PHCY 7416/MEM MC PHS** | | | | | | | | | | | |
| 05/15/2024 | 05/21/2024 | 7496718376 | 3244939 | 115Invoice | 0.30 | 14.91 | | 14.61 | | 7496718376 | ✓ |
| 05/15/2024 | 05/21/2024 | 7496718377 | 3244939 | 115Invoice | 2.05 | 102.39 | | 100.34 | | 7496718377 | ✓ |

**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:** 117.30 USD

**Future Due:** 0.00

**Past Due:** 0.00

**Last Payment** 1,402.39
05/13/2024

**If Paid By 05/21/2024, Pay This Amount:** 114.95 USD

**If Paid After 05/21/2024, Pay this Amount:** 117.30 USD

**Due If Paid On Time:** USD 114.95

**Disc lost if paid late:** 2.35

**Due If Paid Late:** USD 117.30

✓ Andrew DeLos Santos
5/20/24

APPROVED ON
MAY 20 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

# STATEMENT

Statement Number: 67466921
Date: 05-17-2024

**Serviced 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: | 996.24 |
| Past Due: | 0.00 |
| Total Due: | 996.24 |
| Account Balance: | 996.24 |

## Account Activity

| Document Date | Due Date | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---|---|---|---|---|---|---|---|---|
| 05-13-2024 | 05-24-2024 | 3174826166 | 7006492139 | Invoice | 45.47 | | 0.00 | 45.47 |
| 05-13-2024 | 05-24-2024 | 3174826167 | 7006501785 | Invoice | 841.73 | | 0.00 | 841.73 |
| 05-13-2024 | 05-24-2024 | 3174826168 | 7006510243 | Invoice | 21.03 | | 0.00 | 21.03 |
| 05-15-2024 | 05-24-2024 | 3175081371 | 4545277552 | Invoice | 15.08 | | 0.00 | 15.08 |
| 05-15-2024 | 05-24-2024 | 3175160230 | 7006526134 | Invoice | 29.59 | | 0.00 | 29.59 |
| 05-16-2024 | 05-24-2024 | 3175302596 | 7006536263 | Invoice | 2.92 | | 0.00 | 2.92 |
| 05-17-2024 | 05-24-2024 | 3175464548 | 7006545147 | Invoice | 40.42 | | 0.00 | 40.42 |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---|---|---|---|---|---|---|
| 996.24 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

## Thank You for Your Payment

| Date | Amount |
|---|---|
| 05-17-2024 | (327.18) |

APPROVED ON
MAY 20 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

## Reminders

| Due Date | Amount |
|---|---|
| 05-24-2024 | 996.24 |
| Total Due: | 996.24 |

Andrew De Los Santos
5/20/24

**TOLL FEE PHONE NUMBER: 1-800-555-3453**
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

| | #### ### | ENTER: | |
|---|---|---|---|
| ☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER" | | | |
| ☐ "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"<br>1ST QTR - 03 (MARCH) - Jan, Feb, Mar<br>2ND QTR - 06 (JUNE) - Apr, May, June<br>3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept<br>4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec | ★ | 06 | |
| ☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" | ★ | $ 165,667.08 | # |
| "1 TO CONFIRM" | | 1 | |
| "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" | 0 | $ 68,168.36 | # |
| "ENTER W/CENTS AMOUNT OF MEDICARE" | | $ 18,033.55 | # |
| "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING" | | $ 79,465.17 | # |
| ☐ "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**

| | | | VOIDED CK (1) | VOIDED CK (2) | ADDITIONAL CK (1) | ADDITIONAL CK (1) | TOTALS |
|---|---|---|---|---|---|---|---|
| PAY PERIOD: BEGIN | | 5/3/2024 | | | | | |
| PAY PERIOD: END | | 5/16/2024 | | | | | |
| PAY DATE: | | 5/24/2024 | | | | | |
| GROSS PAY: | | $ 651,844.85 | | | $ - | | $ 651,844.85 |
| DEDUCTIONS: | | | | | | | |
| A/R | | $ 266.57 | | | | | $ 266.57 |
| ADVANC | | | | | | | $ - |
| BOOTS | | | | | | | $ - |
| MUTUAL CRITICAL ILLNESS | | | | | | | $ - |
| MUTUAL ACCIDENT | | | | | | | $ - |
| IRS TAX | | | | | | | $ - |
| MUTUAL SHORT TERM DIS | | | | | | | $ - |
| MUTUAL VISION | | $ 877.74 | | | | | $ 877.74 |
| CAFÉ-D | | $ 1,282.94 | | | | | $ 1,282.94 |
| CAFÉ-H | | $ 31,179.77 | | | | | $ 31,179.77 |
| | | $ - | | | | | $ - |
| | | $ - | | | | | $ - |
| CAFÉ-P | | | | | | | $ - |
| CANCER | | | | | | | $ - |
| CHILD | | $ 570.69 | | | | | $ 570.69 |
| CLINIC | | $ 534.50 | | | | | $ 534.50 |
| 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 | | $ 79,465.17 | | | | | $ 79,465.17 |
| FICA-M | | $ 8,876.99 | | | | | $ 8,876.99 |
| FICA-O | | $ 34,084.18 | | | | | $ 34,084.18 |
| FICA-M ADDITIONAL | | $ 279.57 | | | | | $ 279.57 |
| FIRST C | | | | | | | $ - |
| FLEX S | | $ 5,400.31 | | | | | $ 5,400.31 |
| FLX-FE | | $ - | | | | | $ - |
| GIFT S | | $ 27.39 | | | | | $ 27.39 |
| MUTUAL CRITICAL ILLNESS | | $ 1,114.31 | | | | | $ 1,114.31 |
| MUTUAL ACCIDENT | | $ 736.67 | | | | | $ 736.67 |
| MUTUAL SHORT TERM DIS | | $ 1,929.81 | | | | | $ 1,929.81 |
| LEGAL | | $ 1,179.78 | | | | | $ 1,179.78 |
| OTHER | | $ 5,798.71 | | | | | $ 5,798.71 |
| NATIONAL FARM LIFE | | $ 1,115.14 | | | | | $ 1,115.14 |
| MED SURCHARGE | | $ 315.00 | | | | | $ 315.00 |
| Blank | | | | | | | $ - |
| RELAY | | | | | | | $ - |
| REPAY | | | | | | | $ - |
| STONEDF | | $ 895.00 | | | | | $ 895.00 |
| STONE | | | | | | | $ - |
| STONE 2 | | | | | | | $ - |
| STUDEN | | | | | | | $ - |
| TSA-R | | $ 44,843.19 | | | | | $ 44,843.19 |
| UW/HOS | | $ - | | | | | $ - |
| TOTAL DEDUCTIONS: | | $ 223,015.31 | $ - | $ - | $ - | $ - | $ 223,015.31 |
| | | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | |
| NET PAY: | | $ 428,829.54 | $ - | $ - | $ - | $ - | $ 428,829.54 |
| | | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | **SHOULD MATCH REPORT** | |
| TOTAL CAFÉ 125 PLAN: | | $ 39,635.76 | Less Exempt: | | | | |
| TAXABLE PAY: | | $ 612,209.09 | $ 549,745.74 | | | | Exempt Amt: |

| | | **CALCULATED** | From MMC Report | Difference |
|---|---|---|---|---|
| FICA - MED (ER) | 1.45% | $ 8,877.03 | | |
| FICA - MED (EE) | 1.45% | $ 8,877.03 | $ 8,876.99 | $ 0.04 |
| FICA - SOC SEC (ER) | 6.20% | $ 34,084.24 | | |
| FICA - SOC SEC (EE) | 6.20% | $ 34,084.24 | $ 34,084.18 | $ 0.06 |
| FED WITHHOLDING | | $ 79,465.17 | $ 79,465.17 | |

Employees over FICA-SS Cap:
Roshanda Thomas $ 62,463.35
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ 62,463.35

| | | | | |
|---|---|---|---|---|
| TAX DEPOSIT: | | $ 165,387.71 | $ 165,387.51 | |
| FICA - MEDICARE | 2.90% | $ 17,754.06 | $17,753.98 | |
| FICA - SOCIAL SECURITY | 12.40% | $ 68,168.48 | $68,168.36 | PREPARED BY: |
| FED WITHHOLDING | | $ 79,465.17 | $79,465.17 | PREPARED DATE: |
| TOTAL TAX: | | $ 165,387.71 | $165,387.51 | $ 0.20 |

Andrie Flores
5/20/2024

Final Summary

**-- PayCode Summary --**

| PayCd | Description | Hrs | OT | SH | WE | HO | CE | Gross |
|---|---|---|---|---|---|---|---|---|
| 1 | REGULAR PAY-S1 | 9722.00 | N | | N | N | | 228921.50 |
| 1 | REGULAR PAY-S1 | 1910.25 | N | | N | N | N | 88512.47 |
| 1 | REGULAR PAY-S1 | 236.00 | Y | | N | N | | 6953.41 |
| 2 | REGULAR PAY-S2 | 2733.75 | N | | N | N | | 75961.82 |
| 2 | REGULAR PAY-S2 | 65.00 | Y | | N | N | | 3355.19 |
| 3 | REGULAR PAY-S3 | 1623.75 | N | | N | N | | 56774.31 |
| 3 | REGULAR PAY-S3 | 70.25 | Y | | N | N | | 3585.65 |
| 4 | CALL BACK PAY | 8.00 | N | 1 | N | N | Y | 385.26 |
| 4 | CALL BACK PAY | 25.25 | N | 2 | N | N | Y | 1021.46 |
| 4 | CALL BACK PAY | 6.00 | N | 3 | N | N | Y | 282.00 |
| 4 | CALL BACK PAY | .75 | Y | 2 | N | N | Y | 45.23 |
| C | CALL PAY | 2323.50 | N | 1 | N | N | | 4647.00 |
| D | DOUBLE TIME | 8.00 | N | 1 | N | N | | 673.28 |
| D | DOUBLE TIME | 4.25 | N | 2 | N | N | | 374.68 |
| E | EXTRA WAGES | | N | | N | N | N | 129620.49 |
| E | EXTRA WAGES | | N | 1 | N | N | | 40.00 |
| E | EXTRA WAGES | | N | 1 | N | N | N | 1720.00 |
| F | FUNERAL LEAVE | 24.00 | N | 1 | N | N | | 531.12 |
| I | INSERVICE | 51.00 | N | 1 | N | N | | 1983.36 |
| K | EXTENDED-ILLNESS-BANK | 167.00 | N | 1 | N | N | | 5405.88 |
| P | PAID-TIME-OFF | 49.66 | N | | N | N | N | 803.60 |
| P | PAID-TIME-OFF | 1375.00 | N | 1 | N | N | | 38639.06 |
| X | CALL PAY 2 | 256.00 | N | 1 | N | N | | 512.00 |
| Z | CALL PAY 3 | 192.00 | N | 1 | N | N | | 576.00 |
| p | PAID TIME OFF - PROBATION | 24.00 | N | 1 | N | N | | 520.08 |

**-- Deductions Summary --**

| Code | Amount | | | | |
|---|---|---|---|---|---|
| A/R | 266.57 | A/R2 | | A/R3 | |
| ADVANC | | AWARDS | | BCBSVI | |
| BOOTS | | CAFE H | | CAFE-1 | |
| CAFE-2 | | CAFE-3 | | CAFE-4 | |
| CAFE-5 | | CAFE-C | | CAFE-D | 1282.94 |
| CAFE-F | | CAFE-H | 31179.77 | CAFE-I | |
| CAFE-L | | CAFE-P | | CANCER | |
| CHILD | 570.69 | CLINIC | 534.50 | COMBIN | 250.86 |
| CREDUN | | DD ADV | | DENTAL | |
| DEP-LF | | DIS-LF | | EAT | |
| EATCSH | | FEDTAX | 79465.17 | FICA-M | 9156.56 |
| FICA-D | 34084.18 | FIRSTC | | FLEX S | 4636.67 |
| FLX FE | | FORT D | | FUTA | |
| GIFT S | 27.39 | GRANT | | GRP-IN | |
| GTL | | HOSP-I | | HSA | 763.64 |
| ID TFT | | IRSTAX | | LEAF | |
| LEGAL | 272.78 | MASA | 907.00 | MEALS | 2126.94 |
| METVIS | | MISC | | MISC/ | |
| MMCSHR | | MOOACC | 736.67 | MOOILL | 1114.31 |
| MOOIND | 598.50 | MOOLIF | 1392.52 | MOOSTD | 1929.81 |
| MOOVIS | 877.74 | NATFML | 1115.14 | OTHER | |
| PHI | | PHI*** | | PR FIN | |
| RELAY | | REPAY | | SAMS | |
| SCRUBS | | SIGNON | | ST-TX | |
| STONDF | 895.00 | STONE | | STONE2 | |
| STUDEN | | SUNACC | | SUNILL | |
| SUNIND | | SUNLIF | | SUNSTD | |
| SUNVIS | | SURCHG | 315.00 | TSA-1 | |
| TSA-2 | | TSA-C | | TSA-P | |
| TSA-R | 44843.19 | TUTION | | UNIFOR | 3671.77 |
| UW/HOS | | | | | |

**Grand Totals: 20875.41 ------- ( Gross: 651844.65 Deductions: 223015.31 Net: 428829.54**

Checks Count:- FT 208 PT 13 Other 39 Female 233 Male 26 Credit OverAmt 8 ZeroNet Term Total: 259

Andrea De Los Santos
5/20/24

**MEMORIAL MEDICAL CENTER**
**PROSPERITY BANK**
**ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 13, 2024 - May 19, 2024**

| Date | Bank Description | MMC Notes | Amount | CPSI "Handwritten Check" # |
|---|---|---|---|---|
| 5/17/2024 | WEBFILE TAX PYMT DD 902/75705546 21000028621 | - Sales Tax | 2,057.03 * | |
| 5/17/2024 | PAY PLUS ACHTrans 000000023174354 1010006953 | - 3rd Party Payor Fee | 90.03 | pay plus 90.03 |
| 5/17/2024 | AMERISOURCE BERG PAYMENTS 0100007768 2100002 | - 340B Drug Program Expense | 327.18 * | |
| 5/16/2024 | PAY PLUS ACHTrans 000000022973640 1010006942 | - 3rd Party Payor Fee | 63.40 | 63.40 |
| 5/15/2024 | TEXAS COUNTY DRS RECEIVABLE 0419 21000021682 | - Retirement Funding | 185,678.64 * | 78.57 |
| 5/15/2024 | PAY PLUS ACHTrans 000000022830065 1010006928 | - 3rd Party Payor Fee | 78.57 | 16.08 |
| 5/15/2024 | FDMS FDMS PYMT 052-1743547-000 4100012433379 | - Credit Card Processing Fee | 40.03 | 53.27 |
| 5/15/2024 | FDMS FDMS PYMT 052-1737276-000 4100012432922 | - Credit Card Processing Fee | 120.09 | 301.35 |
| 5/15/2024 | FDMS FDMS PYMT 052-2100911-000 4100012435338 | - Credit Card Processing Fee | 45.64 | 0.C |
| 5/15/2024 | FDMS FDMS PYMT 052-1743548-000 4100012434565 | - Credit Card Processing Fee | 80.06 | CC Fees |
| 5/14/2024 | PAY PLUS ACHTrans 000000022742498 1010006916 | - 3rd Party Payor Fee | 16.08 | 40.03 - |
| 5/14/2024 | MCKESSON DRUG AUTO ACH ACH05997343 910000124 | - 340B Drug Program Expense | 1,402.39 ** | 120.09 - |
| 5/13/2024 | PAY PLUS ACHTrans 000000022635717 1010006903 | - 3rd Party Payor Fee | 53.27 | 45.64 - |
| 5/13/2024 | IRS USATAXPYMT 270453450659583 6103601004627 | - Payroll Taxes | 120,892.82 * | 80.06 - |
| | | | 310,945.23 | 285.82 < |
| | | | | 301.35 + |
| | | | | 587.17 < |

Andrew De Los Santos May 20, 2024
ANDREW DE LOS SANTOS
Memorial Medical Center

* Approved on 5.15.24 cc
** Approved on 5.08.24 cc

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

| Date | Description | MMC Notes | Amount |
|---|---|---|---|
| | | | 0.00 |

APPROVED ON
MAY 20 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

310,945.23 +
2,057.03 -
327.18 -
185,678.64 -
1,402.39 -
120,892.82 -
587.17 ◊
587.17 -
0.00 ◊

Andrew De Los Santos May 20, 2024
ANDREW DE LOS SANTOS
Memorial Medical Center

90 Degree Benefits

| CHKNO | GRPNO | LOCNO | EMPNO | DEPNO | CLMPRE | CLMNO | CLMSUF | CHKDT | AMT | CLMTP | PAYEE | PAYTO | CVGCO | CVGTP | FIRSTNAME | LASTNAME | CODE | VOID | FROMDT | THRUDT | PRVNO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1761 | 76351 | 1 | 2 | 0 | 2024 | 127002245 | 0 | 5/13/2024 | $27.70 | 1 | MELISSA A. KAINER ERWIN, MD PA | P | 457 | 0 | [redacted] | | OVS | F | 5/1/2024 | 5/1/2024 | 200802489 |
| 1765 | 76351 | 3 | 20 | 0 | 2024 | 127002189 | 0 | 5/13/2024 | $19.10 | 1 | VICTORIA ORTHOPEDIC CENTER, PLLC | P | 457 | 0 | | | OVS | F | 4/22/2024 | 4/22/2024 | 260151734 |
| 1766 | 76351 | 3 | 50 | 0 | 2024 | 127002171 | 0 | 5/13/2024 | $29.10 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 177 | 0 | | | OV | F | 2/2/2024 | 2/2/2024 | 742605670 |
| 1767 | 76351 | 3 | 50 | 0 | 2024 | 127002192 | 0 | 5/13/2024 | $29.10 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 177 | 0 | | | OV | F | 2/5/2024 | 2/5/2024 | 742605670 |
| 1768 | 76351 | 3 | 44 | 1 | 2024 | 131001103 | 0 | 5/13/2024 | $29.10 | 1 | STEPHEN M. DENTLER, DO, PA | P | 728 | 0 | | | TELM | F | 5/7/2024 | 5/7/2024 | 742872709 |
| 1773 | 76351 | 3 | 49 | 0 | 2024 | 128000979 | 0 | 5/13/2024 | $65.89 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 177 | 0 | | | OV | F | 5/1/2024 | 5/1/2024 | 742605670 |
| 1775 | 76351 | 3 | 52 | 0 | 2024 | 128000933 | 0 | 5/13/2024 | $70.84 | 1 | ASHRAF ABUSARA MD | P | 457 | 0 | | | OVS | F | 4/29/2024 | 4/29/2024 | 471158090 |
| 1776 | 76351 | 3 | 40 | 0 | 2024 | 130000208 | 0 | 5/13/2024 | $74.00 | 1 | ALMA COMMUNITY NETWORK | P | 728 | 0 | | | TELM | F | 5/2/2024 | 5/2/2024 | 841856765 |
| 1779 | 76351 | 3 | 5 | 0 | 2024 | 130000690 | 0 | 5/13/2024 | $79.18 | 1 | AARON M MCGUIRE OD | P | 457 | 0 | | | OVS | F | 5/1/2024 | 5/1/2024 | 742208337 |
| 1780 | 76351 | 3 | 49 | 0 | 2024 | 129000272 | 0 | 5/13/2024 | $90.08 | 1 | GREATER HOUSTON INTERVENTIONAL | P | 457 | 0 | | | OVS | F | 4/30/2024 | 4/30/2024 | 202341026 |
| 1781 | 76351 | 3 | 62 | 0 | 2024 | 128000360 | 0 | 5/13/2024 | $90.34 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 177 | 0 | | | OV | F | 2/15/2024 | 2/15/2024 | 471158090 |
| 1783 | 76351 | 3 | 22 | 0 | 2024 | 130000736 | 0 | 5/13/2024 | $124.66 | 1 | VICTORIA WOMENS CLINIC ASSOCIATES | P | 172 | 0 | | | AB | F | 5/3/2024 | 5/3/2024 | 741831291 |
| 1785 | 76351 | 3 | 43 | 1 | 2024 | 128000925 | 0 | 5/13/2024 | $159.18 | 1 | HEIGHTS DERMATOLOGY | P | 457 | 0 | | | OVS | F | 5/2/2024 | 5/2/2024 | 204603797 |
| 1786 | 76351 | 3 | 24 | 0 | 2024 | 128000229 | 0 | 5/13/2024 | $185.00 | 1 | NEXTCARE URGENT CARE | P | 487 | 0 | | | URG | F | 4/25/2024 | 4/25/2024 | 260845489 |
| 1787 | 76351 | 3 | 56 | 0 | 2024 | 127002242 | 0 | 5/13/2024 | $196.20 | 1 | PHYSICIANS REFERRAL SERVICE | P | 177 | 0 | | | OV | F | 4/2/2024 | 4/2/2024 | 760273984 |
| 1790 | 76351 | 3 | 11 | 0 | 2024 | 127002272 | 0 | 5/13/2024 | $233.39 | 1 | JOSEPH MICHAEL O'DWYER M.D. | P | 188 | 0 | | | HV | F | 2/14/2024 | 2/16/2024 | 760375998 |
| 1792 | 76351 | 3 | 56 | 0 | 2024 | 131002381 | 0 | 5/13/2024 | $542.50 | 1 | VIP CARE SERVICES LLC | P | 604 | 0 | | | CASE | F | 4/24/2024 | 4/26/2024 | 271837628 |
| 1796 | 76360 | 1 | 88 | 0 | 2024 | 128000362 | 0 | 5/13/2024 | $237.28 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 172 | 0 | | | AB | F | 4/17/2024 | 4/17/2024 | 471158090 |
| 1798 | 76360 | 2 | 35 | 0 | 2024 | 128000991 | 0 | 5/13/2024 | $27.00 | 1 | DANNA S HARRISON, MA, LPC | P | 360 | 0 | | | POV | F | 5/2/2024 | 5/2/2024 | 464452997 |
| 1804 | 76360 | 3 | 30 | 1 | 2024 | 128000951 | 0 | 5/13/2024 | $22.98 | 1 | VICTORIA ORTHOPEDIC CENTER, PLLC | P | 457 | 0 | | | OVS | F | 5/1/2024 | 5/1/2024 | 260151734 |
| 1805 | 76360 | 3 | 44 | 1 | 2024 | 127003853 | 0 | 5/13/2024 | $41.16 | 1 | PORT LAVACA CLINIC | P | 177 | 0 | | | OV | F | 5/1/2024 | 5/1/2024 | 742605670 |
| 1810 | 76360 | 3 | 64 | 0 | 2024 | 127002231 | 0 | 5/13/2024 | $46.25 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 177 | 0 | | | OV | F | 2/27/2024 | 2/27/2024 | 471158090 |
| 1819 | 76360 | 3 | 74 | 0 | 2024 | 127002260 | 0 | 5/13/2024 | $59.94 | 1 | AYO ADU, MD PLLC | P | 177 | 0 | | | OV | F | 4/30/2024 | 4/30/2024 | 273335355 |
| 1820 | 76360 | 3 | 94 | 0 | 2024 | 131001050 | 0 | 5/13/2024 | $59.94 | 1 | AYO ADU, MD PLLC | P | 177 | 0 | | | OV | F | 5/7/2024 | 5/7/2024 | 273335355 |
| 1826 | 76360 | 3 | 70 | 0 | 2024 | 127002257 | 0 | 5/13/2024 | $65.37 | 1 | MICHELLE M CUMMINS | P | 484 | 0 | | | ODXS | F | 4/11/2024 | 4/11/2024 | 742951453 |
| 1827 | 76360 | 3 | 42 | 0 | 2024 | 127002178 | 0 | 5/13/2024 | $65.89 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 177 | 0 | | | OV | F | 4/27/2024 | 4/27/2024 | 742605670 |
| 1828 | 76360 | 3 | 70 | 0 | 2024 | 127002294 | 0 | 5/13/2024 | $66.59 | 1 | MICHELLE M CUMMINS | P | 457 | 0 | | | OVS | F | 4/15/2024 | 4/15/2024 | 742951453 |
| 1829 | 76360 | 3 | 83 | 0 | 2024 | 123002172 | 0 | 5/13/2024 | $71.10 | 1 | SINGLETON ASSOCIATES PA | P | 324 | 0 | | | CAT | F | 4/22/2024 | 4/22/2024 | 741680498 |
| 1830 | 76360 | 3 | 82 | 0 | 2024 | 128000941 | 0 | 5/13/2024 | $74.22 | 1 | VICTORIA ORTHOPEDIC CENTER, PLLC | P | 457 | 0 | | | OVS | F | 5/2/2024 | 5/2/2024 | 260151734 |
| 1838 | 76360 | 3 | 42 | 0 | 2024 | 129000278 | 0 | 5/13/2024 | $90.08 | 1 | GREATER HOUSTON INTERVENTIONAL | P | 457 | 0 | | | OVS | F | 4/30/2024 | 4/30/2024 | 202341026 |
| 1841 | 76360 | 3 | 61 | 0 | 2024 | 127002177 | 0 | 5/13/2024 | $124.18 | 1 | VICTORIA VEIN AND SURGERY CLINIC | P | 457 | 0 | | | OVS | F | 4/24/2024 | 4/24/2024 | 452590280 |
| 1843 | 76360 | 3 | 43 | 1 | 2024 | 128000364 | 0 | 5/13/2024 | $160.00 | 1 | NEXTCARE URGENT CARE | P | 487 | 0 | | | URG | F | 4/27/2024 | 4/27/2024 | 260845489 |
| 1845 | 76360 | 3 | 61 | 0 | 2024 | 127003890 | 0 | 5/13/2024 | $177.77 | 1 | TD EYECARE, PLLC | P | 457 | 0 | | | OVS | F | 3/1/2024 | 3/1/2024 | 260467806 |
| 1848 | 76360 | 3 | 31 | 0 | 2024 | 127002180 | 0 | 5/13/2024 | $249.90 | 1 | CITIZENS MEDICAL PROFESSIONALS | P | 176 | 0 | | | AO | F | 2/22/2024 | 2/22/2024 | 471158090 |
| 1851 | 76360 | 3 | 61 | 0 | 2024 | 127003821 | 0 | 5/13/2024 | $361.61 | 1 | TD EYECARE, PLLC | P | 457 | 0 | | | OVS | F | 3/28/2024 | 3/28/2024 | 260467806 |
| 1853 | 76360 | 3 | 13 | 0 | 2024 | 123002107 | 0 | 5/13/2024 | $654.32 | 1 | B VIJAYA KUMAR MD PA | P | 457 | 0 | | | OVS | F | 1/23/2024 | 1/23/2024 | 742978334 |
| 1856 | 76370 | 3 | 19 | 0 | 2024 | 127002311 | 0 | 5/13/2024 | $80.71 | 1 | PORT LAVACA CLINIC ASSOCIATES | P | 177 | 0 | | | OV | F | 4/29/2024 | 4/29/2024 | 742605670 |
| 1857 | 76370 | 3 | 21 | 0 | 2024 | 130000807 | 0 | 5/13/2024 | $138.99 | 1 | VICTORIA WOMENS CLINIC ASSOCIATES | P | 172 | 0 | | | AB | F | 5/3/2024 | 5/3/2024 | 741831291 |
| | | | | | | | | | $4,920.64 | | | | | | | | | | | | |

Andrew DeLos Santos
5/20/24

APPROVED ON

MAY 20 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

| 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 | |

RECEIVED BY THE COUNTY AUDITOR ON

MAY 16 2024

CALHOUN COUNTY, TEXAS

05/16/2024
11:01

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/01/2024

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 050124A | | 05/16/202 | 05/01/202 | 06/08/202 | | | 205.11 | 0.00 | 0.00 | 205.11 |
| | TRANSFER | NH ins. pmt. dep. into MMC opt. in error. | | | | | | | | |
| 050124 | | 05/16/202 | 05/01/202 | 06/08/202 | | | 259.31 | 0.00 | 0.00 | 259.31 |
| | TRANSFR | | | | | | | | | |
| 050824A | | 05/16/202 | 05/08/202 | 06/08/202 | | | 565.51 | 0.00 | 0.00 | 565.51 |
| | TRANSFER | | | | | | | | | |
| 050824B | | 05/16/202 | 05/08/202 | 06/08/202 | | | 11.26 | 0.00 | 0.00 | 11.26 |
| | TRANSFER | | | | | | | | | |
| 050824C | | 05/16/202 | 05/08/202 | 06/08/202 | | | 906.59 | 0.00 | 0.00 | 906.59 |
| | TRANSFER | | | | | | | | | |
| 050924A | | 05/16/202 | 05/08/202 | 06/08/202 | | | 6,324.00 | 0.00 | 0.00 | 6,324.00 |
| | TRANSFER | | | | | | | | | |
| 050824 | | 05/16/202 | 05/08/202 | 06/08/202 | | | 18,384.30 | 0.00 | 0.00 | 18,384.30 |
| | TRANSFER | | | | | | | | | |
| 050924 | | 05/16/202 | 05/09/202 | 06/08/202 | | | 251.51 | 0.00 | 0.00 | 251.51 |
| | TRANSFER | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12792 | BETHANY SENIOR LIVING | 26,907.59 | 0.00 | 0.00 | 26,907.59 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 26,907.59 | 0.00 | 0.00 | 26,907.59 |

APPROVED ON

MAY 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ck#204181

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 16 2024

CALHOUN COUNTY, TEXAS

05/16/2024
11:00

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/01/2024

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 12696 | GULF POINTE PLAZA | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 050224 | | 05/16/202 | 05/02/202 | 06/08/202 | | | 305.34 | 0.00 | 0.00 | 305.34 |
| | TRANSFER NH ins. pmt. dep. into mmc ope. in error | | | | | | | | | |
| 050824 | | 05/16/202 | 05/08/202 | 06/08/202 | | | 612.00 | 0.00 | 0.00 | 612.00 |
| | TRANSFER | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 12696 | GULF POINTE PLAZA | 917.34 | 0.00 | 0.00 | 917.34 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 917.34 | 0.00 | 0.00 | 917.34 |

APPROVED ON

MAY 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#204184

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 16 2024

CALHOUN COUNTY, TEXAS

05/16/2024
11:00

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/01/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11836 GOLDENCREEK HEALTHCARE

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 043024A | | 04/30/202 | 04/30/202 | 06/08/202 | | | 288.43 | 0.00 | 0.00 | 288.43 |
| | TRANSFER | NHINS.DMX.dup.into mmcopt.in error | | | | | | | | |
| 050224 | | 05/16/202 | 05/02/202 | 06/08/202 | | | 453.54 | 0.00 | 0.00 | 453.54 |
| | TRANSFER | | | | | | | | | |
| 050724 | | 05/16/202 | 05/07/202 | 06/08/202 | | | 1,141.14 | 0.00 | 0.00 | 1,141.14 |
| | TRANSFER | | | | | | | | | |
| 050824 | | 05/16/202 | 05/08/202 | 06/08/202 | | | 27,682.98 | 0.00 | 0.00 | 27,682.98 |
| | TRANSFER | | | | | | | | | |
| 050924 | | 05/16/202 | 05/09/202 | 06/08/202 | | | 2,865.18 | 0.00 | 0.00 | 2,865.18 |
| | TRANSFER | | | | | | | | | |
| 050924A | | 05/16/202 | 05/09/202 | 06/08/202 | | | 5,966.40 | 0.00 | 0.00 | 5,966.40 |
| | TRANSFER | | | | | | | | | |
| 050924B | | 05/16/202 | 05/09/202 | 06/08/202 | | | 293.93 | 0.00 | 0.00 | 293.93 |
| | TRANSFER | | | | | | | | | |
| 050924C | | 05/16/202 | 05/09/202 | 06/08/202 | | | 3,140.84 | 0.00 | 0.00 | 3,140.84 |
| | TRANSFER | | | | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11836 | GOLDENCREEK HEALTHCARE | 41,832.44 | 0.00 | 0.00 | 41,832.44 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 41,832.44 | 0.00 | 0.00 | 41,832.44 |

APPROVED ON

MAY 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#204183

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 16 2024

CALHOUN COUNTY, TEXAS

05/16/2024
11:00

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/01/2024

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11828 | SOLERA WEST HOUSTON | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 050124 | TRANSFER | 05/16/202 | 05/01/202 | 06/08/202 | | | 3,468.00 | 0.00 | 0.00 | 3,468.00 |
| 050224 | TRANSFER | 05/16/202 | 05/02/202 | 06/08/202 | | | 6,324.00 | 0.00 | 0.00 | 6,324.00 |

NH pts. pmt dep. into mmc opt. in error

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11828 | SOLERA WEST HOUSTON | 9,792.00 | 0.00 | 0.00 | 9,792.00 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 9,792.00 | 0.00 | 0.00 | 9,792.00 |

APPROVED ON

MAY 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#204185

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 16 2024

CALHOUN COUNTY, TEXAS

05/16/2024
10:59

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/01/2024

0
ap_open_invoice.template

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 050124 | | 05/16/202 | 05/01/202 | 06/08/202 | | | 44.40 | 0.00 | 0.00 | 44.40 |
| | TRANSFER | | | | | | | | | |
| 050124A | | 05/16/202 | 05/01/202 | 06/08/202 | | | 408.00 | 0.00 | 0.00 | 408.00 |
| | TRANSFER | | | | | | | | | |

NH ins. pmt dep into immo opk. in error

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 11820 | FORTBEND HEALTHCARE CENTER | 452.40 | 0.00 | 0.00 | 452.40 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 452.40 | 0.00 | 0.00 | 452.40 |

APPROVED ON

MAY 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#204182

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 16 202

CALHOUN COUNTY, TEXAS

05/16/2024
10:57

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/07/2024

0
ap_open_invoice.template

| Vendor# | Vendor Name | Class | Pay Code |
|---|---|---|---|
| 11824 | THE CRESCENT | | |

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 050224 | | 05/16/202 | 05/02/202 | | | | 8,888.17 | 0.00 | 0.00 | 8,888.17 |
| | TRANSFER NH ins. pmt. dup. in Mmc opt. in error | | | | | | | | | |
| Vendor Totals: | Number | Name | | | | | Gross | Discount | No-Pay | Net |
| | 11824 | THE CRESCENT | | | | | 8,888.17 | 0.00 | 0.00 | 8,888.17 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 8,888.17 | 0.00 | 0.00 | 8,888.17 |

APPROVED ON

MAY 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#204186

RECEIVED BY THE COUNTY AUDITOR ON

MAY 16 2024

05/16/2024
11:01

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/01/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code
13004 TUSCANY VILLAGE

| Invoice# | Comment | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 050224 | | 05/16/202 | 05/02/202 | 06/08/202 | | | 1,428.00 | 0.00 | 0.00 | 1,428.00 |
| | TRANSFER NH ins. pmt. Cleg. into MMC opt. in error | | | | | | | | | |
| 050924 | | 05/16/202 | 05/09/202 | 06/08/202 | | | 5,981.10 | 0.00 | 0.00 | 5,981.10 |
| | TRANSFER " | | | " | | | | | | |

| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|---|---|
| | 13004 | TUSCANY VILLAGE | 7,409.10 | 0.00 | 0.00 | 7,409.10 |

Report Summary

| Grand Totals: | Gross | Discount | No-Pay | Net |
|---|---|---|---|---|
| | 7,409.10 | 0.00 | 0.00 | 7,409.10 |

APPROVED ON

MAY 16 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#204187

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/20/2024

| 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** | | 172,832.19 | 151,201.09 | 58,161.34 | | | 79,792.44 | 58,073.88 |
| | | | | | | Bank Balance | 79,792.44 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Molina Q2 and March QIPP | 21,440.23 | |

*Routing Information for Ashford Gardens*

*Ashford Health Care Center Ltd Co*
*JP Morgan Chase Bank*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | April Interest | 178.33 | |
| | | | | | | May Interest | | |
| | | | | | | June Interest | | |
| | | | | | | Adjust Balance/Transfer Amt | 58,073.88 | |
| **Broadmoor** | | 142,109.23 | 133,811.52 | 76,729.16 | | | 85,026.87 | 76,729.16 |
| | | | | | | Bank Balance | 85,026.87 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Molina Q2 and March QIPP | 8,006.51 | |
| | | | | | | April Interest | 191.20 | |
| | | | | | | May Interest | | |
| | | | | | | June Interest | | |
| | | | | | | Adjust Balance/Transfer Amt | 76,729.16 | |
| **Crescent** | | 168,004.91 | 161,693.76 | 128,353.76 | | | 134,664.91 | 114,853.76 |
| | | | | | | Bank Balance | 134,664.91 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Claim Payment Transfer to Tuscany | 13,500.00 | |
| | | | | | | Molina Q2 and March QIPP | 5,942.12 | |
| | | | | | | April Interest | 269.03 | |
| | | | | | | May Interest | | |
| | | | | | | June Interest | | |
| | | | | | | Adjust Balance/Transfer Amt | 114,853.76 | |
| **Fort Bend** | | 46,763.71 | 39,832.69 | 38,312.93 | | | 45,243.95 | 38,312.93 |
| | | | | | | Bank Balance | 45,243.95 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Molina Q2 and March QIPP | 6,769.25 | |
| | | | | | | April Interest | 61.77 | |
| | | | | | | May Interest | | |
| | | | | | | June Interest | | |
| | | | | | | Adjust Balance/Transfer Amt | 38,312.93 | |
| **Solera at W Houston** | | 120,057.64 | 114,009.54 | 181,612.21 | | | 187,660.31 | 181,514.23 |
| | | | | | | Bank Balance | 187,660.31 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Molina Q2 and March QIPP | 5,822.77 | |
| | | | | | | April Interest | 223.32 | |
| | | | | | | May Interest | | |
| | | | | | | June Interest | | |
| | | | | | | Adjust Balance/Transfer Amt | 181,514.23 | |

58,073.88 +
76,729.16 +
114,853.76 +
38,312.93 + *West Houston / Fort Bend / Broadmoor*
181,514.23 +
469,483.96 ◇

**TOTAL TRANSFERS** 469,483.96

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 5/20/2024

APPROVED ON
MAY 20 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

*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

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 5/17/2024 | MANAGEANDNET1718 MNS PMNT 000000000000093 41 | - | 8,685.00 | | | | | - | 8,685.00 |
| 5/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000228155 | - | 4,533.16 | | | | | - | 4,533.16 |
| 5/17/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 0.30 | | | | | - | 0.30 |
| 5/16/2024 | WIRE OUT ASHFORD HEALTH CARE CENTER LTD | 151,113.63 | - | | | | | - | - |
| 5/16/2024 | MANAGEANDNET1718 MNS PMNT 000000000000093 41 | - | 2,250.00 | | | | | - | 2,250.00 |
| 5/15/2024 | Enhanced Analysis Ch | 87.46 | - | | | | | - | - |
| 5/14/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2 | - | 9,550.54 | | | | | - | 9,550.54 |
| 5/13/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000251378 | - | 24,101.25 | | | | | - | 24,101.25 |
| 5/13/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000251378 | - | 2,821.90 | | | | | - | 2,821.90 |
| 5/13/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 5,131.93 | | | | | - | 5,131.93 |
| 5/13/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 1,087.26 | | | | | - | 1,087.26 |
| | | 151,201.09 | 58,161.34 | - | - | - | - | - | 58,161.34 |

## Broadmoor

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 5/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000228155 | - | 50.97 | | | | | - | 50.97 |
| 5/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000228155 | - | 666.47 | | | | | - | 666.47 |
| 5/17/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2 | - | 7,675.12 | | | | | - | 7,675.12 |
| 5/16/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 133,811.52 | - | | | | | - | - |
| 5/16/2024 | MANAGEANDNET1718 MNS PMNT 000000000004293 41 | - | 3,445.79 | | | | | - | 3,445.79 |
| 5/16/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000292440 | - | 968.84 | | | | | - | 968.84 |
| 5/16/2024 | AARP Supplementa HCCLAIMPMT 746003411 124384 | - | 61.53 | | | | | - | 61.53 |
| 5/15/2024 | MANAGEANDNET1718 MNS PMNT 000000000004293 41 | - | 20.00 | | | | | - | 20.00 |
| 5/15/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000246208 | - | 2,665.87 | | | | | - | 2,665.87 |
| 5/15/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000245886 | - | 149.44 | | | | | - | 149.44 |
| 5/15/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000246207 | - | 2,859.22 | | | | | - | 2,859.22 |
| 5/14/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000205260 | - | 12,868.71 | | | | | - | 12,868.71 |
| 5/14/2024 | HUMANA INS CO HCCLAIMPMT 47486504 8300005946 | - | 395.00 | | | | | - | 395.00 |
| 5/13/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000251378 | - | 23,566.08 | | | | | - | 23,566.08 |
| 5/13/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 21,265.00 | | | | | - | 21,265.00 |
| 5/13/2024 | HUMANA CHA DISB HCCLAIMPMT 47467930 42000014 | - | 71.12 | | | | | - | 71.12 |
| | | 133,811.52 | 76,729.16 | - | - | - | - | - | 76,729.16 |

## Crescent

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 5/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000228155 | - | 803.68 | | | | | - | 803.68 |
| 5/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000228155 | - | 403.41 | | | | | - | 403.41 |
| 5/17/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 4,000.00 | | | | | - | 4,000.00 |
| 5/16/2024 | Check #339 | 8,479.08 | - | | | | | - | - |
| 5/16/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 153,214.68 | - | | | | | - | - |
| 5/16/2024 | MANAGEANDNET1718 MNS PMNT 000000000003268 41 | - | 6,260.50 | | | | | - | 6,260.50 |
| 5/16/2024 | HUMANA CHA DISB HCCLAIMPMT 47772406 42000013 | - | 2,670.00 | | | | | - | 2,670.00 |
| 5/16/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 | - | 2,296.50 | | | | | - | 2,296.50 |
| 5/15/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000027907621 | - | 900.00 | | | | | - | 900.00 |
| 5/15/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000027907619 | - | 3,150.00 | | | | | - | 3,150.00 |
| 5/15/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 4,079.96 | | | | | - | 4,079.96 |
| 5/14/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000205938 | - | 2,455.20 | | | | | - | 2,455.20 |
| 5/14/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 7,976.54 | | | | | - | 7,976.54 |
| 5/14/2024 | UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 | - | 7,720.57 | | | | | - | 7,720.57 |
| 5/14/2024 | HUMANA INS CO HCCLAIMPMT 47486249 8300005946 | - | 192.00 | | | | | - | 192.00 |
| 5/14/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 | - | 1,428.00 | | | | | - | 1,428.00 |
| 5/14/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000023000501 | - | 3,600.00 | | | | | - | 3,600.00 |
| 5/13/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000251625 | - | 7,233.14 | | | | | - | 7,233.14 |
| 5/13/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000251378 | - | 3,801.26 | | | | | - | 3,801.26 |
| 5/13/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000024741177 | - | 12,150.00 | | | | | - | 12,150.00 |
| 5/13/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000024741175 | - | 7,200.00 | | | | | - | 7,200.00 |
| 5/13/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000024741173 | - | 13,500.00 | | | | | - | 13,500.00 |
| 5/13/2024 | DEVOTED HEALTH P HCCLAIMPMT 21000024741171 | - | 20,947.00 | | | | | - | 20,947.00 |
| 5/13/2024 | HUMANA INS CO HCCLAIMPMT 47421447 8300005502 | - | 8,476.00 | | | | | - | 8,476.00 |
| 5/13/2024 | HHBP LA HCCLAIMPMT 47468619 42000014495124 4 | - | 7,110.00 | | | | | - | 7,110.00 |
| | | 161,693.76 | 128,353.76 | - | - | - | - | - | 128,353.76 |

## Fort Bend

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 5/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000228155 | - | 18,900.25 | | | | | - | 18,900.25 |
| 5/16/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 39,832.69 | - | | | | | - | - |
| 5/15/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 4,560.00 | | | | | - | 4,560.00 |
| 5/15/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 | - | 6,851.78 | | | | | - | 6,851.78 |
| 5/13/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000251378 | - | 1,984.83 | | | | | - | 1,984.83 |
| 5/13/2024 | NOVITAS SOLUTION HCCLAIMPMT 675663 420000167 | - | 100.07 | | | | | - | 100.07 |
| 5/13/2024 | AARP Supplementa HCCLAIMPMT 746003411 124384 | - | 5,916.00 | | | | | - | 5,916.00 |
| | | 39,832.69 | 38,312.93 | - | - | - | - | - | 38,312.93 |

## Solara at West Houston

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 5/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000228155 | - | 31,744.24 | | | | | - | 31,744.24 |
| 5/16/2024 | WIRE OUT CANTEX HEALTH CARE CENTERS III | 113,911.56 | - | | | | | - | - |
| 5/16/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 | - | 7,139.49 | | | | | - | 7,139.49 |
| 5/15/2024 | Enhanced Analysis Ch | 97.98 | - | | | | | - | - |
| 5/15/2024 | MANAGEANDNET1718 MNS PMNT 000000000002482 41 | - | 5,601.50 | | | | | - | 5,601.50 |
| 5/15/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000246207 | - | 22,495.76 | | | | | - | 22,495.76 |
| 5/15/2024 | HUMANA INS CO HCCLAIMPMT 47689199 8300005393 | - | 1,185.00 | | | | | - | 1,185.00 |
| 5/15/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 | - | 30,173.91 | | | | | - | 30,173.91 |
| 5/14/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000205269 | - | 7,938.81 | | | | | - | 7,938.81 |
| 5/14/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000205938 | - | 10,073.90 | | | | | - | 10,073.90 |
| 5/14/2024 | NOVITAS SOLUTION HCCLAIMPMT 676310 420000196 | - | 7,014.30 | | | | | - | 7,014.30 |
| 5/14/2024 | HUMANA INS CO HCCLAIMPMT 47534990 8300005951 | - | 1,580.00 | | | | | - | 1,580.00 |
| 5/14/2024 | HUMANA INS CO HCCLAIMPMT 47534989 8300005951 | - | 10,559.62 | | | | | - | 10,559.62 |
| 5/14/2024 | HUMANA INS CO HCCLAIMPMT 47534976 8300005951 | - | 9,300.00 | | | | | - | 9,300.00 |
| 5/14/2024 | HUMANA CHA DISB HCCLAIMPMT 47656960 42000018 | - | 7,020.00 | | | | | - | 7,020.00 |
| 5/14/2024 | HUMANA CHA DISB HCCLAIMPMT 47656959 42000018 | - | 5,135.00 | | | | | - | 5,135.00 |
| 5/14/2024 | HUMANA CHA DISB HCCLAIMPMT 47656961 42000018 | - | 3,098.35 | | | | | - | 3,098.35 |
| 5/14/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 | - | 20,591.70 | | | | | - | 20,591.70 |
| 5/13/2024 | UnitedHealthcare HCCLAIMPMT 746003411 124384 | - | 900.00 | | | | | - | 900.00 |
| 5/13/2024 | NOVITAS SOLUTION HCCLAIMPMT 676310 420000167 | - | 60.63 | | | | | - | 60.63 |
| | | 114,009.54 | 181,612.21 | - | - | - | - | - | 181,612.21 |

**TOTALS**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 600,548.60 | 483,169.40 | - | - | - | - | - | 483,169.40 |

Balances Overview

| Account Name | | | | |
|---|---|---|---|---|
| *4357 MEMORIAL MEDICAL CENTER - OPERATING | $1,910,916.50 | $1,962,494.75 | $1,910,916.50 | $1,851,009.23 |
| *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 | $79,792.44 | $122,833.40 | $79,792.44 | $66,573.98 |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR | $85,026.87 | $109,349.30 | $85,026.87 | $76,634.31 |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT | $134,664.91 | $313,682.68 | $134,664.91 | $129,457.82 |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | $187,660.31 | $360,424.12 | $187,660.31 | $155,916.07 |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND | $45,243.95 | $113,097.57 | $45,243.95 | $26,343.70 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | $197,689.80 | $206,644.92 | $197,689.80 | $112,947.74 |
| *4551 CAL CO INDIGENT HEALTHCARE | $9,703.80 | $9,703.80 | $9,703.80 | $9,703.80 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | $2,217.38 | $2,217.38 | $2,217.38 | $1,943.25 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | $13,141.30 | $13,141.30 | $13,141.30 | $13,046.62 |
| *5506 MMC -NH BETHANY SENIOR LIVING | $243,058.82 | $243,058.82 | $243,058.82 | $142,493.29 |
| *3407 MMC -NH TUSCANY VILLAGE | $123,734.12 | $123,734.12 | $123,734.12 | $107,688.93 |
| *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** | **$3,145,425.20** | **$3,692,957.16** | **$3,145,425.20** | **$2,806,333.74** |

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/20/2024

| 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 | | 45,887.89 | 45,635.42 | 197,437.33 | | - | 197,689.80 | 153,129.99 |
| | | | | | | Bank Balance | 197,689.80 | |
| | | | | | | Variance | - | |
| | | | | | | Leave In Balance | 100.00 | |
| | | | | | | Superior Q2 and March | 44,307.34 | |
| | | | | | | April Interest | 152.47 | |
| | | | | | | May Interest | | |
| | | | | | | June Interest | | |
| | | | | | | Adjust Balance/Transfer Amt | 153,129.99 | |

APPROVED ON

MAY 20 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

*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 5/20/2024

| Golden Creek | | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| | | | | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI | |
| 5/17/2024 | Deposit | - | 14.41 | | | | | - | 14.41 |
| 5/17/2024 | TSYS/TRANSFIRST CR CD DEP 5436845558769l7 91 | - | 3,054.30 | | | | | - | 3,054.30 |
| 5/17/2024 | Centene Manageme ACH 008765433514 1110000235 | - | 81,673.35 | 19,396.66 | 5,510.36 | 24,564.73 | 32,201.60 | 44,307.34 | 37,366.01 |
| 5/16/2024 | WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC | 45,635.42 | - | | | | | - | - |
| 5/16/2024 | TSYS/TRANSFIRST CR CD DEP 5436845558769l7 91 | - | 2,508.00 | | | | | - | 2,508.00 |
| 5/16/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 | - | 1,352.62 | | | | | - | 1,352.62 |
| 5/15/2024 | TSYS/TRANSFIRST CR CD DEP 5436845558769l7 91 | - | 334.25 | | | | | - | 334.25 |
| 5/15/2024 | GOLDENCREEKHEALT MERC DEP 1220356 9100001818 | - | 831.00 | | | | | - | 831.00 |
| 5/15/2024 | AETNA AS01 HCCLAIMPMT 1588075964 51000015467 | - | 5,566.00 | | | | | - | 5,566.00 |
| 5/14/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000205275 | - | 79.39 | | | | | - | 79.39 |
| 5/14/2024 | HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 | - | 1,773.14 | | | | | - | 1,773.14 |
| 5/13/2024 | Deposit | - | 98,894.87 | | | | | - | 98,894.87 |
| 5/13/2024 | GOLDENCREEKHEALT MERC DEP 1220356 9100001353 | - | 1,356.00 | | | | | - | 1,356.00 |
| | | 45,635.42 | 197,437.33 | 19,396.66 | 5,510.36 | 24,564.73 | 32,201.60 | 44,307.34 | 153,129.99 |

Balances Overview

| Account Name | | | | |
|---|---|---|---|---|
| ***4357 MEMORIAL MEDICAL CENTER - OPERATING** | $1,910,916.50 | $1,962,494.75 | $1,910,916.50 | $1,851,009.23 |
| ***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** | $79,792.44 | $122,833.40 | $79,792.44 | $66,573.98 |
| ***4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR** | $85,026.87 | $109,349.30 | $85,026.87 | $76,634.31 |
| ***4411 MEMORIAL MEDICAL CENTER / NH CRESCENT** | $134,664.91 | $313,682.68 | $134,664.91 | $129,457.82 |
| ***4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON** | $187,660.31 | $360,424.12 | $187,660.31 | $155,916.07 |
| ***4446 MEMORIAL MEDICAL CENTER / NH FORT BEND** | $45,243.95 | $113,097.57 | $45,243.95 | $26,343.70 |
| ***4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE** | $197,689.80 | $206,644.92 | $197,689.80 | $112,947.74 |
| ***4551 CAL CO INDIGENT HEALTHCARE** | $9,703.80 | $9,703.80 | $9,703.80 | $9,703.80 |
| ***5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY** | $2,217.38 | $2,217.38 | $2,217.38 | $1,943.25 |
| ***5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID** | $13,141.30 | $13,141.30 | $13,141.30 | $13,046.62 |
| ***5506 MMC -NH BETHANY SENIOR LIVING** | $243,058.82 | $243,058.82 | $243,058.82 | $142,493.29 |
| ***3407 MMC -NH TUSCANY VILLAGE** | $123,734.12 | $123,734.12 | $123,734.12 | $107,688.93 |
| ***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** | **$3,145,425.20** | **$3,692,957.16** | **$3,145,425.20** | **$2,806,333.74** |

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
5/20/2024

| 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 | | 858.11 | - | 1,359.27 | | | | 2,217.38 | no transfer |
| | | | | | | | Bank Balance | 2,217.38 | |
| | | | | | | | Variance | - | |
| | | | | | | | Leave in Balance | 100.00 | |
| | | | | | | | Adjust Balance/Transfer Amt | 2,117.38 | |

| 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 | | 45,319.35 | 37,019.35 | 4,841.30 | | | | 13,141.30 | - |
| | | | | | | | Bank Balance | 13,141.30 | |
| | | | | | | | Variance | - | |
| | | | | | | | Leave in Balance | 100.00 | |
| | | | | | | | Claim payment transfer to Tuscany | 8,200.00 | |
| | | | | | | | Adjust Balance/Transfer Amt | 4,841.30 | |

APPROVED ON

MAY 20 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Routing Information for Gulf Pointe Plaza:

| | |
|---|---|
| TOTAL TRANSFERS | 6,958.68 |

*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 5/20/2024

**Gulf Pointe Plaza-Private Pay**

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 5/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000228155 | - | 274.13 | | | | | - | 274.13 |
| 5/14/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000205275 | - | 783.13 | | | | | - | 783.13 |
| 5/13/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000251625 | - | 204.00 | | | | | - | 204.00 |
| 5/13/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000252088 | - | 98.01 | | | | | - | 98.01 |
| | | - | 1,359.27 | - | - | - | - | - | 1,359.27 |

**Gulf Pointe Plaza-Medicare/Medicaid**

| | | Transfer-Out | Transfer-In | MMC PORTION QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4 &Lapse | QIPP TI | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| 5/17/2024 | Deposit | - | 94.68 | | | | | - | 94.68 |
| 5/16/2024 | WIRE OUT HMG Rockport SNF, LP - Commerical | 37,019.35 | - | | | | | - | - |
| 5/13/2024 | MERCHANT BANKCD DEPOSIT 496478518889 9100001 | - | 1,697.20 | | | | | - | 1,697.20 |
| 5/13/2024 | NORIDIAN J3A HCCLAIMPMT 675892 4200001583285 | - | 3,049.42 | | | | | - | 3,049.42 |
| | | 37,019.35 | 4,841.30 | - | - | - | - | - | 4,841.30 |
| | | 37,019.35 | 6,200.57 | - | - | - | - | - | 6,200.57 |

Balances Overview

| Account Name | | | | |
|---|---|---|---|---|
| *4357 MEMORIAL MEDICAL CENTER - OPERATING | $1,910,916.50 | $1,962,494.75 | $1,910,916.50 | $1,851,009.23 |
| *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 | $79,792.44 | $122,833.40 | $79,792.44 | $66,573.98 |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR | $85,026.87 | $109,349.30 | $85,026.87 | $76,634.31 |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT | $134,664.91 | $313,682.68 | $134,664.91 | $129,457.82 |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | $187,660.31 | $360,424.12 | $187,660.31 | $155,916.07 |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND | $45,243.95 | $113,097.57 | $45,243.95 | $26,343.70 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | $197,689.80 | $206,644.92 | $197,689.80 | $112,947.74 |
| *4551 CAL CO INDIGENT HEALTHCARE | $9,703.80 | $9,703.80 | $9,703.80 | $9,703.80 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | $2,217.38 | $2,217.38 | $2,217.38 | $1,943.25 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | $13,141.30 | $13,141.30 | $13,141.30 | $13,046.62 |
| *5506 MMC -NH BETHANY SENIOR LIVING | $243,058.82 | $243,058.82 | $243,058.82 | $142,493.29 |
| *3407 MMC -NH TUSCANY VILLAGE | $123,734.12 | $123,734.12 | $123,734.12 | $107,688.93 |
| *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** | **$3,145,425.20** | **$3,692,957.16** | **$3,145,425.20** | **$2,806,333.74** |

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
5/20/2024

| 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 | | 112,828.38 | 97,989.21 | 108,894.95 | - | - | - | 123,734.12 | 108,894.95 |
| | | | | | | | Bank Balance | 123,734.12 | |
| | | | | | | | Variance | - | |
| | | | | | | | Leave in Balance | 100.00 | |
| | | | | | | | Molina Q2 and March QIPP | 14,739.18 | |

APPROVED ON

MAY 20 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 108,894.95

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 5/20/2024

*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.*

| Tuscany Village | | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| | | | | QIPP/Comp 1 | QIPP/Comp 2 | QIPP/Comp 3 | QIPP/Comp 4&Lapse | QIPP TI | |
| 5/17/2024 | Deposit | - | 5,712.00 | | | | | - | 5,712.00 |
| 5/17/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000228155 | - | 10,333.19 | | | | | - | 10,333.19 |
| 5/16/2024 | WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE | 97,989.21 | - | | | | | - | - |
| 5/16/2024 | Deposit | - | 8,479.08 | | | | | - | 8,479.08 |
| 5/16/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000292440 | - | 3,797.90 | | | | | - | 3,797.90 |
| 5/14/2024 | Deposit | - | 6,552.74 | | | | | - | 6,552.74 |
| 5/14/2024 | HNB - ECHO HCCLAIMPMT 746003411 440000205938 | - | 12,820.61 | | | | | - | 12,820.61 |
| 5/13/2024 | Deposit | - | 61,199.43 | | | | | - | 61,199.43 |
| | | 97,989.21 | 108,894.95 | - | - | - | - | - | 108,894.95 |

Balances Overview

| Account Name | | | | |
|---|---|---|---|---|
| *4357 MEMORIAL MEDICAL CENTER - OPERATING | $1,910,916.50 | $1,962,494.75 | $1,910,916.50 | $1,851,009.23 |
| *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 | $79,792.44 | $122,833.40 | $79,792.44 | $66,573.98 |
| *4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR | $85,026.87 | $109,349.30 | $85,026.87 | $76,634.31 |
| *4411 MEMORIAL MEDICAL CENTER / NH CRESCENT | $134,664.91 | $313,682.68 | $134,664.91 | $129,457.82 |
| *4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON | $187,660.31 | $360,424.12 | $187,660.31 | $155,916.07 |
| *4446 MEMORIAL MEDICAL CENTER / NH FORT BEND | $45,243.95 | $113,097.57 | $45,243.95 | $26,343.70 |
| *4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE | $197,689.80 | $206,644.92 | $197,689.80 | $112,947.74 |
| *4551 CAL CO INDIGENT HEALTHCARE | $9,703.80 | $9,703.80 | $9,703.80 | $9,703.80 |
| *5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY | $2,217.38 | $2,217.38 | $2,217.38 | $1,943.25 |
| *5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID | $13,141.30 | $13,141.30 | $13,141.30 | $13,046.62 |
| *5506 MMC -NH BETHANY SENIOR LIVING | $243,058.82 | $243,058.82 | $243,058.82 | $142,493.29 |
| *3407 MMC -NH TUSCANY VILLAGE | $123,734.12 | $123,734.12 | $123,734.12 | $107,688.93 |
| *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** | **$3,145,425.20** | **$3,692,957.16** | **$3,145,425.20** | **$2,806,333.74** |

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
5/20/2024

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending Medicare Repayment | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|---|---|---|---|---|---|---|---|---|
| Bethany Senior Living | | 73,408.81 | 74,154.80 | 243,804.81 | | - | 243,058.82 | 132,780.53 |
| | | | | | | Bank Balance | 243,058.82 | |
| | | | | | | Variance | - | |
| | | | | | | Leave in Balance | 100.00 | |
| | | | | | | Claim Payment Transfer to Golden Creek | 71,807.82 | |
| | | | | | | Superior Q2 and March | 38,176.06 | |
| | | | | | | April Interest | 194.41 | |
| | | | | | | May Interest | | |
| | | | | | | June Interest | | |
| | | | | | | Adjust Balance/Transfer Amt | 132,780.53 | |

APPROVED ON

MAY 20 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

*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 5/20/2024

| Bethany Senior Living | | Transfer-Out | Transfer-In | MMC PORTION | | | | | NH PORTION |
|---|---|---|---|---|---|---|---|---|---|
| | | | | QIPP/Comp1 | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI | |
| 5/17/2024 | Deposit | - | 23,802.07 | | | | | - | 23,802.07 |
| 5/17/2024 | HOSPICE OF SOUTH Payments NF 113122650023054 | - | 1,400.24 | | | | | - | 1,400.24 |
| 5/17/2024 | Centene Manageme ACH 008765433514 1110000235 | - | 75,363.22 | 18,152.20 | 5,078.26 | 22,262.78 | 29,869.98 | 38,176.06 | 37,187.16 |
| 5/16/2024 | WIRE OUT PORT LAVACA NH, LLC | 73,114.40 | - | | | | | - | - |
| 5/16/2024 | NOVITAS SOLUTION HCCLAIMPMT 676481 420000155 | - | 13,467.50 | | | | | - | 13,467.50 |
| 5/14/2024 | Deposit Item Returned - CK 364 | 1,040.40 | - | | | | | - | - |
| 5/14/2024 | Deposit | - | 6,665.00 | | | | | - | 6,665.00 |
| 5/14/2024 | Deposit | - | 56,117.37 | | | | | - | 56,117.37 |
| 5/14/2024 | Deposit | - | 5,670.72 | | | | | - | 5,670.72 |
| 5/14/2024 | NOVITAS SOLUTION HCCLAIMPMT 676481 420000196 | - | 13,260.60 | | | | | - | 13,260.60 |
| 5/13/2024 | Deposit | - | 47,169.11 | | | | | - | 47,169.11 |
| 5/13/2024 | NOVITAS SOLUTION HCCLAIMPMT 676481 420000167 | - | 888.98 | | | | | - | 888.98 |
| | | 74,154.80 | 243,804.81 | 18,152.20 | 5,078.26 | 22,262.78 | 29,869.98 | 38,176.06 | 205,628.75 |

Balances Overview

| Account Name | | | | |
|---|---|---|---|---|
| ***4357 MEMORIAL MEDICAL CENTER - OPERATING** | $1,910,916.50 | $1,962,494.75 | $1,910,916.50 | $1,851,009.23 |
| ***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** | $79,792.44 | $122,833.40 | $79,792.44 | $66,573.98 |
| ***4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR** | $85,026.87 | $109,349.30 | $85,026.87 | $76,634.31 |
| ***4411 MEMORIAL MEDICAL CENTER / NH CRESCENT** | $134,664.91 | $313,682.68 | $134,664.91 | $129,457.82 |
| ***4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON** | $187,660.31 | $360,424.12 | $187,660.31 | $155,916.07 |
| ***4446 MEMORIAL MEDICAL CENTER / NH FORT BEND** | $45,243.95 | $113,097.57 | $45,243.95 | $26,343.70 |
| ***4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE** | $197,689.80 | $206,644.92 | $197,689.80 | $112,947.74 |
| ***4551 CAL CO INDIGENT HEALTHCARE** | $9,703.80 | $9,703.80 | $9,703.80 | $9,703.80 |
| ***5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY** | $2,217.38 | $2,217.38 | $2,217.38 | $1,943.25 |
| ***5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID** | $13,141.30 | $13,141.30 | $13,141.30 | $13,046.62 |
| ***5506 MMC -NH BETHANY SENIOR LIVING** | $243,058.82 | $243,058.82 | $243,058.82 | $142,493.29 |
| ***3407 MMC -NH TUSCANY VILLAGE** | $123,734.12 | $123,734.12 | $123,734.12 | $107,688.93 |
| ***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** | **$3,145,425.20** | **$3,692,957.16** | **$3,145,425.20** | **$2,806,333.74** |

Golden Creek ✓

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO THE ORDER OF: MMC ✓

Date Requested: 5/20/2024

APPROVED ON MAY 20 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000211

FOR ACCT USE ONLY

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

AMOUNT: $ 44,307.34 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior Q2 and March QIPP hospital portion ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

5/20/24

Bethany

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 5/20/2024

APPROVED ON MAY 20 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 1043

FOR ACCT USE ONLY

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

AMOUNT: $ 38,176.06

G/L NUMBER: 10255040

EXPLANATION: Superior Q2 and March QIPP hospital portion

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

5/20/24

**MEMORIAL MEDICAL CENTER 102019**
**NH BETHANY SENIOR LIVING**
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1043

88-2265/1131-07

DATE 5-23-24

CHECK AMOUNT

PAY TO THE ORDER OF MMC Operating $ 38,176.04/100

Thirty-eight thousand, one hundred seventy-six dollars 3 04/100 DOLLARS

Photo Safe Deposit

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

county auditor

MP

county treasurer

FOR Sup. Q2 & March QIPP

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

MP

**MEMORIAL MEDICAL CENTER**
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000211

88-2265/1131

Date 5-23-24

**PAY TO THE ORDER OF** MMC Operating $ 44,307.34/100

Forty-four thousand, three hundred seven dollars 3 34/100 **DOLLARS**

PROSPERITY BANK

county auditor

MP

county treasurer

FOR Superior Q2 & March QIPP

Security features are included. Details on back.

**QIPP Payment to MMC from Nursing Facilities** **Commissioner's Court** **5/22/2024**

| NH Name | From Bank Acct # | Ck # | Payee | GL # | Superior Q2 and March QIPP | | | | | TOTAL | Date |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Ashford | [redacted] - Prosperity | | MMC -Prosperity Operating [redacted] | 10255040 | | | | | | - | 5/22/2024 |
| Broadmoor | [redacted] - Prosperity | | MMC -Prosperity Operating [redacted] | 10255040 | | | | | | - | 5/22/2024 |
| Crescent | [redacted] - Prosperity | | MMC -Prosperity Operating [redacted] | 10255040 | | | | | | - | 5/22/2024 |
| Fort Bend | [redacted] - Prosperity | | MMC -Prosperity Operating [redacted] | 10255040 | | | | | | - | 5/22/2024 |
| Solera | [redacted] - Prosperity | | MMC -Prosperity Operating [redacted] | 10255040 | | | | | | - | 5/22/2024 |
| Golden Creek | [redacted] - Prosperity | | MMC -Prosperity Operating [redacted] | 10255040 | 44,307.34 | | | | | 44,307.34 | 5/22/2024 |
| Bethany | [redacted] - Prosperity | | MMC -Prosperity Operating [redacted] | 10255040 | 38,176.06 | | | | | 38,176.06 | 5/22/2024 |
| Tuscany | [redacted] - Prosperity | | MMC -Prosperity Operating [redacted] | 10255040 | | | | | | - | 5/22/2024 |
| | | | | Total: | 82,483.40 | - | - | - | - | 82,483.40 | |

Note:

Approved: Andrew De Los Santos

ANDREW DE LOS SANTOS 5/20/2024

Crescent ✓

# MEMORIAL MEDICAL CENTER
# CHECK REQUEST

PAY TO THE ORDER OF: Tuscany ✓

Date Requested: 5/20/2024

APPROVED ON
MAY 20 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000341

FOR ACCT USE ONLY

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

AMOUNT: $ 13,500.00 ✓

G/L NUMBER: 21400007

EXPLANATION: Crescent owes Tuscany for misapplied claim payment ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea DaPont Santos

5/20/24

Bethany ✓

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO THE ORDER OF: Golden Creek ✓

Date Requested: 5/20/2024

APPROVED ON
MAY 20 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 10423

FOR ACCT USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $ 71,807.82 ✓

G/L NUMBER: 21400007

EXPLANATION: Bethany owes Golden Creek for misapplied claim payment ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

5/20/24

**MEMORIAL MEDICAL CENTER 102019**
**NH BETHANY SENIOR LIVING**
PH 361-553-4618
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1042

88-2265/1131-87

DATE 5-23-24

CHECK ARMOR

PAY TO THE ORDER OF Golden Creek $ 71,807.82/100

Seventy-one thousand, eight hundred seven dollars 82/100 DOLLARS

Photo Safe Deposit Details on back.

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

county auditor

MP

county treasurer

FOR Medicare recoup owed

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MP

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

000341

Date 5-23-24 88-2265/1131

PAY TO THE ORDER OF Tuscany Village $ 13,500.00/100

Thirteen thousand, five hundred dollars 00/100 DOLLARS

PROSPERITY BANK®

county auditor

MP

county treasurer

Security features are included. Details on back.

FOR claim payment

RUN DATE:05/23/24 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:35 CHECK REGISTER GLCKREG
05/23/24 THRU 05/23/24

| BANK | CHECK NUMBER | DATE | AMOUNT | PAYEE |
|---|---|---|---|---|
| NHG * | 000211 | 05/23/24 | 44,307.34 | MMC OPERATING |
| NHC * | 000341 | 05/23/24 | 13,500.00 | TUSCANY |
| BSL | 001042 | 05/23/24 | 71,807.82 | GOLDEN CREEK |
| BSL | 001043 | 05/23/24 | 38,176.06 | MMC OPERATING |
| TOTALS: | | | 167,791.22 | |