MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 5, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	747,022.13 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$	334,331.52 ✓
TOTAL NURSING HOME UPL EXPENSES	$	991,247.55 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$	120,538.00 ✓
GRAND TOTAL DISBURSEMENTS APPROVED June 5, 2024	$	2,193,139.20 ✓

APPROVED

JUN 0 5 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 5, 2024

PAYABLES AND PAYROLL			
5/30/2024	Weekly Payables	215,931.37	
5/30/2024	Patient Refunds	1,012.78	
5/30/2024	Uniform Advantage	115.75	
5/31/2024	Hospital Care Consultants	23,663.00	
6/3/2024	McKesson-340B Prescription Expense	5,996.71	
6/3/2024	Amerisource Bergen-340B Prescription Expense	362.80	
6/3/2024	Payroll Liabilities-Payroll Taxes	113,023.35	
6/3/2024	Payroll	361,208.05	
	Prosperity Electronic Bank Payments		
6/3/2024	90 Degree Benefits - employee insurance claims	23,400.08	
6/3/2024	Expert Pay- Child Support	570.69	
6/3/2024	Pay Plus-Patient Claims Processing Fee	464.72	
6/3/2024	Health Equity -HSA Contributions	1,272.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 747,022.13**
TRANSFERS BETWEEN FUNDS-MMC			
6/3/2024	Transfer from NexBank Money Market Account to Prosperity Operating Account	144,194.54	
6/3/2024	Transfer from Prosperity Money Market Account to Prosperity Operating Account	106,724.68	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
5/30/2024	MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment deposited into MMC Operating in error	17,515.92	
5/30/2024	MMC Operating to Tuscany Village-correction of nursing home insurance payment deposited into MMC operating in error	21,258.00	
5/30/2024	MMC Operating to Bethany-correction of nursing home insurance payment deposited into MMC Operating in error	44,638.38	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 334,331.52**
NURSING HOME UPL EXPENSES			
6/3/2024	Nursing Home UPL-Cantex Transfer	477,629.36	
6/3/2024	Nursing Home UPL-Nexion Transfer	79,991.30	
6/3/2024	Nursing Home UPL-HMG Transfer	7,091.89	
6/3/2024	Nursing Home UPL-Tuscany Transfer	292,551.07	
6/3/2024	Nursing Home UPL-HSL Transfer	133,700.40	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
6/3/2024	Golden Creek to MMC- MMC insurance payment deposited into Golden Creek in error	65.40	
6/3/2024	Gulf Pointe to MMC-MMC insurance payment deposited into Gulf Pointe in error	218.13	
TOTAL NURSING HOME UPL EXPENSES			**$ 991,247.55**
INTER-GOVERNMENT TRANSFERS			
6/3/2024	CHIRPS First half of YR4 IGTR - Pay by June 18, 2024	$120,538.00	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 120,538.00**
GRAND TOTAL DISBURSEMENTS APPROVED June 5, 2024			**$ 2,193,139.20**

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
	RPSV004265336		04/30/2024	04/16/2024	06/16/2024			162.13	0.00	0.00	162.13
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1705	ALIMED INC.					162.13	0.00	0.00	162.13
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
	1J3KVYPYHTRT		05/28/2024	05/26/2024	06/15/2024			41.98	0.00	0.00	41.98
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14028	AMAZON CAPITAL SERVICES					41.98	0.00	0.00	41.98
Vendor#	Vendor Name				Class	Pay Code					
14088	AZALEA HEALTH										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	102924		05/28/2024	04/02/2024	06/21/2024			594.00	0.00	0.00	594.00
		MONTHLY FEES April 2024									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14088	AZALEA HEALTH					594.00	0.00	0.00	594.00
Vendor#	Vendor Name				Class	Pay Code					
M2485	BAYER HEALTHCARE				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6011143147		05/28/2024	05/14/2024	05/28/2024			1,380.10	0.00	0.00	1,380.10
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE					1,380.10	0.00	0.00	1,380.10
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
	111325335		05/24/2024	05/20/2024	06/21/2024			179.63	0.00	0.00	179.63
		SHIPPING									
	~~4633969~~ 45339169	SUPPLIES	05/28/2024	05/21/2024	06/15/2024			1,484.00	0.00	0.00	1,484.00

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5488818	SUPPLIES	05/28/2024	05/21/2024	06/15/2024			1,935.15	0.00	0.00	1,935.15

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	3,598.78	0.00	0.00	3,598.78

Vendor#	Vendor Name	Class	Pay Code
B1320	BEEKLEY CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIN0098034	SUPPLIES	04/29/2024	04/29/2024	06/15/2024			398.00	0.00	0.00	398.00
MIN0103462	SUPPLIES	05/20/2024	05/16/2024	06/16/2024			398.00	0.00	0.00	398.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION	796.00	0.00	0.00	796.00

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052424	FUEL	05/30/2024	05/24/2024	05/24/2024			128.24	0.00	0.00	128.24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	128.24	0.00	0.00	128.24

Vendor#	Vendor Name	Class	Pay Code
14064	CAPITAL ONE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1655731157	SUPPLIES	05/30/2024	05/19/2024	06/01/2024			276.16	0.00	0.00	276.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE	276.16	0.00	0.00	276.16

Vendor#	Vendor Name	Class	Pay Code
C1325	CARDINAL HEALTH 414, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003513063	SUPPLIES	05/29/2024	05/11/2024	06/21/2024			404.94	0.00	0.00	404.94
8003518971	SUPPLIES	05/29/2024	05/18/2024	06/12/2024			321.68	0.00	0.00	321.68

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.					726.62	0.00	0.00	726.62

Vendor#	Vendor Name	Class	Pay Code
13336	COCA COLA SOUTHWEST BEVERAGES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
41311519017		05/24/2024	05/15/2024	06/21/2024			466.90	0.00	0.00	466.90
	BEVERAGES									
41311519022		05/24/2024	05/15/2024	06/21/2024			-125.00	0.00	0.00	-125.00
	DEPOSITS ON RETURNS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES	341.90	0.00	0.00	341.90

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
7565351		05/28/2024	05/22/2024	06/16/2024			10.68	0.00	0.00	10.68
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	10.68	0.00	0.00	10.68

Vendor#	Vendor Name	Class	Pay Code
11139	DIANNE ATKINSON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052924		05/29/2024	05/29/2024	05/29/2024			168.84	0.00	0.00	168.84
	MILAGE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11139	DIANNE ATKINSON	168.84	0.00	0.00	168.84

Vendor#	Vendor Name	Class	Pay Code
15240	ECLINICAL WORKS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0002933735		05/28/2024	05/01/2024	06/21/2024			477.65	0.00	0.00	477.65
	EMR MONTHLY MESSENGER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15240	ECLINICAL WORKS LLC	477.65	0.00	0.00	477.65

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
906455972	SUPPLIES	05/14/2024	05/07/2024	06/01/2024			1,590.43	0.00	0.00	1,590.43

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	1,590.43	0.00	0.00	1,590.43

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
848790843	SHIPPING GOST	05/30/2024	05/02/2024	05/27/2024			81.46	0.00	0.00	81.46
849431389	SHIPPING	05/30/2024	05/09/2024	06/03/2024			25.88	0.00	0.00	25.88
850156291	SHIPPING	05/30/2024	05/16/2024	06/10/2024			60.16	0.00	0.00	60.16
850883935	SHIPPING	05/30/2024	05/23/2024	06/17/2024			55.68	0.00	0.00	55.68

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	223.18	0.00	0.00	223.18

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
2042150	SUPPLIES	05/14/2024	05/03/2024	05/28/2024			393.70	0.00	0.00	393.70
1928801	SUPPLIES	05/15/2024	04/30/2024	05/25/2024			176.43	0.00	0.00	176.43
1853226	SUPPLIES	05/16/2024	04/26/2024	05/21/2024			124.97	0.00	0.00	124.97
2374267	SUPPLIES	05/28/2024	05/16/2024	06/10/2024			426.63	0.00	0.00	426.63
2374266	SUPPLIES	05/28/2024	05/16/2024	06/10/2024			115.19	0.00	0.00	115.19
2409223	SUPPLIES	05/28/2024	05/17/2024	06/11/2024			60.23	0.00	0.00	60.23
2409222	SUPPLIES	05/28/2024	05/17/2024	06/11/2024			199.41	0.00	0.00	199.41

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					1,496.56	0.00	0.00	1,496.56

Vendor#	Vendor Name			Class	Pay Code					
11183	FRONTIER									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051924		05/29/2024	05/19/2024	06/12/2024			56.40	0.00	0.00	56.40
	TELEPHONE SERVICE									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					56.40	0.00	0.00	56.40

Vendor#	Vendor Name			Class	Pay Code					
14156	FUJI FILM									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
91488119		05/29/2024	05/25/2024	06/21/2024			7,908.33	0.00	0.00	7,908.33
	MAINT CONTRACT 6/25/24 - 7/24/24									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14156	FUJI FILM					7,908.33	0.00	0.00	7,908.33

Vendor#	Vendor Name			Class	Pay Code					
12636	FUSION CLOUD SERVICES, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029182325		05/29/2024	05/16/2024	06/21/2024			875.42	0.00	0.00	875.42
	TELEPHONE									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12636	FUSION CLOUD SERVICES, LLC					875.42	0.00	0.00	875.42

Vendor#	Vendor Name			Class	Pay Code					
12404	GE PRECISION HEALTHCARE, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002659507		05/29/2024	05/01/2024	06/21/2024			204.83	0.00	0.00	204.83
	MEDRAD STELLANT									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC					204.83	0.00	0.00	204.83

Vendor#	Vendor Name			Class	Pay Code					
10642	GLAXOSMITHKLINE PHARMACUETICAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8253864187A		05/30/2024	10/12/2022	11/12/2022			450.00	0.00	0.00	450.00
	FEDEERAL EXCISE TAX									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8254155142A		05/30/2024	10/04/2023	11/04/2023			375.00	0.00	0.00	375.00
	FEDERAL EXCISE TAX									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL					825.00	0.00	0.00	825.00

Vendor#	Vendor Name	Class	Pay Code
G1210	GULF COAST PAPER COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2537522		05/28/2024	05/21/2024	06/20/2024			938.49	0.00	0.00	938.49
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					938.49	0.00	0.00	938.49

Vendor#	Vendor Name	Class	Pay Code
10804	HEALTHCARE CODING & CONSULTING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
14966		05/28/2024	03/31/2024	06/21/2024			2,750.00	0.00	0.00	2,750.00
	PRO CLINIC AUDIT March 2024									
15016		05/28/2024	04/30/2024	06/21/2024			204.00	0.00	0.00	204.00
	CHARTS April 2024									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING					2,954.00	0.00	0.00	2,954.00

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
10941350		05/28/2024	05/15/2024	05/28/2024			472.50	0.00	0.00	472.50
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC					472.50	0.00	0.00	472.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6524		05/28/2024	05/15/2024	06/21/2024			23,663.00	0.00	0.00	23,663.00
	HOSPITALIST Midmonth Invoice 1-15th									

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

Vendor#	Vendor Name	Class	Pay Code
14540	JINDAL X LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202425007		05/24/2024	05/16/2024	06/21/2024			9,000.00	0.00	0.00	9,000.00
	REVENUE CYCLE MGMT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14540	JINDAL X LLC	9,000.00	0.00	0.00	9,000.00

Vendor#	Vendor Name	Class	Pay Code
15480	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CARLIN005		05/29/2024	05/22/2024	06/21/2024			66.41	0.00	0.00	66.41
	PT REFUND									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15480	[redacted]	66.41	0.00	0.00	66.41

Vendor#	Vendor Name	Class	Pay Code
M1950	MARTIN PRINTING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80188		05/22/2024	05/17/2024	06/16/2024			185.00	0.00	0.00	185.00
	SUPPLIES									
80159A		05/28/2024	05/06/2024	06/21/2024			15.00	0.00	0.00	15.00
	SHIPPING BUSINESS CARDS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	200.00	0.00	0.00	200.00

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
22136401		05/28/2024	05/22/2024	06/06/2024			30.07	0.00	0.00	30.07
	SUPPLIES									
22145669		05/29/2024	05/23/2024	06/07/2024			152.69	0.00	0.00	152.69
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	182.76	0.00	0.00	182.76

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
2316364964	SUPPLIES	05/15/2024	04/24/2024	05/19/2024			1,420.35	0.00	0.00	1,420.35
2318258154	SUPPLIES	05/15/2024	04/24/2024	05/19/2024			45.43	0.00	0.00	45.43
2318120296	SUPPLIES	05/15/2024	04/24/2024	05/19/2024			220.00	0.00	0.00	220.00
2320483814	SUPPLIES	05/15/2024	05/25/2024	06/19/2024			2,133.63	0.00	0.00	2,133.63
2320483812	SUPPLIES	05/15/2024	05/25/2024	06/19/2024			564.94	0.00	0.00	564.94
2320483813	SUPPLIES	05/15/2024	05/25/2024	06/19/2024			368.65	0.00	0.00	368.65
2318973098	SUPPLIES	05/20/2024	05/14/2024	06/08/2024			1,296.01	0.00	0.00	1,296.01
2319061405	SUPPLIES	05/20/2024	05/15/2024	06/09/2024			1,213.21	0.00	0.00	1,213.21
2319061415	SUPPLIES	05/20/2024	05/15/2024	06/09/2024			315.16	0.00	0.00	315.16
2319061403	SUPPLIES	05/20/2024	05/15/2024	06/09/2024			3,363.78	0.00	0.00	3,363.78
2319061417	SUPPLIES	05/20/2024	05/15/2024	06/09/2024			106.45	0.00	0.00	106.45
2319061418	SUPPLIES	05/20/2024	05/15/2024	06/09/2024			220.39	0.00	0.00	220.39
2319061420	SUPPLIES	05/20/2024	05/15/2024	06/09/2024			275.89	0.00	0.00	275.89
2319885696	SUPPLIES	05/22/2024	05/22/2024	06/16/2024			234.94	0.00	0.00	234.94
2319885691	SUPPLIES	05/22/2024	05/22/2024	06/16/2024			621.18	0.00	0.00	621.18
2319885688	SUPPLIES	05/22/2024	05/22/2024	06/16/2024			1,191.93	0.00	0.00	1,191.93
2319885694	SUPPLIES	05/22/2024	05/22/2024	06/16/2024			95.10	0.00	0.00	95.10

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2319885692	SUPPLIES	05/22/2024	05/22/2024	06/16/2024			109.18	0.00	0.00	109.18
2319885699	SUPPLIES	05/22/2024	05/22/2024	06/16/2024			4,946.75	0.00	0.00	4,946.75
2319887200	SUPPLIES	05/22/2024	05/22/2024	06/16/2024			772.72	0.00	0.00	772.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	19,515.69	0.00	0.00	19,515.69

Vendor#	Vendor Name	Class	Pay Code
10536	MORRIS & DICKSON CO, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM27298	INVENTORY CREDIT	05/28/2024	05/21/2024	06/21/2024			-293.92	0.00	0.00	-293.92
2016782	INVENTORY	05/28/2024	05/21/2024	06/21/2024			897.88	0.00	0.00	897.88
2020772	INVENTORY	05/28/2024	05/22/2024	06/21/2024			42.49	0.00	0.00	42.49
2021924	INVENTORY	05/28/2024	05/22/2024	06/21/2024			2,742.08	0.00	0.00	2,742.08
2021510	INVENTORY	05/28/2024	05/22/2024	06/21/2024			1,907.78	0.00	0.00	1,907.78
2021925	INVENTORY	05/28/2024	05/22/2024	06/21/2024			736.10	0.00	0.00	736.10
2028017	INVENTORY	05/28/2024	05/23/2024	06/03/2024			86.68	0.00	0.00	86.68
2025070	INVENTORY	05/28/2024	05/23/2024	06/21/2024			1,061.50	0.00	0.00	1,061.50
CM27715A	INVENTORY	05/30/2024	05/22/2024	06/21/2024			-0.08	0.00	0.00	-0.08

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	7,180.51	0.00	0.00	7,180.51

Vendor#	Vendor Name	Class	Pay Code
M2659	MXR IMAGING, INC	M	

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	8801147888		05/28/2024	05/20/2024	06/19/2024			562.13	0.00	0.00	562.13
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2659	MXR IMAGING, INC					562.13	0.00	0.00	562.13
Vendor#	Vendor Name				Class	Pay Code					
10188	NATUS MEDICAL INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1041589391		05/28/2024	04/19/2024	05/14/2024			1,008.72	0.00	0.00	1,008.72
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10188	NATUS MEDICAL INC					1,008.72	0.00	0.00	1,008.72
Vendor#	Vendor Name				Class	Pay Code					
O1500	OLYMPUS AMERICA INC				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	36259667		05/21/2024	05/20/2024	06/14/2024			1,439.89	0.00	0.00	1,439.89
		SUPPLIES									
	36199498		05/29/2024	05/07/2024	06/01/2024			1,125.00	0.00	0.00	1,125.00
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC					2,564.89	0.00	0.00	2,564.89
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
	1853545103		05/20/2024	05/17/2024	06/16/2024			190.04	0.00	0.00	190.04
		SUPPLIES									
	1853546975		05/21/2024	05/20/2024	06/19/2024			752.16	0.00	0.00	752.16
		SUPPLIES									
	1853550140		05/22/2024	05/21/2024	06/20/2024			190.04	0.00	0.00	190.04
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS					1,132.24	0.00	0.00	1,132.24
Vendor#	Vendor Name				Class	Pay Code					
S0905	PERFORMANCE HEALTH				M						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN97642797		05/22/2024	05/21/2024	06/15/2024			121.73	0.00	0.00	121.73
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH					121.73	0.00	0.00	121.73

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PSI001792		05/29/2024	05/16/2024	06/21/2024			1,708.33	0.00	0.00	1,708.33
	SAMSUNG GU60A									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11080	RADSOURCE					1,708.33	0.00	0.00	1,708.33

Vendor#	Vendor Name	Class	Pay Code
11024	REED, CLAYMON, MEEKER & HARGET		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31111		05/22/2024	05/21/2024	06/20/2024			441.00	0.00	0.00	441.00
	LEGAL SVCS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET					441.00	0.00	0.00	441.00

Vendor#	Vendor Name	Class	Pay Code
10554	REPUBLIC SERVICES #847		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0847001259987		05/29/2024	02/26/2023	03/26/2023			943.84	0.00	0.00	943.84
	TRASH SERVICES									
0847001264918		05/29/2024	03/26/2023	04/26/2023			943.84	0.00	0.00	943.84
	TRASH SERVICCES									
0847001270027		05/29/2024	04/26/2023	05/26/2023			943.84	0.00	0.00	943.84
	TRASH SERVICES									
0847001275132		05/29/2024	05/26/2023	06/26/2023			943.84	0.00	0.00	943.84
	TRASH SERVICES									
0847001280030		05/29/2024	06/26/2023	07/26/2023			943.84	0.00	0.00	943.84
	TRASH SERVICES									
0847001285456		05/29/2024	07/26/2023	08/26/2023			-2,831.52	0.00	0.00	-2,831.52
	TRASH SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10554	REPUBLIC SERVICES #847	1,887.68	0.00	0.00	1,887.68

Vendor#	Vendor Name	Class	Pay Code
S0900	SAM'S CLUB DIRECT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052024	DIETARY SUPPLIES	05/30/2024	05/20/2024	06/08/2024			357.30	0.00	0.00	357.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0900	SAM'S CLUB DIRECT	357.30	0.00	0.00	357.30

Vendor#	Vendor Name	Class	Pay Code
S1405	SERVICE SUPPLY OF VICTORIA INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
701224950	SUPPLIES	05/20/2024	05/16/2024	06/15/2024			7,500.00	0.00	0.00	7,500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	7,500.00	0.00	0.00	7,500.00

Vendor#	Vendor Name	Class	Pay Code
S2001	SIEMENS MEDICAL SOLUTIONS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116549607	SYMBIA EVO CONTRACT	05/24/2024	05/16/2024	06/21/2024			2,451.95	0.00	0.00	2,451.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	2,451.95	0.00	0.00	2,451.95

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051624	CABLE	05/29/2024	05/16/2024	05/17/2024			141.26	0.00	0.00	141.26

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT	141.26	0.00	0.00	141.26

Vendor#	Vendor Name	Class	Pay Code
15236	SPECIALTY PROFESSIONAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1240000128	AMBER HELZER	05/28/2024	02/02/2024	06/21/2024			3,538.75	0.00	0.00	3,538.75

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1240000173	AMBER HELZER	05/28/2024	02/09/2024	06/21/2024			4,940.00	0.00	0.00	4,940.00
1240000196	AMBER HELZER	05/28/2024	02/16/2024	06/21/2024			3,776.25	0.00	0.00	3,776.25
1240000246	AMBER HELZER	05/28/2024	02/23/2024	06/21/2024			3,538.75	0.00	0.00	3,538.75
1240000300	AMBER HELZER	05/28/2024	03/01/2024	06/21/2024			3,705.00	0.00	0.00	3,705.00
1240000338	AMBER HELZER	05/28/2024	03/08/2024	06/21/2024			3,515.00	0.00	0.00	3,515.00
1240000363	AMBER HELZER	05/28/2024	03/15/2024	06/21/2024			3,633.75	0.00	0.00	3,633.75
1240000399	AMBER HELZER	05/28/2024	03/22/2024	06/21/2024			2,565.00	0.00	0.00	2,565.00
1240000493	AMBER HELZER	05/28/2024	04/05/2024	06/21/2024			3,776.25	0.00	0.00	3,776.25
1240000544	AMBER HELZER	05/28/2024	04/12/2024	06/21/2024			3,467.50	0.00	0.00	3,467.50
1240000577	AMBER HELZER	05/28/2024	04/19/2024	06/21/2024			3,538.75	0.00	0.00	3,538.75
1240000628	AMBER HELZER	05/28/2024	04/26/2024	06/21/2024			2,493.75	0.00	0.00	2,493.75
1240000651	AMBER HELZER	05/28/2024	05/03/2024	06/21/2024			3,538.75	0.00	0.00	3,538.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL	46,027.50	0.00	0.00	46,027.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8072443947A	SUPPLIES monitor stand	05/21/2024	11/30/2023	11/30/2023			34.48	0.00	0.00	34.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES	34.48	0.00	0.00	34.48

Vendor# 12704 Vendor Name: TEXAS BURNER & BOILER SERVICES — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
243605		05/16/2024	05/16/2024	06/16/2024			4,580.00	0.00	0.00	4,580.00
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12704	TEXAS BURNER & BOILER SERVICES					4,580.00	0.00	0.00	4,580.00

Vendor#	Vendor Name	Class	Pay Code
10732	THERACOM, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
225237984301		05/28/2024	05/15/2024	06/21/2024			2,706.32	0.00	0.00	2,706.32
	INVENTORY									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC					2,706.32	0.00	0.00	2,706.32

Vendor#	Vendor Name	Class	Pay Code
T2250	TK ELEVATOR CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5002413791		05/29/2024	03/18/2020	06/21/2024			754.50	0.00	0.00	754.50
	ELEVATOR REPAIR									
3007881931		05/29/2024	05/01/2024	06/21/2024			1,534.62	0.00	0.00	1,534.62
	ELEVATOR OIL & GREASE									
5002463117		05/29/2024	05/09/2024	06/21/2024			1,760.50	0.00	0.00	1,760.50
	LABOR-CALLBACK									
5002465074		05/29/2024	05/14/2024	06/21/2024			2,640.75	0.00	0.00	2,640.75
	LABOR-CALLBACK									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2250	TK ELEVATOR CORPORATION					6,690.37	0.00	0.00	6,690.37

Vendor#	Vendor Name	Class	Pay Code
T3130	TRI-ANIM HEALTH SERVICES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
600313502		05/28/2024	05/22/2024	06/16/2024			320.68	0.00	0.00	320.68
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC					320.68	0.00	0.00	320.68

Vendor#	Vendor Name	Class	Pay Code
11171	TRI-TECH FORENSICS, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
01013236		05/15/2024	04/30/2024	05/25/2024			112.63	0.00	0.00	112.63
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11171	TRI-TECH FORENSICS, INC.					112.63	0.00	0.00	112.63

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
INV1796963418		05/22/2024	05/17/2024	06/17/2024			3,467.50	0.00	0.00	3,467.50
	CONTRACT STAFF RAD 5/6/24 - 5/11/24									
INV1796967330		05/28/2024	05/24/2024	06/21/2024			3,467.50	0.00	0.00	3,467.50
	CONTRACT STAFF RAD 5/12/24 - 5/18/24									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC					6,935.00	0.00	0.00	6,935.00

Vendor# 11067 — Vendor Name: TRIZETTO PROVIDER SOLUTIONS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
35FK052400		05/28/2024	05/01/2024	06/21/2024			1,687.97	0.00	0.00	1,687.97
	PT STATEMENTS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS					1,687.97	0.00	0.00	1,687.97

Vendor# C2510 — Vendor Name: TRUBRIDGE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1021500		05/28/2024	05/24/2024	06/18/2024			9,000.00	0.00	0.00	9,000.00
	ELEC CASE REPORTING									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE					9,000.00	0.00	0.00	9,000.00

Vendor# U1064 — Vendor Name: UNIFIRST HOLDINGS INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921032647		05/28/2024	05/20/2024	06/21/2024			3,366.39	0.00	0.00	3,366.39
	LAUNDRY									
2921032648		05/28/2024	05/20/2024	06/21/2024			102.07	0.00	0.00	102.07
	LAUNDRY									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921033002	LAUNDRY	05/28/2024	05/23/2024	06/17/2024			315.80	0.00	0.00	315.80
2921033004	LAUNDRY	05/28/2024	05/23/2024	06/17/2024			303.14	0.00	0.00	303.14
2921033005	LAUNDRY	05/28/2024	05/23/2024	06/17/2024			113.81	0.00	0.00	113.81
2921033003	LAUNDRY	05/28/2024	05/23/2024	06/17/2024			282.90	0.00	0.00	282.90
2921033000	LAUNDRY	05/28/2024	05/23/2024	06/17/2024			3,302.63	0.00	0.00	3,302.63
2921033001	LAUNDRY	05/28/2024	05/23/2024	06/17/2024			50.54	0.00	0.00	50.54
2921032998	LAUNDRY	05/28/2024	05/23/2024	06/17/2024			134.68	0.00	0.00	134.68
2921032999	LAUNDRY	05/28/2024	05/23/2024	06/17/2024			222.42	0.00	0.00	222.42
2921033223	LAUNDRY	05/28/2024	05/27/2024	06/21/2024			3,107.95	0.00	0.00	3,107.95
2921033224	LAUNDRY	05/28/2024	05/27/2024	06/21/2024			102.07	0.00	0.00	102.07

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	11,404.40	0.00	0.00	11,404.40

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
9111492417	SUPPLIES	05/29/2024	04/25/2024	05/20/2024			298.20	0.00	0.00	298.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	298.20	0.00	0.00	298.20

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
INV113689	SUPPLIES	05/22/2024	05/21/2024	06/20/2024			1,950.00	0.00	0.00	1,950.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	1,950.00	0.00	0.00	1,950.00

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00006703	APRIL WOUND CARE SVCS	05/24/2024	05/18/2024	06/21/2024			18,250.00	0.00	0.00	18,250.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	18,250.00	0.00	0.00	18,250.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	215,931.37	0.00	0.00	215,931.37

APPROVED ON
MAY 30 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 204370 - 204429

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	204370	06/05/24	162.13	ALIMED INC.
A/P	204371	06/05/24	41.98	AMAZON CAPITAL SERVICES
A/P	204372	06/05/24	594.00	AZALEA HEALTH
A/P	204373	06/05/24	1,380.10	BAYER HEALTHCARE
A/P	204374	06/05/24	3,598.78	BECKMAN COULTER INC
A/P	204375	06/05/24	796.00	BEEKLEY CORPORATION
A/P	204376	06/05/24	128.24	CALHOUN COUNTY
A/P	204377	06/05/24	276.16	CAPITAL ONE
A/P	204378	06/05/24	726.62	CARDINAL HEALTH 414, INC.
A/P	204379	06/05/24	341.90	COCA COLA SOUTHWEST BEVERAGES
A/P	204380	06/05/24	10.68	DEWITT POTH & SON
A/P	204381	06/05/24	168.84	DIANNE ATKINSON
A/P	204382	06/05/24	477.65	ECLINICAL WORKS LLC
A/P	204383	06/05/24	1,590.43	EVOQUA WATER TECHNOLOGIES LLC
A/P	204384	06/05/24	223.18	FEDERAL EXPRESS CORP.
A/P	204385	06/05/24	1,496.56	FISHER HEALTHCARE
A/P	204386	06/05/24	56.40	FRONTIER
A/P	204387	06/05/24	7,908.33	FUJI FILM
A/P	204388	06/05/24	875.42	FUSION CLOUD SERVICES, LLC
A/P	204389	06/05/24	204.83	GE PRECISION HEALTHCARE, LLC
A/P	204390	06/05/24	825.00	GLAXOSMITHKLINE PHARMACUETICAL
A/P	204391	06/05/24	938.49	GULF COAST PAPER COMPANY
A/P	204392	06/05/24	2,954.00	HEALTHCARE CODING & CONSULTING
A/P	204393	06/05/24	472.50	HOLOGIC INC
A/P	204394	06/05/24	47,326.00	HOSPITAL CARE CONSULTANTS INC.
A/P	204395	06/05/24	9,000.00	JINDAL X LLC
A/P	204396	06/05/24	66.41	[redacted]
A/P	204397	06/05/24	200.00	MARTIN PRINTING CO
A/P	204398	06/05/24	182.76	MCKESSON MEDICAL SURGICAL INC
A/P	204399	06/05/24	.00	VOIDED
A/P	204400	06/05/24	.00	VOIDED
A/P	204401	06/05/24	19,515.69	MEDLINE INDUSTRIES INC
A/P	204402	06/05/24	7,180.51	MORRIS & DICKSON CO, LLC
A/P	204403	06/05/24	562.13	MXR IMAGING, INC
A/P	204404	06/05/24	1,008.72	NATUS MEDICAL INC
A/P	204405	06/05/24	2,564.89	OLYMPUS AMERICA INC
A/P	204406	06/05/24	1,132.24	ORTHO CLINICAL DIAGNOSTICS
A/P	204407	06/05/24	121.73	PERFORMANCE HEALTH
A/P	204408	06/05/24	1,708.33	RADSOURCE
A/P	204409	06/05/24	441.00	REED, CLAYMON, MEEKER & HARGET
A/P	204410	06/05/24	1,887.68	REPUBLIC SERVICES #847
A/P	204411	06/05/24	357.30	SAM'S CLUB DIRECT
A/P	204412	06/05/24	7,500.00	SERVICE SUPPLY OF VICTORIA INC
A/P	204413	06/05/24	2,451.95	SIEMENS MEDICAL SOLUTIONS INC
A/P	204414	06/05/24	141.26	SPARKLIGHT
A/P	204415	06/05/24	46,027.50	SPECIALTY PROFESSIONAL
A/P	204416	06/05/24	34.48	STAPLES
A/P	204417	06/05/24	4,580.00	TEXAS BURNER & BOILER SERVICES
A/P	204418	06/05/24	2,706.32	THERACOM, LLC
A/P	204419	06/05/24	6,690.37	TK ELEVATOR CORPORATION

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	204420	06/05/24	320.68	TRI-ANIM HEALTH SERVICES INC
A/P	204421	06/05/24	112.63	TRI-TECH FORENSICS, INC.
A/P	204422	06/05/24	6,935.00	TRIAGE, LLC
A/P	204423	06/05/24	1,687.97	TRIZETTO PROVIDER SOLUTIONS
A/P	204424	06/05/24	9,000.00	TRUBRIDGE
A/P	204425	06/05/24	11,404.40	UNIFIRST HOLDINGS INC
A/P	204426	06/05/24	115.75	UNIFORM ADVANTAGE
A/P	204427	06/05/24	298.20	WERFEN USA LLC
A/P	204428	06/05/24	1,950.00	WEST COAST MEDICAL RESOURCES
A/P	204429	06/05/24	18,250.00	WOUND CARE SPECIALISTS
A/P	204430	06/05/24	80.00	[redacted]
A/P	204431	06/05/24	855.77	
A/P	204432	06/05/24	77.01	
TOTALS:			240,722.90	

APPROVED ON
JUN 05 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#204370-204429

Payables
215,931.37 +
Criticals 115.75 +
23,663.00 +
Acct. Refunds 1,012.78 +
240,722.90 ◇

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 30 2024

CALHOUN COUNTY, TEXAS

05/30/2024
16:21

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/22/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SOV14978574	UNIFORMS	05/30/202	03/21/202	04/05/202			244.57	0.00	0.00	244.57
RTN000719207	CREDIT	05/30/202	03/28/202	04/12/202			-123.24	0.00	0.00	-123.24
11/14/24	OVERPAYMENT REFUND	05/30/202	04/01/202	04/16/202			-5.58	0.00	0.00	-5.58

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	115.75	0.00	0.00	115.75

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	115.75	0.00	0.00	115.75

APPROVED ON

MAY 30 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#204426

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 31 2024

CALHOUN COUNTY, TEXAS

05/31/2024
12:57

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/22/2024

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6524		05/28/202	05/15/202	06/21/202			23,663.00	0.00	0.00	23,663.00
6538	HOSPITALIST	05/31/202	05/31/202	06/10/202			23,663.00	0.00	0.00	23,663.00
	HOSPITALIST 5/16/24 - EOM									
Vendor Totals:	Number Name						Gross	Discount	No-Pay	Net
	15208 HOSPITAL CARE CONSULTANTS INC.						47,326.00	0.00	0.00	47,326.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,326.00	0.00	0.00	47,326.00

APPROVED ON

MAY 31 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204394

RECEIVED BY THE COUNTY AUDITOR ON

MAY 30 2024

CALHOUN COUNTY, TEXAS

RUN DATE: 05/30/24
TIME: 10:44

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1590989 01	[redacted]		052924	80.00	2		REFUND FOR [redacted]	
1597232 01	[redacted]	TX 77979	052924	855.77	1		REFUND FOR [redacted]	
1602391 01	[redacted]	TX 77982	052924	77.01	3		REFUND FOR [redacted]	
		TX 77979						
	ARID=0001 TOTAL			1012.78				
TOTAL				1012.78				

APPROVED ON

MAY 30 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204430 - 204432

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: 05/31/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 06/01/2024

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

As of: 05/31/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 06/01/2024

PLEASE CHECK ANY 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: 6,119.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/04/2024,
Pay This Amount: 5,996.71 USD

If Paid After 06/04/2024,
Pay this Amount: 6,119.11 USD

Due If Paid On Time:
USD 5,996.71

Disc lost if paid late:
122.40

Due If Paid Late:
USD 6,119.11

✓ Andreea Dotas Santos
6/3/24

APPROVED ON
JUN 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

5,949.36 +
9.03 +
27.23 +
11.09 +
5,996.71 ◇

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company 8000

As of: 05/31/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 06/01/2024

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

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

As of: 05/31/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 06/01/2024

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	
05/28/2024	06/04/2024	7498800023	200545552	115Invoice	22.33	1,116.55		1,094.22		7498800023	
05/28/2024	06/04/2024	7498800024	200617725	115Invoice	1.34	66.99		65.65		7498800024	
05/28/2024	06/04/2024	7498800026	200699182	115Invoice	12.65	632.45		619.80		7498800026	
05/28/2024	06/04/2024	7498818872	200812389	115Invoice	0.01	0.49		0.48		7498818872	
05/28/2024	06/04/2024	7499057274	200624308	195Invoice	0.48	23.88		23.40		7499057274	
05/28/2024	06/04/2024	7499057275	200552341	195Invoice	0.69	34.63		33.94		7499057275	
05/28/2024	06/04/2024	7499057276	200688919	195Invoice	0.01	0.32		0.31		7499057276	
05/29/2024	06/04/2024	7499202581	200885885	115Invoice	7.12	356.14		349.02		7499202581	
05/29/2024	06/04/2024	7499202582	200944292	115Invoice		0.10		0.10		7499202582	
05/29/2024	06/04/2024	7499373949	200892601	195Invoice	5.25	262.45		257.20		7499373949	
05/30/2024	06/04/2024	7499489967	201014317	115Invoice	9.13	456.65		447.52		7499489967	
05/30/2024	06/04/2024	7499489970	201014317	115Invoice	37.33	1,866.53		1,829.20		7499489970	
05/30/2024	06/04/2024	7499489972	201077442	115Invoice	18.67	933.28		914.61		7499489972	
05/30/2024	06/04/2024	7499654783	201021699	195Invoice	0.01	0.32		0.31		7499654783	
05/31/2024	06/04/2024	7499755944	201127703	115Invoice	0.05	2.27		2.22		7499755944	
05/31/2024	06/04/2024	7499755946	201191509	115Invoice	1.34	66.99		65.65		7499755946	
05/31/2024	06/04/2024	7499907644	201123685	115Invoice	0.01	0.32		0.31		7499907644	
05/31/2024	06/04/2024	7499907645	201134741	195Invoice	5.01	250.43		245.42		7499907645	

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

TOTAL:

Subtotals: 6,070.79 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,247.64
05/27/2024

APPROVED ON
JUN 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

If Paid By 06/04/2024,
Pay This Amount: 5,949.36 USD

If Paid After 06/04/2024,
Pay this Amount: 6,070.79 USD

Due If Paid On Time:
USD 5,949.36

Disc lost if paid late:
121.43

Due If Paid Late:
USD 6,070.79

For AR Inquiries please contact 800-867-0333

Andrea Dukes / antas
6/3/24

McKESSON

STATEMENT

Company: 8000

As of: 05/31/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 06/01/2024

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

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

As of: 05/31/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 06/01/2024 **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 190813 HEB PHCY 0434/MEM MED PHS											
05/29/2024	06/04/2024	7499205451	3969278	115Invoice	0.18	9.21		9.03	X	7499205451	✓

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

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

Subtotals: 9.21 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,925.30
05/20/2024

If Paid By 06/04/2024, Pay This Amount: 9.03 USD

If Paid After 06/04/2024, Pay this Amount: 9.21 USD

Due If Paid On Time:
USD 9.03 ✓

Disc lost if paid late: 0.18

Due If Paid Late:
USD 9.21

APPROVED ON
JUN 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrea DeLosSantos
6/3/24

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: 05/31/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 06/01/2024

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

As of: 05/31/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 06/01/2024 **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											
05/28/2024	06/04/2024	7498771829	B2405-055-160365	115Invoice	0.28	13.76		13.48		7498771829	
05/30/2024	06/04/2024	7499481669	B2405-055-160903	115Invoice	0.28	14.03		13.75		7499481669	

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: 27.79 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,247.64
05/27/2024

If Paid By 06/04/2024,
Pay This Amount: 27.23 USD

If Paid After 06/04/2024,
Pay this Amount: 27.79 USD

Due If Paid On Time:
USD 27.23

Disc lost if paid late:
0.56

Due If Paid Late:
USD 27.79

APPROVED ON
JUN 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea Dakota Santos
6/3/24

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/31/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 06/01/2024

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

As of: 05/31/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 06/01/2024 **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											
05/29/2024	06/04/2024	7499375986	3276487	115Invoice	0.23	11.32		11.09	X	7499375986	

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: 11.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 10,247.64
05/27/2024

If Paid By 06/04/2024,
Pay This Amount: 11.09 USD

If Paid After 06/04/2024,
Pay this Amount: 11.32 USD

Due If Paid On Time:
USD 11.09

Disc lost if paid late:
0.23

Due If Paid Late:
USD 11.32

APPROVED ON

JUN 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew DeLos Santos
6/3/24

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 67522333
Date: 05-31-2024

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:	362.60
Past Due:	0.00
Total Due:	362.60
Account Balance:	362.60

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-28-2024	06-07-2024	3176445250	7006616389	Invoice	23.46		0.00	23.46
05-28-2024	06-07-2024	3176445251	7006626327	Invoice	89.44		0.00	89.44
05-28-2024	06-07-2024	3176445252	7006635838	Invoice	14.38		0.00	14.38
05-28-2024	06-07-2024	3176445253	7006644990	Invoice	75.13		0.00	75.13
05-29-2024	06-07-2024	3176644246	7006651709	Invoice	23.45		0.00	23.45
05-31-2024	06-07-2024	3176957207	7006666246	Invoice	89.32		0.00	89.32
05-31-2024	06-07-2024	3176957208	7006668104	Invoice	47.42		0.00	47.42

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
362.60	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
05-31-2024	(798.78)

APPROVED ON
JUN 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
06-07-2024	362.60
Total Due:	362.60

Andrea DeLosSantos
6/3/24

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"	★	06	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 113,023.35	# ✓
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 60,095.16	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,054.40	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,873.79	#
☐ "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	5/17/2024					
PAY PERIOD: END	5/30/2024					
PAY DATE:	6/7/2024					
GROSS PAY:	$ 524,275.42			$ -		$ 524,275.42
DEDUCTIONS:						
A/R	$ 188.46					$ 188.46
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	$ 150.00					$ 150.00
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,379.67					$ 1,379.67
MUTUAL HOSP INDEM	$ 585.50					$ 585.50
FED TAX	$ 38,873.79					$ 38,873.79
FICA-M	$ 7,027.20					$ 7,027.20
FICA-O	$ 30,047.58					$ 30,047.58
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 5,400.31					$ 5,400.31
FLX-FE	$ -					$ -
GIFT S	$ 244.43					$ 244.43
MUTUAL CRITICAL ILLNESS	$ 1,100.81					$ 1,100.81
MUTUAL ACCIDENT	$ 736.67					$ 736.67
MUTUAL SHORT TERM DIS	$ 1,884.21					$ 1,884.21
LEGAL	$ 1,179.78					$ 1,179.78
OTHER	$ 2,000.58					$ 2,000.58
NATIONAL FARM LIFE	$ 997.78					$ 997.78
MED SURCHARGE	$ 295.00					$ 295.00
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 35,918.60					$ 35,918.60
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 163,067.37	$ -	$ -	$ -	$ -	$ 163,067.37
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 361,208.05	$ -	$ -	$ -	$ -	$ 361,208.05
	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: $ 484,639.66 $ 484,639.66 Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,027.28		
FICA - MED (EE)	1.45%	$ 7,027.28	$ 7,027.20	$ 0.08
FICA - SOC SEC (ER)	6.20%	$ 30,047.66		
FICA - SOC SEC (EE)	6.20%	$ 30,047.66	$ 30,047.58	$ 0.08
FED WITHHOLDING		$ 38,873.79	$ 38,873.79	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 113,023.67	$ 113,023.35	
FICA - MEDICARE	2.90%	$ 14,054.56	$14,054.40	
FICA - SOCIAL SECURITY	12.40%	$ 60,095.32	$60,095.16	PREPARED BY: Andrie Flores
FED WITHHOLDING		$ 38,873.79	$38,873.79	PREPARED DATE: 6/3/2024
TOTAL TAX:		$ 113,023.67	$113,023.35	$ 0.32

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8840.00	N		N	N		206208.49
1	REGULAR PAY-S1	1652.00	N		N	N	N	77085.75
1	REGULAR PAY-S1	203.50	N		N	Y		8008.59
1	REGULAR PAY-S1	153.50	Y		N	N		5373.26
2	REGULAR PAY-S2	2482.50	N		N	N		68068.72
2	REGULAR PAY-S2	152.75	N		N	Y		7244.03
2	REGULAR PAY-S2	48.25	Y		N	N		2462.58
3	REGULAR PAY-S3	1456.00	N		N	N		49734.11
3	REGULAR PAY-S3	127.00	N		N	Y		6910.89
3	REGULAR PAY-S3	75.50	Y		N	N		3921.89
4	CALL BACK PAY	22.00	N	1	N	N	Y	1003.38
4	CALL BACK PAY	28.00	N	2	N	N	Y	1263.37
4	CALL BACK PAY	2.00	N	3	N	N	Y	103.87
C	CALL PAY	2464.00	N	1	N	N		4928.00
D	DOUBLE TIME	15.50	N	1	N	N		1253.18
D	DOUBLE TIME	27.25	N	2	N	N		2442.59
D	DOUBLE TIME	40.00	N	3	N	N		3725.21
D	DOUBLE TIME	.75	N	3	N	Y		111.47
E	EXTRA WAGES		N		N	N	N	-1075.20
E	EXTRA WAGES		N	1	N	N	N	1538.50
F	FUNERAL LEAVE	24.00	N	1	N	N		1003.92
I	INSERVICE	12.25	N	1	N	N		535.55
K	EXTENDED-ILLNESS-BANK	162.00	N	1	N	N		5022.58
P	PAID-TIME-OFF	2280.00	N	1	N	N		64205.05
X	CALL PAY 2	152.00	N	1	N	N		304.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00
p	PAID TIME OFF - PROBATION	64.00	N	1	N	N		986.64
t	PHONE & DATA		N		N	N	N	1760.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	188.46	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	150.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	38873.79	FICA-M	7027.20
FICA-O	30047.58	FIRSTC		FLEX S	4636.67
FLX FE		FORT D		FUTA	
GIFT S	244.43	GRANT		GRP-IN	
GTL		HOSP-I		HSA	763.64
ID TFT		IRSTAX		LEAF	
LEGAL	272.78	MASA	907.00	MEALS	1940.57
METVIS		MISC		MISC/	
MMCSHR		MOOACC	736.67	MOOILL	1100.81
MOOIND	585.50	MOOLIF	1379.67	MOOSTD	1884.21
MOOVIS	877.74	NATFML	997.76	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	295.00	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	35918.60	TUTION		UNIFOR	60.01
UW/HOS					

Grand Totals: 20532.75 ------- (Gross: 524275.42 Deductions: 163067.37 Net: 361208.05

Checks Count:- FT 206 PT 12 Other 42 Female 233 Male 26 Credit OverAmt 8 ZeroNet Term Total: 259

Andrew Dolas Santos
6/3/24

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 24, 2024 - June 2, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
5/31/2024	PAY PLUS ACHTrans 000000024506283 1010006964	- 3rd Party Payor Fee	66.79	901199
5/31/2024	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	30,859.26 *	800528
5/31/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	798.78 *	500606
5/31/2024	HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	66,943.54 *	800529
5/30/2024	PAY PLUS ACHTrans 000000024336919 1010006949	- 3rd Party Payor Fee	111.52	901200
5/29/2024	PAY PLUS ACHTrans 000000024230597 1010006935	- 3rd Party Payor Fee	2.34	901201
5/28/2024	PAY PLUS ACHTrans 000000024064659 1010006920	- 3rd Party Payor Fee	192.17	901202
5/28/2024	MCKESSON DRUG AUTO ACH ACH06017480 910000163	- 340B Drug Program Expense	10,247.64 *	500607
5/28/2024	IRS USATAXPYMT 270454912008389 6103601000838	- Payroll Taxes	165,667.08 * *	800530
5/24/2024	PAY PLUS ACHTrans 000000023901491 1010006909	- 3rd Party Payor Fee	91.90	901203
5/24/2024	HPHG LLC PORT MemMedCtr PtLav 11312265005181	- Health Insurance Claim Payments	4,920.64 * *	800531
5/24/2024	EXPERTPAY EXPERTPAY 746003411 91000013751832	-Child Support Payment	570.69	800532
5/24/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	996.24 * *	500608
5/24/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	428,629.39 * *	
			710,097.98	

Pay PLUS
66.79 +
111.52 +
2.34 +
192.17 +
91.90 +
464.72 ◇
0.C

Andrew DeLos Santos June 3, 2024
ANDREW DE LOS SANTOS
Memorial Medical Center

* Approved on 5.29.24 CC
** Approved on 5.22.24 CC

Child Support
570.69 +
570.69 ◇
0.C

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
6/18/2024	CHIRPS IGT	CHIRPS FIRST HALF OF YR4 IGTR	120,538.00
			120,538.00

710,097.98 +
30,859.26 –
798.78 –
66,943.54 –
10,247.64 –
165,667.08 –
4,920.64 –
996.24 –
428,629.39 –
1,035.41 ◇
1,035.41 –
0.00 ◇

464.72 +
570.69 +
1,035.41 ◇

Andrew DeLos Santos June 3, 2024
ANDREW DE LOS SANTOS
Memorial Medical Center

APPROVED ON
JUN 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
1911	76351	1	1	0	2024	144002609	0	5/28/2024	$18,421.84	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	5/6/2024	5/19/2024	464334244
1912	76351	1	2	0	2024	142000740	0	5/28/2024	$19.10	1	PEREZ ORTHOPEDICS, PLLC	P	457	0	[redacted]		OVS	F	1/2/2024	1/2/2024	874798289
1913	76351	2	33	0	2024	137000583	0	5/28/2024	$47.35	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	5/3/2024	5/3/2024	742554159
1914	76351	3	49	0	2024	144001222	0	5/28/2024	$4.32	1	GREATER HOUSTON INTERVENTIONAL	P	429	0			AFS	F	5/10/2024	5/10/2024	202341026
1915	76351	3	13	0	2024	137000543	0	5/28/2024	$47.35	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	4/17/2024	4/17/2024	742554159
1917	76351	3	49	0	2024	138000906	0	5/28/2024	$55.89	1	NOE R. OLVERA, MD, PA	P	457	0			OVS	F	3/28/2024	3/28/2024	262712038
1918	76351	3	48	0	2024	138000934	0	5/28/2024	$55.89	1	SCOTT P. STEIN, D.O., P.A.	P	457	0			OVS	F	5/14/2024	5/14/2024	742861393
1920	76351	3	57	0	2024	141001427	0	5/28/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	360	0			POV	F	5/15/2024	5/15/2024	742605670
1921	76351	3	56	1	2024	137000588	0	5/28/2024	$67.56	1	HILLCROFT MEDICAL CLINIC ASSOC	P	728	0			TELM	F	5/10/2024	5/10/2024	741700061
1922	76351	3	49	0	2024	144001212	0	5/28/2024	$90.08	1	GREATER HOUSTON INTERVENTIONAL	P	457	0			OVS	F	5/10/2024	5/10/2024	202341026
1928	76351	3	28	0	2024	137000156	0	5/28/2024	$532.51	1	CITIZENS MEDICAL CENTER COUNTY OF	P	421	0			HOBS	F	2/9/2024	2/10/2024	741698143
1935	76360	2	29	2	2024	142001554	0	5/28/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0			URG	F	5/13/2024	5/13/2024	260845489
1939	76360	3	42	0	2024	137000516	0	5/28/2024	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	5/10/2024	5/10/2024	742605670
1940	76360	3	41	0	2024	137000566	0	5/28/2024	$47.35	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	4/4/2024	4/4/2024	742554159
1941	76360	3	49	2	2024	138000927	0	5/28/2024	$57.56	1	MELISSA A. KAINER ERWIN, MD PA	P	457	0			OVS	F	5/14/2024	5/14/2024	200802489
1943	76360	3	42	0	2024	141001363	0	5/28/2024	$66.31	1	GREATER HOUSTON INTERVENTIONAL	P	177	0			OV	F	5/14/2024	5/14/2024	202341026
1947	76360	3	61	1	2024	142000735	0	5/28/2024	$112.20	1	TEXAS HEALTH CENTER	P	172	0			AB	F	5/16/2024	5/16/2024	742501959
1948	76360	3	43	0	2024	142001400	0	5/28/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0			URG	F	5/10/2024	5/10/2024	260845489
1949	76360	3	69	0	2024	144001180	0	5/28/2024	$170.72	1	VICTORIA EYE CENTER	P	457	0			OVS	F	5/16/2024	5/16/2024	742208337
1951	76360	3	98	0	2024	144001201	0	5/28/2024	$454.01	1	VICTORIA HEART VASCULAR CENTER	P	457	0			OVS	F	5/16/2024	5/16/2024	562284144
1956	76360	3	3	0	2024	141000714	0	5/28/2024	$2,251.42	1	CITIZENS MEDICAL CENTER COUNTY OF	P	406	0			ER	F	4/25/2024	4/26/2024	741698143
1958	76370	3	21	0	2024	137000507	0	5/28/2024	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	5/3/2024	5/3/2024	742554159
1959	76370	3	29	1	2024	137000594	0	5/28/2024	$463.26	1	PORT LAVACA CLINIC	P	172	0			AB	F	5/10/2024	5/10/2024	742605670
									$23,400.08												

Andrew Dotal Santos
6/3/24

APPROVED ON

JUN 03 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

$1,272.83

Memorial Medical Center
Transfer Request

Amount: $ 144,194.54 Date: 6/3/2024

From Account: NexBank Money Marke[redacted]

To Account: Prosperity Operating Account [redacted]

APPROVED ON

JUN 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer from NexBank Money Market Account to Prosperity Operating Account

Requested by: Michelle Cumberland **Date:** 6/3/2024

Authorized by: Andrew DeLos Santos **Date:** 6/3/2024

Memorial Medical Center
Transfer Request

Amount: $ 106,724.68 **Date:** 6/3/2024

From Account: Prosperity Money Market [redacted]

To Account: Prosperity Operating Account [redacted]

APPROVED ON
JUN 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer from Prosperity Money Market Account to Prosperity Operating Account

Requested by: Michelle Cumberland **Date:** 6/3/2024

Authorized by: Andrea De Los Santos **Date:** 6/3/24

RECEIVED BY THE COUNTY AUDITOR ON

MAY 30 2024

CALHOUN COUNTY, TEXAS

05/30/2024 MEMORIAL MEDICAL CENTER 0
10:55 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 06/22/2024

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
051424	TRANSFER	05/24/202	05/14/202	06/22/202			2,498.59	0.00	0.00	2,498.59
051424A	TRANSFER	05/24/202	05/14/202	06/22/202			861.66	0.00	0.00	861.66
051424B	TRANSFER	05/24/202	05/14/202	06/22/202			268.35	0.00	0.00	268.35
051424C	TRANSFER	05/24/202	05/14/202	06/22/202			7,505.00	0.00	0.00	7,505.00
051524	TRANSFER	05/24/202	05/15/202	06/22/202			304.09	0.00	0.00	304.09
051524A	TRANSFER	05/24/202	05/15/202	06/22/202			110.43	0.00	0.00	110.43
052124	TRANSFER	05/30/202	05/21/202	06/22/202			3,275.00	0.00	0.00	3,275.00
052124A	TRANSFER	05/30/202	05/21/202	06/22/202			2,692.80	0.00	0.00	2,692.80

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	17,515.92	0.00	0.00	17,515.92

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,515.92	0.00	0.00	17,515.92

APPROVED ON

MAY 30 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk#204434

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 30 2024

05/30/2024
11:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/22/2024

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
051424		05/24/202	05/14/202	06/22/202			2,040.00	0.00	0.00	2,040.00
	TRANSFER									
052124A		05/30/202	05/21/202	06/22/202			16,560.00	0.00	0.00	16,560.00
	TRANSFER									
052224		05/30/202	05/21/202	06/22/202			2,250.00	0.00	0.00	2,250.00
	TRANSFER									
052224A		05/30/202	05/21/202	06/22/202			408.00	0.00	0.00	408.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	21,258.00	0.00	0.00	21,258.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	21,258.00	0.00	0.00	21,258.00

APPROVED ON

MAY 30 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204435

RECEIVED BY THE COUNTY AUDITOR ON

MAY 30 2024

05/30/2024
11:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/22/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS
Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
051424	TRANSFER	05/24/202	05/14/202	06/22/202			1,636.01	0.00	0.00	1,636.01
051524	TRANSFER	05/24/202	05/15/202	06/22/202			3,264.00	0.00	0.00	3,264.00
051524A	TRANSFER	05/24/202	05/15/202	06/22/202			80.35	0.00	0.00	80.35
051524B	TRANSFER	05/24/202	05/15/202	06/22/202			0.27	0.00	0.00	0.27
052024	TRANSFER	05/24/202	05/20/202	06/22/202			12,771.85	0.00	0.00	12,771.85
052024A	TRANSFER	05/30/202	05/20/202	06/22/202			2,711.39	0.00	0.00	2,711.39
052124	SUPPLIES	05/30/202	05/21/202	06/22/202			22,529.31	0.00	0.00	22,529.31
052224	SUPPLIES	05/30/202	05/22/202	06/22/202			1,645.20	0.00	0.00	1,645.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	44,638.38	0.00	0.00	44,638.38

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	44,638.38	0.00	0.00	44,638.38

APPROVED ON

MAY 30 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204433

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
[redacted]				
A/P	204433	06/05/24	44,638.38	BETHANY SENIOR LIVING
A/P	204434	06/05/24	17,515.92	GOLDENCREEK HEALTHCARE
A/P	204435	06/05/24	21,258.00	TUSCANY VILLAGE
TOTALS:			324,135.20	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/3/2024

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		209,258.97	208,980.64	116,956.88			117,235.21	116,764.85
						Bank Balance	117,235.21	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						April Interest	178.33	
						May Interest	192.03	
						June Interest		
						Adjust Balance/Transfer Amt	116,764.85	
Broadmoor		129,963.80	129,672.60	127,431.98			127,723.18	127,275.63
						Bank Balance	127,723.18	
						Variance	-	
						Leave in Balance	100.00	

						April Interest	191.20	
						May Interest	156.35	
						June Interest		
						Adjust Balance/Transfer Amt	127,275.63	
Crescent		325,558.82	325,189.79	88,115.60			88,484.63	87,855.13
						Bank Balance	88,484.63	
						Variance	-	
						Leave in Balance	100.00	

						April Interest	269.03	
						May Interest	260.47	
						June Interest		
						Adjust Balance/Transfer Amt	87,855.13	
Fort Bend		117,528.23	117,366.46	52,622.61			52,784.38	52,535.69
						Bank Balance	52,784.38	
						Variance	-	
						Leave in Balance	100.00	

						April Interest	61.77	
						May Interest	86.92	
						June Interest		
						Adjust Balance/Transfer Amt	52,535.69	
Solera at W Houston		352,044.86	351,721.55	93,470.06			93,793.37	93,198.06
						Bank Balance	93,793.37	
						Variance	-	
						Leave in Balance	100.00	

116,764.85 +
127,275.63 +
87,855.13 +
52,535.69 + *Houston / Fort Bend / Broadmoor*
93,198.06 +
477,629.36 ◊

						April Interest	223.32	
						May Interest	271.99	
						June Interest		
						Adjust Balance/Transfer Amt	93,198.06	

TOTAL TRANSFERS 477,629.36

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 6/3/2024

APPROVED ON
JUN 03 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
5/31/2024	Added to Account	-	192.03					-	192.03
5/31/2024	Check 1239	41,701.61	-					-	-
5/31/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	1,575.00					-	1,575.00
5/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233169	-	2,825.55					-	2,825.55
5/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233169	-	23,159.96					-	23,159.96
5/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000232784	-	57.54					-	57.54
5/31/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	1,568.00					-	1,568.00
5/30/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	167,279.03	-					-	-
5/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286752	-	483.93					-	483.93
5/29/2024	HNB - ECHO HCCLAIMPMT 746003411 440000232008	-	41.19					-	41.19
5/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	68,529.22					-	68,529.22
5/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,393.10					-	5,393.10
5/28/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000123	-	1,336.91					-	1,336.91
5/28/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	6,484.45					-	6,484.45
5/24/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	4,725.00					-	4,725.00
5/24/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	585.00					-	585.00
		208,980.64	116,956.88	-	-	-	-	-	116,956.88

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
5/31/2024	Added to Account	-	156.35					-	156.35
5/31/2024	Check 276	15,564.29	-					-	-
5/31/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	5,850.00					-	5,850.00
5/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233169	-	25,967.45					-	25,967.45
5/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000232784	-	494.95					-	494.95
5/31/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	505.00					-	505.00
5/31/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	5,708.64					-	5,708.64
5/31/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	2,357.64					-	2,357.64
5/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	114,108.31	-					-	-
5/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286752	-	263.50					-	263.50
5/30/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	8,932.00					-	8,932.00
5/29/2024	HUMANA INS CO HCCLAIMPMT 48556867 8300005178	-	245.83					-	245.83
5/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	32,394.24					-	32,394.24
5/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,726.25					-	5,726.25
5/28/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000123	-	21,601.30					-	21,601.30
5/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233692	-	2,185.62					-	2,185.62
5/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233691	-	979.71					-	979.71
5/24/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	4,950.00					-	4,950.00
5/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000110	-	5,793.63					-	5,793.63
5/24/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	3,319.87					-	3,319.87
		129,672.60	127,431.98	-	-	-	-	-	127,431.98

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
5/31/2024	Added to Account	-	260.47					-	260.47
5/31/2024	Check 342	11,551.97	-					-	-
5/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233169	-	6,539.95					-	6,539.95
5/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000232784	-	5,647.73					-	5,647.73
5/31/2024	HIC KY HCCLAIMPMT 4882783E 420000198208414	-	1,860.00					-	1,860.00
5/31/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	24.64					-	24.64
5/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	300,137.82	-					-	-
5/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286752	-	491.04					-	491.04
5/29/2024	Check 341	13,500.00	-					-	-
5/29/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	13,240.00					-	13,240.00
5/29/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	872.46					-	872.46
5/29/2024	DEVOTED HEALTH P HCCLAIMPMT 21000025386308	-	7,200.00					-	7,200.00
5/28/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	6,120.00					-	6,120.00
5/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	21,317.85					-	21,317.85
5/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,552.48					-	2,552.48
5/28/2024	DEVOTED HEALTH P HCCLAIMPMT 21000029066704	-	7,270.78					-	7,270.78
5/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000110	-	1,018.20					-	1,018.20
5/24/2024	DEVOTED HEALTH P HCCLAIMPMT 21000028717956	-	11,700.00					-	11,700.00
5/24/2024	DEVOTED HEALTH P HCCLAIMPMT 21000026556566	-	2,000.00					-	2,000.00
		325,189.79	88,115.60	-	-	-	-	-	88,115.60

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
5/31/2024	Added to Account	-	86.92					-	86.92
5/31/2024	Check 248	13,158.65	-					-	-
5/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233169	-	2,009.90					-	2,009.90
5/31/2024	HNB - ECHO HCCLAIMPMT 746003411 440000232784	-	260.16					-	260.16
5/31/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	65.00					-	65.00
5/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	104,207.81	-					-	-
5/30/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,980.00					-	7,980.00
5/29/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000194	-	600.78					-	600.78
5/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	22,368.60					-	22,368.60
5/24/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000110	-	2,064.80					-	2,064.80
5/24/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130062	-	17,186.45					-	17,186.45
		117,366.46	52,622.61	-	-	-	-	-	52,622.61

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
5/31/2024	Added to Account	-	271.99					-	271.99
5/31/2024	Check 1302	11,330.32	-					-	-
5/31/2024	HUMANA INS CO HCCLAIMPMT 48804488 8300005332	-	1,395.00					-	1,395.00
5/31/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130072	-	250.00					-	250.00
5/30/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	340,391.23	-					-	-
5/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286752	-	12,151.92					-	12,151.92
5/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286978	-	4,851.49					-	4,851.49
5/30/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	164.89					-	164.89
5/29/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	585.00					-	585.00
5/29/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000194	-	24,319.91					-	24,319.91
5/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000270294	-	2,820.61					-	2,820.61
5/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000270294	-	734.10					-	734.10
5/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000270531	-	8,155.28					-	8,155.28
5/28/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	28,121.94					-	28,121.94
5/28/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000123	-	2,779.73					-	2,779.73
5/24/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	2,636.00					-	2,636.00
5/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233691	-	4,232.20					-	4,232.20
		351,721.55	93,470.06	-	-	-	-	-	93,470.06

TOTALS

		1,132,931.04	478,597.13	-	-	-	-	-	478,597.13

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,732,285.36	$1,862,397.61	$1,732,285.36	$1,732,285.36
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$544.55	$544.55	$544.55	$544.55
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$438.38	$438.38	$438.38	$438.38
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$117,235.21	$121,195.21	$117,235.21	$117,235.21
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$127,723.18	$146,572.59	$127,723.18	$127,723.18
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$88,484.63	$100,029.72	$88,484.63	$88,484.63
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$93,793.37	$93,793.37	$93,793.37	$93,793.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$52,784.38	$52,784.38	$52,784.38	$52,784.38
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$80,459.33	$83,462.15	$80,459.33	$80,459.33
*4551 CAL CO INDIGENT HEALTHCARE	$9,658.74	$9,658.74	$9,658.74	$9,658.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,774.78	$4,798.78	$4,774.78	$4,774.78
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$7,191.89	$7,351.89	$7,191.89	$7,191.89
*5506 MMC -NH BETHANY SENIOR LIVING	$134,308.61	$144,392.39	$134,308.61	$134,308.61
*3407 MMC -NH TUSCANY VILLAGE	$292,651.07	$293,612.73	$292,651.07	$292,651.07
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$111,724.68	$111,724.68	$111,724.68	$111,724.68
Total Balance	**$2,854,158.16**	**$3,032,857.17**	**$2,854,158.16**	**$2,854,158.16**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/3/2024

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		235,532.82	235,280.35	80,206.86		-	80,459.33	79,991.30
						Bank Balance	80,459.33	
						Variance	-	
						Leave in Balance	100.00	

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

April Interest	152.47
May Interest	215.56
June Interest	
Adjust Balance/Transfer Amt	79,991.30

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 6/3/2024

APPROVED ON
JUN 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek				MMC PORTION					
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
5/31/2024	Added to Account	-	215.56					-	215.56
5/31/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	85.95					-	85.95
5/31/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001542	-	4,950.00					-	4,950.00
5/30/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	190,973.01	-					-	-
5/30/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,414.33					-	1,414.33
5/29/2024	Check 211	44,307.34	-					-	-
5/29/2024	Deposit	-	71,807.82					-	71,807.82
5/28/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	285.20					-	285.20
5/24/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	936.00					-	936.00
5/24/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001879	-	512.00					-	512.00
		235,280.35	80,206.86	-	-	-	-	-	80,206.86

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,732,285.36	$1,862,397.61	$1,732,285.36	$1,732,285.36
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$544.55	$544.55	$544.55	$544.55
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$438.38	$438.38	$438.38	$438.38
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$117,235.21	$121,195.21	$117,235.21	$117,235.21
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$127,723.18	$146,572.59	$127,723.18	$127,723.18
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$88,484.63	$100,029.72	$88,484.63	$88,484.63
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$93,793.37	$93,793.37	$93,793.37	$93,793.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$52,784.38	$52,784.38	$52,784.38	$52,784.38
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$80,459.33	$83,462.15	$80,459.33	$80,459.33
*4551 CAL CO INDIGENT HEALTHCARE	$9,658.74	$9,658.74	$9,658.74	$9,658.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,774.78	$4,798.78	$4,774.78	$4,774.78
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$7,191.89	$7,351.89	$7,191.89	$7,191.89
*5506 MMC -NH BETHANY SENIOR LIVING	$134,308.61	$144,392.39	$134,308.61	$134,308.61
*3407 MMC -NH TUSCANY VILLAGE	$292,651.07	$293,612.73	$292,651.07	$292,651.07
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$111,724.68	$111,724.68	$111,724.68	$111,724.68
Total Balance	**$2,854,158.16**	**$3,032,857.17**	**$2,854,158.16**	**$2,854,158.16**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/3/2024

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		2,370.19	-	2,404.59			-	4,774.78	no transfer
							Bank Balance	4,774.78	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	4,674.78	

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		5,858.64	5,758.64	7,091.89		-	-	7,191.89	7,091.89
							Bank Balance	7,191.89	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	7,091.89	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	11,766.67

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

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 6/3/2024

APPROVED ON

JUN 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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
5/31/2024	Added to Account	-	2.47					-	2.47
5/29/2024	HNB - ECHO HCCLAIMPMT 746003411 440000232008	-	279.23					-	279.23
5/29/2024	HNB - ECHO HCCLAIMPMT 746003411 440000232008	-	1,882.20					-	1,882.20
5/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233691	-	240.69					-	240.69
		-	2,404.59	-	-	-	-	-	2,404.59

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
5/31/2024	Added to Account	-	27.56					-	27.56
5/31/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	2,710.31					-	2,710.31
5/30/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	5,758.64	-					-	-
5/30/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	314.11					-	314.11
5/28/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	320.00					-	320.00
5/24/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	3,719.91					-	3,719.91
		5,758.64	7,091.89	-	-	-	-	-	7,091.89
		5,758.64	9,496.48	-	-	-	-	-	9,496.48

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,732,285.36	$1,862,397.61	$1,732,285.36	$1,732,285.36
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$544.55	$544.55	$544.55	$544.55
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$438.38	$438.38	$438.38	$438.38
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$117,235.21	$121,195.21	$117,235.21	$117,235.21
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$127,723.18	$146,572.59	$127,723.18	$127,723.18
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$88,484.63	$100,029.72	$88,484.63	$88,484.63
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$93,793.37	$93,793.37	$93,793.37	$93,793.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$52,784.38	$52,784.38	$52,784.38	$52,784.38
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$80,459.33	$83,462.15	$80,459.33	$80,459.33
*4551 CAL CO INDIGENT HEALTHCARE	$9,658.74	$9,658.74	$9,658.74	$9,658.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,774.78	$4,798.78	$4,774.78	$4,774.78
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$7,191.89	$7,351.89	$7,191.89	$7,191.89
*5506 MMC -NH BETHANY SENIOR LIVING	$134,308.61	$144,392.39	$134,308.61	$134,308.61
*3407 MMC -NH TUSCANY VILLAGE	$292,651.07	$293,612.73	$292,651.07	$292,651.07
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$111,724.68	$111,724.68	$111,724.68	$111,724.68
Total Balance	**$2,854,158.16**	**$3,032,857.17**	**$2,854,158.16**	**$2,854,158.16**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/3/2024

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		107,036.32	191,945.70	377,560.45	-	-	-	292,651.07	292,551.07
							Bank Balance	292,651.07	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 292,551.07

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 6/3/2024

APPROVED ON
JUN 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
5/31/2024	Added to Account	-	211.30					-	211.30
5/31/2024	Check 1155	28,617.70	-					-	-
5/31/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000119	-	15,903.41					-	15,903.41
5/30/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	54,433.05	-					-	-
5/30/2024	HNB - ECHO HCCLAIMPMT 746003411 440000286978	-	7,919.21					-	7,919.21
5/30/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000155	-	52,003.47					-	52,003.47
5/29/2024	Deposit	-	8,681.12					-	8,681.12
5/29/2024	Deposit	-	13,500.00					-	13,500.00
5/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000270943	-	8,414.16					-	8,414.16
5/24/2024	wire out village post acute he	108,894.95	-					-	-
5/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233691	-	1,484.85					-	1,484.85
5/24/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233691	-	12,904.98					-	12,904.98
5/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000110	-	256,537.95					-	256,537.95
		191,945.70	377,560.45	-	-	-	-	-	377,560.45

Balances Overview

Account Name				
***4357 MEMORIAL MEDICAL CENTER - OPERATING**	$1,732,285.36	$1,862,397.61	$1,732,285.36	$1,732,285.36
***4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014**	$544.55	$544.55	$544.55	$544.55
***4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING**	$438.38	$438.38	$438.38	$438.38
***4381 MEMORIAL MEDICAL CENTER / NH ASHFORD**	$117,235.21	$121,195.21	$117,235.21	$117,235.21
***4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR**	$127,723.18	$146,572.59	$127,723.18	$127,723.18
***4411 MEMORIAL MEDICAL CENTER / NH CRESCENT**	$88,484.63	$100,029.72	$88,484.63	$88,484.63
***4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON**	$93,793.37	$93,793.37	$93,793.37	$93,793.37
***4446 MEMORIAL MEDICAL CENTER / NH FORT BEND**	$52,784.38	$52,784.38	$52,784.38	$52,784.38
***4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE**	$80,459.33	$83,462.15	$80,459.33	$80,459.33
***4551 CAL CO INDIGENT HEALTHCARE**	$9,658.74	$9,658.74	$9,658.74	$9,658.74
***5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY**	$4,774.78	$4,798.78	$4,774.78	$4,774.78
***5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID**	$7,191.89	$7,351.89	$7,191.89	$7,191.89
***5506 MMC -NH BETHANY SENIOR LIVING**	$134,308.61	$144,392.39	$134,308.61	$134,308.61
***3407 MMC -NH TUSCANY VILLAGE**	$292,651.07	$293,612.73	$292,651.07	$292,651.07
***3660 MMC -BETHANY SR LIVING - DACA**	$100.00	$100.00	$100.00	$100.00
***2998 MMC -MONEY MARKET FUND**	$111,724.68	$111,724.68	$111,724.68	$111,724.68
Total Balance	**$2,854,158.16**	**$3,032,857.17**	**$2,854,158.16**	**$2,854,158.16**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/3/2024

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		423,302.44	555,788.56	266,794.73			-	134,308.61	133,700.40
							Bank Balance	134,308.61	
							Variance	-	
							Leave in Balance	100.00	

April Interest	194.41
May Interest	313.80
June Interest	
Adjust Balance/Transfer Amt	133,700.40

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 6/3/2024

APPROVED ON

JUN 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bethany Senior Living		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5/31/2024	Added to Account	-	313.80					-	313.80
5/31/2024	HOSPICE OF SOUTH Payments NF 113122650069153	-	3,358.39					-	3,358.39
5/31/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,170.12					-	2,170.12
5/30/2024	WIRE OUT PORT LAVACA NH, LLC	132,780.53	-					-	-
5/30/2024	WIRE OUT PORT LAVACA NH, LLC	180,243.62	-					-	-
5/30/2024	Deposit	-	103,346.57					-	103,346.57
5/30/2024	Deposit	-	44,509.55					-	44,509.55
5/30/2024	Deposit	-	7,475.95					-	7,475.95
5/30/2024	Deposit	-	29,579.09					-	29,579.09
5/30/2024	Deposit	-	9,136.68					-	9,136.68
5/29/2024	Check 1042	71,807.82	-					-	-
5/29/2024	Check 1043	38,176.06	-					-	-
5/28/2024	NDC SWEEP FAC K236 31316965142696 SWEEP FR	-	4,942.60					-	4,942.60
5/28/2024	HNB - ECHO HCCLAIMPMT 746003411 440000270531	-	103.00					-	103.00
5/24/2024	WIRE OUT PORT LAVACA NH, LLC	132,780.53	-					-	-
5/24/2024	Deposit	-	9,791.40					-	9,791.40
5/24/2024	Deposit	-	23,910.91					-	23,910.91
5/24/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000110	-	23,133.65					-	23,133.65
5/24/2024	HOSPICE OF SOUTH Payments NF 113122650037252	-	1,892.41					-	1,892.41
5/24/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	3,130.61					-	3,130.61
		555,788.56	266,794.73	-	-	-	-	-	266,794.73

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,732,285.36	$1,862,397.61	$1,732,285.36	$1,732,285.36
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	$544.55	$544.55	$544.55	$544.55
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	$438.38	$438.38	$438.38	$438.38
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	$117,235.21	$121,195.21	$117,235.21	$117,235.21
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$127,723.18	$146,572.59	$127,723.18	$127,723.18
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$88,484.63	$100,029.72	$88,484.63	$88,484.63
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$93,793.37	$93,793.37	$93,793.37	$93,793.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$52,784.38	$52,784.38	$52,784.38	$52,784.38
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$80,459.33	$83,462.15	$80,459.33	$80,459.33
*4551 CAL CO INDIGENT HEALTHCARE	$9,658.74	$9,658.74	$9,658.74	$9,658.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$4,774.78	$4,798.78	$4,774.78	$4,774.78
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$7,191.89	$7,351.89	$7,191.89	$7,191.89
*5506 MMC -NH BETHANY SENIOR LIVING	$134,308.61	$144,392.39	$134,308.61	$134,308.61
*3407 MMC -NH TUSCANY VILLAGE	$292,651.07	$293,612.73	$292,651.07	$292,651.07
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$111,724.68	$111,724.68	$111,724.68	$111,724.68
Total Balance	**$2,854,158.16**	**$3,032,857.17**	**$2,854,158.16**	**$2,854,158.16**

Golden Creek ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 6/3/2024

APPROVED ON
JUN 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#000212

FOR ACCT USE ONLY

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

AMOUNT: $ 65.40 ✓

G/L NUMBER: 10255040

EXPLANATION: MMC patient claim money was deposited in their account ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

6/3/24

Gulf Pointe Private Pay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 6/3/2024

APPROVED ON
JUN 03 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 111le

FOR ACCT USE ONLY

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

AMOUNT: $ 218.13

G/L NUMBER: 10255040

EXPLANATION: MMC patient claim money was deposited in their account

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea Del Santos

6/3/24

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

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

MP

000212

88-2265/1131

Date 6-13-24

PAY
TO THE ORDER OF MMC Operating | $ 65. 40/100

Sixty-Five dollars 3 40/100 **DOLLARS**

PROSPERITY BANK

county auditor

MP
county treasurer
Security features are included. Details on back

FOR Claims payment

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY
361-553-4618
1815 N VIRGINIA ST
PORT LAVACA, TX 77979

1116

88-2265/1131-87

DATE 6-13-24

CHECK ADVISOR

PAY
TO THE ORDER OF Memorial Medical Center | $ 218 13/100

Two hundred eighteen dollars 3 13/100 DOLLARS

Photo Safe Deposit Details on back

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

county auditor

MP
county treasurer

FOR Claim Payment

TEXNET Electronic Payment Network — Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #[redacted]

Texas Health and Human Services Commission
Memorial Medical Center Operating County
746003411

Payment Total	$120,538.00
Bank Routing and Account Number	[redacted]
Settlement Date	6/18/2024 ✓
CHIRP Amount	$120,538.00 ✓
Entered By	Andrew De Los Santos

Andrew De Los Santos
6/3/24

Run Date: 6/3/2024
Run Time: 09:33:16