MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 12, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	684,787.02 ✓
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	796,706.84 ✓
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED June 12, 2024	$	1,481,493.86 ✓

APPROVED

JUN 12 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 12, 2024

PAYABLES AND PAYROLL			
6/6/2024	Weekly Payables	450,233.92	
6/10/2024	HEB credit receivables	1,885.76	
6/10/2024	Health Equity - Wage Works employee FSA	11,764.64	
6/10/2024	McKesson-340B Prescription Expense	13,194.38	
6/10/2024	Amerisource Bergen-340B Prescription Expense	1,057.55	
	Prosperity Electronic Bank Payments		
6/10/2024	90 Degree Benefits - employee insurance claims	4,093.57	
6/10/2024	Credit Card Fees	739.73	
6/10/2024	Authnet Gateway Billing-3rd Party Payor Fee	33.80	
6/10/2024	TCDRS May Retirement	199,936.91	
6/10/2024	Pay Plus-Patient Claims Processing Fee	1,120.01	
6/10/2024	FDMS Payment	562.95	
6/10/2024	Clearage - Patient Financing Fee	109.00	
6/10/2024	Amerisource Bergen - Overage	54.80	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 684,787.02**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
6/10/2024	Nursing Home UPL-Cantex Transfer	461,949.63	
6/10/2024	Nursing Home UPL-Nexion Transfer	151,050.07	
6/10/2024	Nursing Home UPL-HMG Transfer	49,013.56	
6/10/2024	Nursing Home UPL-Tuscany Transfer	75,427.41	
6/10/2024	Nursing Home UPL-HSL Transfer	51,856.73	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
6/10/2024	Golden Creek to Tuscany Village - Tuscany Village Claim payment deposited into Golden Cre	909.44	
6/10/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	6,500.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 796,706.84**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED June 12, 2024			**$ 1,481,493.86**

RECEIVED BY THE COUNTY AUDITOR ON

JUN 0 6 2024

06/06/2024 16:42

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/28/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053124		05/31/202	05/31/202	06/25/202			893.69	0.00	0.00	893.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	893.69	0.00	0.00	893.69

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1849		06/06/202	06/20/202	06/20/202			1,650.00	0.00	0.00	1,650.00

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

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9150396703		05/31/202	05/31/202	06/25/202			2,587.69	0.00	0.00	~~2,587.69~~
	OXYGEN									Sales Tax Inc'd 2,580.41
5508427635		06/05/202	05/31/202	06/25/202			286.11	0.00	0.00	286.11
	CYLINDER RENTAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	2,873.80	0.00	0.00	2,873.80

Vendor#	Vendor Name	Class	Pay Code
A1748	AMERICAN CATHETER CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
47992		05/31/202	05/29/202	06/20/202			814.39	0.00	0.00	814.39
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1748	AMERICAN CATHETER CORPORATION	814.39	0.00	0.00	814.39

Vendor#	Vendor Name	Class	Pay Code
15456	AMERITEX ELEVATOR SERVICES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20241430		05/31/202	06/01/202	06/20/202			750.00	0.00	0.00	750.00
	MAINTENANCE CONTR Elevator Maint.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR SERVICES INC	750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
B1220	BECKMAN COULTER INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4535542		06/04/202	06/03/202	06/28/202			1,484.00	0.00	0.00	1,484.00
	SERVICE CHARGE									
5488999		06/06/202	06/01/202	06/24/202			1,337.05	0.00	0.00	1,337.05
	LEASE CHARGE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	2,821.05	0.00	0.00	2,821.05

Vendor#	Vendor Name	Class	Pay Code
11072	BIO-RAD LABORATORIES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907265442		05/28/202	05/07/202	05/28/202			3,749.16	0.00	0.00	3,749.16
	SUPPLIES									
907303826		05/31/202	05/21/202	06/04/202			371.67	0.00	0.00	371.67

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	4,120.83	0.00	0.00	4,120.83

Vendor#	Vendor Name	Class	Pay Code
14753	BIOMERIEUX, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1219079367		05/26/202	01/09/202	02/09/202			-514.71	0.00	0.00	-514.71
	SUPPLIES									
1219086129		05/26/202	04/24/202	05/24/202			-153.45	0.00	0.00	-153.45
	-153.45									
1213272812		05/31/202	05/31/202	06/22/202			10,016.77	0.00	0.00	10,016.77
	SUPPLIES									
1219086130		06/06/202	04/24/202	05/20/202			-153.45	0.00	0.00	-153.45
	CREDIT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14753	BIOMERIEUX, INC	9,195.16	0.00	0.00	9,195.16

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
8003524715		05/31/202	05/15/202	06/09/202			497.30	0.00	0.00	497.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	497.30	0.00	0.00	497.30

Vendor#	Vendor Name	Class	Pay Code
14236	CARRIER CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90367570		05/26/202	05/22/202	06/01/202			12,830.00	0.00	0.00	12,830.00
	CHILLER RENTAL 022624-032424									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14236	CARRIER CORPORATION	12,830.00	0.00	0.00	12,830.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RH71932		05/31/202	05/15/202	06/14/202			161.87	0.00	0.00	161.87
	SUPPLIES									
RM25191A		05/31/202	05/24/202	06/23/202			4,076.79	0.00	0.00	4,076.79
	COMP PARTS									
RM23704		06/04/202	05/24/202	06/23/202			12,601.29	0.00	0.00	12,601.29
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	16,839.95	0.00	0.00	16,839.95

Vendor#	Vendor Name	Class	Pay Code
C1390	CENTRAL DRUG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1219079367		05/26/202	05/26/202	06/25/202			33.95	0.00	0.00	33.95
	INVENTORY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG	33.95	0.00	0.00	33.95

Vendor#	Vendor Name	Class	Pay Code
11202	CFI MECHANICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SD22729		05/31/202	03/22/202	04/22/202			4,220.00	0.00	0.00	4,220.00
	ANNUAL INSPECTION									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11202	CFI MECHANICAL INC	4,220.00	0.00	0.00	4,220.00

Vendor#	Vendor Name	Class	Pay Code

C1166 COASTAL OFFICE SOLUTONS W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT270421		05/31/202	05/29/202	06/08/202			84.62	0.00	0.00	84.62
	SUPPLIES Business Cards									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
C1166	COASTAL OFFICE SOLUTONS	84.62	0.00	0.00	84.62

Vendor# 11030 Vendor Name: COMBINED INSURANCE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060124		05/31/202	06/01/202	06/01/202			501.72	0.00	0.00	501.72
	INSURANCE									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
11030	COMBINED INSURANCE	501.72	0.00	0.00	501.72

Vendor# 12044 Vendor Name: CULLIGAN ULTRAPURE INC. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1430270305312024		06/06/202	05/31/202	06/22/202			34.65	0.00	0.00	34.65
	WATER									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
12044	CULLIGAN ULTRAPURE INC.	34.65	0.00	0.00	34.65

Vendor# 15212 Vendor Name: DANIELLE KALISEK Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060624		05/31/202	05/31/202	06/06/202			48.12	0.00	0.00	48.12
	FOOD SUPPLIES FOR DIETARY									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
15212	DANIELLE KALISEK	48.12	0.00	0.00	48.12

Vendor# 10368 Vendor Name: DEWITT POTH & SON Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7565350		05/28/202	05/20/202	06/14/202			881.24	0.00	0.00	881.24
	SUPPLIES									
7549160		05/31/202	05/07/202	06/01/202			42.57	0.00	0.00	42.57
	SUPPLIES									
7553940		05/31/202	05/13/202	06/07/202			547.94	0.00	0.00	547.94
	SUPPLIES									
7422340		06/04/202	01/10/202	02/04/202			168.09	0.00	0.00	168.09
7480830		06/04/202	03/05/202	03/30/202			273.65	0.00	0.00	273.65
	SUPPLIES									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON	1,913.49	0.00	0.00	1,913.49

Vendor# 11011 Vendor Name: DIAMOND HEALTHCARE CORP Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056242		05/31/202	05/31/202	06/25/202			19,166.67	0.00	0.00	19,166.67
	CPR May 2024									
IN2005621		05/31/202	06/01/202	06/26/202			31,144.58	0.00	0.00	31,144.58
	BEH HEALTH May 2024									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
11011	DIAMOND HEALTHCARE CORP	50,311.25	0.00	0.00	50,311.25

Vendor# 10789 Vendor Name: DISCOVERY MEDICAL NETWORK INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC053124		06/06/202	05/31/202	06/01/202			94,896.88	0.00	0.00	94,896.88
	PRO FEES CLIN									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10789	DISCOVERY MEDICAL NETWORK INC	94,896.88	0.00	0.00	94,896.88

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
29339	PEST CONTROL	06/06/202	05/30/202	06/24/202			105.00	0.00	0.00	105.00
29340	PEST CONTROL	06/06/202	05/30/202	06/24/202			160.00	0.00	0.00	160.00
29299	PEST CONTROL	06/06/202	05/30/202	06/24/202			260.00	0.00	0.00	260.00
29313	PEST CONTROL	06/06/202	05/30/202	06/24/202			505.00	0.00	0.00	505.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11291	DOWELL PEST CONTROL	1,030.00	0.00	0.00	1,030.00

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43260	ER PHYSICIANS 10th, 60m	05/31/202	05/31/202	06/22/202			40,062.50	0.00	0.00	40,062.50

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
14336	FIRETRON, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
248467	MISC REPAIR	05/28/202	01/31/202	03/01/202			1,150.00	0.00	0.00	1,150.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14336	FIRETRON, INC	1,150.00	0.00	0.00	1,150.00

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
2517787	SUPPLIES	05/21/202	05/22/202	06/22/202			307.16	0.00	0.00	307.16
2625436	SUPPLIES	05/28/202	05/28/202	06/22/202			1,405.89	0.00	0.00	1,405.89
2625435	SUPPLIES	05/28/202	05/28/202	06/22/202			1,248.36	0.00	0.00	1,248.36
2443361	SUPPLIES	05/31/202	05/20/202	06/14/202			1,226.57	0.00	0.00	1,226.57
2443362	SUPPLIES	05/31/202	05/20/202	06/14/202			199.41	0.00	0.00	199.41
2443363	SUPPLIES	05/31/202	05/20/202	06/14/202			509.80	0.00	0.00	509.80
2480214	SUPPLIES	05/31/202	05/21/202	06/15/202			529.35	0.00	0.00	529.35
2480213	SUPPLIES	05/31/202	05/21/202	06/15/202			397.12	0.00	0.00	397.12
2480215	SUPPLIES	05/31/202	05/21/202	06/15/202			2,909.54	0.00	0.00	2,909.54
2554949	SUPPLIES	05/31/202	05/23/202	06/22/202			473.18	0.00	0.00	473.18
2554948	SUPPLIES	05/31/202	05/23/202	06/22/202			324.55	0.00	0.00	324.55
2702653	SUPPLIES	06/04/202	05/30/202	06/24/202			901.85	0.00	0.00	901.85

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					10,432.78	0.00	0.00	10,432.78
Vendor#	Vendor Name				Class	Pay Code				
13148	GRACE FLOORING AND GLASS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	3744		06/06/202	06/06/202	06/06/202		265.00	0.00	0.00	265.00
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13148	GRACE FLOORING AND GLASS					265.00	0.00	0.00	265.00
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
	2539235		05/31/202	05/28/202	06/27/202		48.54	0.00	0.00	48.54
		SUPPLIES								
	2539240		05/31/202	05/28/202	06/27/202		857.61	0.00	0.00	857.61
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					906.15	0.00	0.00	906.15
Vendor#	Vendor Name				Class	Pay Code				
10334	HEALTH CARE LOGISTICS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	309479267		05/31/202	05/21/202	06/15/202		153.00	0.00	0.00	153.00
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC					153.00	0.00	0.00	153.00
Vendor#	Vendor Name				Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	050324		05/31/202	05/31/202	06/20/202		4,250.00	0.00	0.00	4,250.00
		DIETICIAN SRVCS								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS					4,250.00	0.00	0.00	4,250.00
Vendor#	Vendor Name				Class	Pay Code				
14872	HOLLAND & KNIGHT LLP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	33375083		05/31/202	05/08/202	06/08/202		877.50	0.00	0.00	877.50
		LEGAL SERVICES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14872	HOLLAND & KNIGHT LLP					877.50	0.00	0.00	877.50
Vendor#	Vendor Name				Class	Pay Code				
11285	ITA RESOURCES INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MMC62024		05/31/202	06/01/202	06/21/202		28,419.89	0.00	0.00	28,419.89
		RESP PRO FEES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC					28,419.89	0.00	0.00	28,419.89
Vendor#	Vendor Name				Class	Pay Code				
11108	ITERSOURCE CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	711767		06/06/202	06/01/202	06/02/202		250.00	0.00	0.00	250.00
		MONTHLY PHONE SUPPORT								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION					250.00	0.00	0.00	250.00
Vendor#	Vendor Name				Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

938393106		05/15/202 05/07/202 06/06/202			2,615.47	0.00	0.00	2,615.47
	SUPPLIES							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC			2,615.47	0.00	0.00	2,615.47
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
32580656		05/21/202	05/21/202	05/21/202		1,054.00	0.00	0.00	1,054.00
	SUPPLIES							
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	K0530	KCI USA				1,054.00	0.00	0.00	1,054.00
Vendor#	Vendor Name			Class	Pay Code			
10972	M G TRUST							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
053024		06/06/202	05/30/202	05/30/202		895.00	0.00	0.00	895.00
	INSURANCE								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10972	M G TRUST				895.00	0.00	0.00	895.00
Vendor#	Vendor Name			Class	Pay Code				
15200	MANAGED CARE PARTNERS INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
6417		06/06/202	06/01/202	06/01/202		500.00	0.00	0.00	500.00
	PRO FEES June 2024								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	15200	MANAGED CARE PARTNERS INC.				500.00	0.00	0.00	500.00
Vendor#	Vendor Name			Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
22150151		05/29/202	05/28/202	06/12/202		2,247.90	0.00	0.00	2,247.90
	SUPPLIES								
22157091		05/29/202	05/28/202	06/12/202		244.40	0.00	0.00	244.40
	SUPPLIES								
22161955		05/31/202	05/29/202	06/13/202		65.66	0.00	0.00	65.66
	SUPPLIES								
22167283		05/31/202	05/30/202	06/15/202		30.07	0.00	0.00	30.07
22176294		05/31/202	05/31/202	06/22/202		735.09	0.00	0.00	735.09
	SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				3,323.12	0.00	0.00	3,323.12
Vendor#	Vendor Name			Class	Pay Code				
11612	MEDICAL AIR SERVICES ASSOC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1835599		05/31/202	06/24/202	06/24/202		1,814.00	0.00	0.00	1,814.00
	INSURANCE								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.				1,814.00	0.00	0.00	1,814.00
Vendor#	Vendor Name			Class	Pay Code				
11141	MEDICAL DATA SYSTEMS, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
192605		06/06/202	05/31/202	06/25/202		53.51	0.00	0.00	53.51
	BUS SERV								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.				53.51	0.00	0.00	53.51
Vendor#	Vendor Name			Class	Pay Code				
12588	MEDICAL TECHNOLOGY ASSOCIATES								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV239107		05/28/202	05/28/202	06/22/202			1,520.00	0.00	0.00	1,520.00
	LABOR CHARGES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12588	MEDICAL TECHNOLOGY ASSOCIATES					1,520.00	0.00	0.00	1,520.00

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
2320686202		05/15/202	05/29/202	06/23/202			66.39	0.00	0.00	66.39
	SUPPLIES									
2320686201		05/15/202	05/29/202	06/23/202			664.06	0.00	0.00	664.06
	SUPPLIES									
2320686203		05/15/202	05/29/202	06/23/202			26.41	0.00	0.00	26.41
	SUPPLIES									
2320686204		05/15/202	05/29/202	06/23/202			105.31	0.00	0.00	105.31
	SUPPLIES									
2320686200		05/15/202	05/29/202	06/23/202			374.73	0.00	0.00	374.73
	SUPPLIES									
2320686205		05/15/202	05/29/202	06/23/202			460.81	0.00	0.00	460.81
	SUPPLIES									
2320318413		05/28/202	05/24/202	06/18/202			1,296.01	0.00	0.00	1,296.01
	SUPPLIES									
2320578503		05/28/202	05/28/202	06/22/202			8.92	0.00	0.00	8.92
	SUPPLIES									
1703246011		05/31/202	05/25/202	06/19/202			493.09	0.00	0.00	493.09
	INTEREST									
2321120745		05/31/202	05/31/202	06/22/202			46.40	0.00	0.00	46.40
	SUPPLIES									
2321220224		06/03/202	06/03/202	06/22/202			69.02	0.00	0.00	69.02
	SUPPLIES									
2321220226		06/03/202	06/03/202	06/22/202			60.14	0.00	0.00	60.14
	SUPPLIES									
2321220225		06/03/202	06/03/202	06/28/202			83.98	0.00	0.00	83.98
	SUPPLIES									
1703245695		06/05/202	05/25/202	06/19/202			8.31	0.00	0.00	8.31
	INTEREST									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					3,763.58	0.00	0.00	3,763.58

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053024		05/31/202	05/30/202	05/30/202			150.00	0.00	0.00	150.00
	COPAYS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					150.00	0.00	0.00	150.00

Vendor#	Vendor Name	Class	Pay Code
M2685	MICROTEK MEDICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6344558032		05/31/202	03/28/202	04/27/202			265.12	0.00	0.00	265.12
	SUPPLIES									
6345346699		05/31/202	05/07/202	06/04/202			485.66	0.00	0.00	485.66
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2685	MICROTEK MEDICAL INC					750.78	0.00	0.00	750.78

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
2029538	INVENTORY	05/26/202	05/24/202	06/03/202			4,699.30	0.00	0.00	4,699.30
SC5290	INVENTORY	05/26/202	05/28/202	06/07/202			17.08	0.00	0.00	17.08
SC5291	INVENTORY	05/26/202	05/28/202	06/07/202			103.36	0.00	0.00	103.36
2043445	INVENTORY	05/26/202	05/29/202	06/08/202			73.63	0.00	0.00	73.63
2042025	INVENTORY	05/26/202	05/29/202	06/08/202			11,744.52	0.00	0.00	11,744.52
2044455	INVENTORY	05/26/202	05/29/202	06/08/202			814.13	0.00	0.00	814.13
2043645	INVENTORY	05/26/202	05/29/202	06/08/202			205.83	0.00	0.00	205.83
2044454	INVENTORY	05/26/202	05/29/202	06/08/202			62.12	0.00	0.00	62.12
2047004	INVENTORY	05/26/202	05/30/202	06/09/202			4,699.30	0.00	0.00	4,699.30
2047645	INVENTORY	05/26/202	05/30/202	06/09/202			3,509.00	0.00	0.00	3,509.00
2050012	INVENTORY	05/26/202	05/30/202	06/09/202			310.77	0.00	0.00	310.77
2050011	INVENTORY	05/26/202	05/30/202	06/09/202			16.60	0.00	0.00	16.60
2052176	INVENTORY	05/26/202	05/31/202	06/10/202			3,965.24	0.00	0.00	3,965.24
2056581	INVENTORY	05/26/202	06/02/202	06/12/202			1,153.09	0.00	0.00	1,153.09
2056580	INVENTORY	05/26/202	06/02/202	06/12/202			127.01	0.00	0.00	127.01
CM28671A		05/31/202	05/28/202	06/07/202			-38.64	0.00	0.00	-38.64
CM2862A	CREDIT	05/31/202	05/28/202	06/07/202			-546.57	0.00	0.00	-546.57
CM28923A	CREDIT	05/31/202	05/29/202	06/08/202			-122.09	0.00	0.00	-122.09
1852712	INVENTORY	06/05/202	04/09/202	04/19/202			599.38	0.00	0.00	599.38
1937279	INVENTORY	06/05/202	04/30/202	05/10/202			64.27	0.00	0.00	64.27
2025072	INVENTORY	06/05/202	05/23/202	06/02/202			7.00	0.00	0.00	7.00
2025073	INVENTORY	06/05/202	05/23/202	06/02/202			1.46	0.00	0.00	1.46
2033893	INVENTORY	06/05/202	05/27/202	06/06/202			1,657.35	0.00	0.00	1,657.35
2035267	INVENTORY	06/05/202	05/27/202	06/06/202			347.09	0.00	0.00	347.09
2033984	INVENTORY	06/05/202	05/27/202	06/06/202			332.86	0.00	0.00	332.86
2039694	INVENTORY	06/05/202	05/28/202	06/07/202			11,231.80	0.00	0.00	11,231.80
2037179	INVENTORY	06/05/202	05/28/202	06/07/202			28.73	0.00	0.00	28.73
2039695		06/05/202	05/28/202	06/07/202			3,889.06	0.00	0.00	3,889.06

INVENTORY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	48,952.68	0.00	0.00	48,952.68

Vendor# 13548 — Vendor Name: NACOGDOCHES TRANSCRIPTION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8391		06/05/202	05/28/202	06/07/202			124.18	0.00	0.00	124.18

5/11/24 - 5/24/24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	124.18	0.00	0.00	124.18

Vendor# 10188 — Vendor Name: NATUS MEDICAL INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1041600230		05/28/202	05/16/202	06/10/202			614.06	0.00	0.00	614.06

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10188	NATUS MEDICAL INC	614.06	0.00	0.00	614.06

Vendor# 11256 — Vendor Name: NOVITAS SOLUTIONS - PART A — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2023CR		06/06/202	06/06/202	06/06/202			18,218.00	0.00	0.00	18,218.00
	COST REPORT 2023									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11256	NOVITAS SOLUTIONS - PART A	18,218.00	0.00	0.00	18,218.00

Vendor# O1500 — Vendor Name: OLYMPUS AMERICA INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36330359		06/04/202	06/03/202	06/28/202			281.80	0.00	0.00	281.80
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	281.80	0.00	0.00	281.80

Vendor# 14764 — Vendor Name: PL-CPR, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
317		06/05/202	06/04/202	06/04/202			225.00	0.00	0.00	225.00
	PALS	Class w/ BLS								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14764	PL-CPR, LLC	225.00	0.00	0.00	225.00

Vendor# P2200 — Vendor Name: POWER HARDWARE — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053124		05/31/202	05/31/202	06/10/202			171.14	0.00	0.00	171.14
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	171.14	0.00	0.00	171.14

Vendor# 10372 — Vendor Name: PRECISION DYNAMICS CORP (PDC) — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9356303837		05/20/202	05/23/202	06/22/202			136.24	0.00	0.00	136.24
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	136.24	0.00	0.00	136.24

Vendor# 15196 — Vendor Name: PROVATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INVPVM52179		05/20/202	05/29/202	06/28/202			1,867.74	0.00	0.00	1,867.74

SUPPLIES

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15196	PROVATION	1,867.74	0.00	0.00	1,867.74

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0847001337593	WASTE DISPOSAL	06/05/202	05/26/202	06/15/202			1,899.30	0.00	0.00	1,899.30

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10554	REPUBLIC SERVICES #847	1,899.30	0.00	0.00	1,899.30

Vendor# 11764 — Vendor Name: ROBERT RODRIQUEZ — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060524	FOOD SUPPLIES	05/31/202	06/05/202	06/05/202			71.12	0.00	0.00	71.12

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11764	ROBERT RODRIQUEZ	71.12	0.00	0.00	71.12

Vendor# 10936 — Vendor Name: SIEMENS FINANCIAL SERVICES — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
~~33875083~~ 563824000505064	LEASE	06/05/202	05/30/202	06/19/202			1,333.33	0.00	0.00	1,333.33

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10936	SIEMENS FINANCIAL SERVICES	1,333.33	0.00	0.00	1,333.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116552061	LUMINOS AGILE MAX Contract 5/24/24 - 6/23/24	06/05/202	05/24/202	06/20/202			3,507.72	0.00	0.00	3,507.72

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
S2001	SIEMENS MEDICAL SOLUTIONS INC	3,507.72	0.00	0.00	3,507.72

Vendor# 14716 — Vendor Name: SINGLETON ASSOCIATES PA — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5145	FORMOSA	05/31/202	05/14/202	06/14/202			185.47	0.00	0.00	185.47
10545	MMC SELF PAY	05/31/202	05/14/202	06/14/202			460.25	0.00	0.00	460.25
10546	MMC SELF PAY	05/31/202	05/29/202	06/20/202			619.44	0.00	0.00	619.44
5314	MMC DOW UC	05/31/202	05/29/202	06/20/202			11.00	0.00	0.00	11.00
5534	TD TIM	05/31/202	05/29/202	06/20/202			136.22	0.00	0.00	136.22
5963	SEADRIFT	05/31/202	05/30/202	06/20/202			30.19	0.00	0.00	30.19
5146	FORMOSA	05/31/202	05/30/202	06/20/202			294.57	0.00	0.00	294.57
5228	MMC QUALITY CTRL	05/31/202	05/30/202	06/24/202			10.91	0.00	0.00	10.91
5533A	FORMOSA	05/31/202	05/31/202	05/31/202			135.89	0.00	0.00	135.89

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14716	SINGLETON ASSOCIATES PA	1,883.94	0.00	0.00	1,883.94

Vendor# 14868 — Vendor Name: SINGLETON ASSOCIATES, P.A. — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
246053124001		06/05/202	06/03/202	06/20/202			10,986.65	0.00	0.00	10,986.65
	MNTHLY ONSITE SVCS May 2024									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14868	SINGLETON ASSOCIATES, P.A.					10,986.65	0.00	0.00	10,986.65

Vendor#	Vendor Name	Class	Pay Code
12472	SOMETHING MORE MEDIA, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2198		05/31/202	05/29/202	06/13/202			2,525.00	0.00	0.00	2,525.00
	ADVERTISING									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12472	SOMETHING MORE MEDIA, INC.					2,525.00	0.00	0.00	2,525.00

Vendor#	Vendor Name	Class	Pay Code
12288	SPBS CLINICAL EQUIPMENT SRVC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050000624		05/31/202	06/01/202	06/06/202			9,836.92	0.00	0.00	9,836.92
	CONTRACT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC					9,836.92	0.00	0.00	9,836.92

Vendor#	Vendor Name	Class	Pay Code
10094	ST DAVIDS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL202404		06/05/202	05/31/202	06/20/202			375.00	0.00	0.00	375.00
	APR 24 CONECTIVITY FEE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE					375.00	0.00	0.00	375.00

Vendor#	Vendor Name	Class	Pay Code
10845	STAPLES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6003608312		05/31/202	05/31/202	06/22/202			43.98	0.00	0.00	43.98
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10845	STAPLES					43.98	0.00	0.00	43.98

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12421981		05/31/202	05/23/202	06/17/202			1,195.11	0.00	0.00	1,195.11
	SUPPLIES									
12423555		05/31/202	05/23/202	06/17/202			189.88	0.00	0.00	189.88
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION					1,384.99	0.00	0.00	1,384.99

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9206146114		05/08/202	06/06/202	06/06/202			2,987.22	0.00	0.00	2,987.22
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP					2,987.22	0.00	0.00	2,987.22

Vendor#	Vendor Name	Class	Pay Code
14212	SURGICAL DIRECT SOUTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9338		05/29/202	05/28/202	06/27/202			4,200.00	0.00	0.00	4,200.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH					4,200.00	0.00	0.00	4,200.00

Vendor#	Vendor Name	Class	Pay Code
T2204	TEXAS MUTUAL INSURANCE CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1005775612	WORKERS COMP	06/06/202	05/31/202	06/20/202			10.00	0.00	0.00	10.00
1005791609	WORKERS COMP	06/06/202	06/05/202	06/25/202			4,611.00	0.00	0.00	4,611.00

Payroll Report 5/1/24 - 6/1/24

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	4,621.00	0.00	0.00	4,621.00

Vendor#	Vendor Name	Class	Pay Code
11424	TMHP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CR2023	COST REPORT 2023	06/06/202	06/06/202	06/06/202			8,998.00	0.00	0.00	8,998.00

Medicaid Program

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11424	TMHP	8,998.00	0.00	0.00	8,998.00

Vendor#	Vendor Name	Class	Pay Code
11908	TMS SOUTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV122910	SUPPLIES	05/28/202	05/23/202	06/22/202			287.92	0.00	0.00	287.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11908	TMS SOUTH	287.92	0.00	0.00	287.92

Vendor#	Vendor Name	Class	Pay Code
13616	TRIOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI86215	FEE FREIGHT	05/31/202	05/21/202	06/05/202			70.26	0.00	0.00	70.26

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	70.26	0.00	0.00	70.26

Vendor#	Vendor Name	Class	Pay Code
15484	U S DEPARTMENT OF THE TREASURY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
L44757724	MAMMO LIC PYMT	06/05/202	06/01/202	06/01/202			1,097.97	0.00	0.00	1,097.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15484	U S DEPARTMENT OF THE TREASURY	1,097.97	0.00	0.00	1,097.97

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921033618	LAUNDRY	05/31/202	05/30/202	06/24/202			34.04	0.00	0.00	34.04
2921033615	LAUNDRY	05/31/202	05/30/202	06/24/202			131.33	0.00	0.00	131.33
1043880	LAUNDRY	05/31/202	05/30/202	06/24/202			113.45	0.00	0.00	113.45
2921033621	LAUNDRY	05/31/202	05/30/202	06/24/202			227.09	0.00	0.00	227.09
2921033619	LAUNDRY	05/31/202	05/30/202	06/24/202			315.80	0.00	0.00	315.80
2921033617	LAUNDRY	05/31/202	05/30/202	06/24/202			2,449.75	0.00	0.00	2,449.75
2921033616	LAUNDRY	05/31/202	05/30/202	06/24/202			211.31	0.00	0.00	211.31
2921033620	LAUNDRY	05/31/202	05/30/202	06/24/202			282.90	0.00	0.00	282.90

2921033824		06/05/202 06/03/202 06/28/202			102.07	0.00	0.00	102.07
LAUNDRY								
2921033823		06/05/202 06/03/202 06/28/202			2,509.40	0.00	0.00	2,509.40
LAUNDRY								
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			6,377.14	0.00	0.00	6,377.14
Vendor#	Vendor Name			Class	Pay Code			
12400	UPDOX LLC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
INV00504244		05/26/202	05/31/202	06/20/202		1,258.86	0.00	0.00	1,258.86
	FAX								
INV00491063		05/31/202	03/31/202	06/22/202		1,488.14	0.00	0.00	1,488.14
	FAX								
INV00497180		05/31/202	04/30/202	06/22/202		1,307.54	0.00	0.00	1,307.54
	FAX								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	12400	UPDOX LLC				4,054.54	0.00	0.00	4,054.54
Vendor#	Vendor Name			Class	Pay Code				
11280	VICTORIA ADVOCATE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
0333367		06/06/202	05/31/202	05/31/202		28.60	0.00	0.00	28.60
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE				28.60	0.00	0.00	28.60
Vendor#	Vendor Name			Class	Pay Code				
12208	WAGEWORKS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
INV6582933		06/05/202	05/23/202	06/24/202		554.00	0.00	0.00	554.00
	MONTHLY COMPLIANCE/FSA May 2024								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	12208	WAGEWORKS				554.00	0.00	0.00	554.00
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
9111513131		05/20/202	05/29/202	06/23/202		149.10	0.00	0.00	149.10
	SUPPLIES								
9111510371		05/28/202	05/24/202	06/18/202		567.04	0.00	0.00	567.04
	SUPPLIES								
9111516021		06/04/202	06/03/202	06/28/202		1,210.80	0.00	0.00	1,210.80
	SUPPLIES								
9111516020		06/04/202	06/03/202	06/28/202		1,254.03	0.00	0.00	1,254.03
	SUPPLIES								
9111516019		06/04/202	06/03/202	06/28/202		1,210.80	0.00	0.00	1,210.80
	SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC				4,391.77	0.00	0.00	4,391.77
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
INV114048		05/31/202	05/31/202	06/22/202		55.00	0.00	0.00	55.00
	SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES				55.00	0.00	0.00	55.00

APPROVED ON
Report Summary
JUN 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Grand Totals:	Gross	Discount	No-Pay	Net
	451,729.34	0.00	0.00	451,729.34

Chk# 204436 - 204514

451,729.34	+	
2,587.69	-	Incorrect Airgas Inv. Taxinc'd.
2,580.41	+	Correct Airgas Inv. total
451,722.06	◇	
1,488.14	-	Updox inv. removed
450,233.92	◇	

APPROVED ON

JUN 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 10 2024

06/10/2024
11:35

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/29/2024

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB CREDIT RECEIVABLES DEPT308		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4396	FOOD SUPPLIES	05/31/202	05/29/202	06/28/202			1,885.76	0.00	0.00	1,885.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	1,885.76	0.00	0.00	1,885.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,885.76	0.00	0.00	1,885.76

APPROVED ON

JUN 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204465

Ø

RUN DATE:06/11/24 TIME:13:59

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/12/24 THRU 06/12/24

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	204436	06/12/24	893.69	ACE HARDWARE 15521
A/P	204437	06/12/24	1,650.00	ACUTE CARE INC
A/P	204438	06/12/24	2,866.52	AIRGAS USA, LLC - CENTRAL DIV
A/P	204439	06/12/24	814.39	AMERICAN CATHETER CORPORATION
A/P	204440	06/12/24	750.00	AMERITEX ELEVATOR SERVICES INC
A/P	204441	06/12/24	2,821.05	BECKMAN COULTER INC
A/P	204442	06/12/24	4,120.83	BIO-RAD LABORATORIES, INC
A/P	204443	06/12/24	9,195.16	BIOMERIEUX, INC
A/P	204444	06/12/24	497.30	CARDINAL HEALTH 414, INC.
A/P	204445	06/12/24	12,830.00	CARRIER CORPORATION
A/P	204446	06/12/24	16,839.95	CDW GOVERNMENT, INC.
A/P	204447	06/12/24	33.95	CENTRAL DRUG
A/P	204448	06/12/24	4,220.00	CFI MECHANICAL INC
A/P	204449	06/12/24	84.62	COASTAL OFFICE SOLUTONS
A/P	204450	06/12/24	501.72	COMBINED INSURANCE
A/P	204451	06/12/24	34.65	CULLIGAN ULTRAPURE INC.
A/P	204452	06/12/24	48.12	DANIELLE KALISEK
A/P	204453	06/12/24	1,913.49	DEWITT POTH & SON
A/P	204454	06/12/24	50,311.25	DIAMOND HEALTHCARE CORP
A/P	204455	06/12/24	94,896.88	DISCOVERY MEDICAL NETWORK INC
A/P	204456	06/12/24	1,030.00	DOWELL PEST CONTROL
A/P	204457	06/12/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	204458	06/12/24	1,150.00	FIRETRON, INC
A/P	204459	06/12/24	.00	VOIDED
A/P	204460	06/12/24	10,432.78	FISHER HEALTHCARE
A/P	204461	06/12/24	265.00	GRACE FLOORING AND GLASS
A/P	204462	06/12/24	906.15	GULF COAST PAPER COMPANY
A/P	204463	06/12/24	153.00	HEALTH CARE LOGISTICS INC
A/P	204464	06/12/24	4,250.00	HEALTH SOLUTIONS DIETETICS
A/P	204465	06/12/24	1,885.76	HEB CREDIT RECEIVABLES DEPT308
A/P	204466	06/12/24	877.50	HOLLAND & KNIGHT LLP
A/P	204467	06/12/24	28,419.89	ITA RESOURCES INC
A/P	204468	06/12/24	250.00	ITERSOURCE CORPORATION
A/P	204469	06/12/24	2,615.47	J & J HEALTH CARE SYSTEMS, INC
A/P	204470	06/12/24	1,054.00	KCI USA
A/P	204471	06/12/24	895.00	M G TRUST
A/P	204472	06/12/24	500.00	MANAGED CARE PARTNERS INC.
A/P	204473	06/12/24	3,323.12	MCKESSON MEDICAL SURGICAL INC
A/P	204474	06/12/24	1,814.00	MEDICAL AIR SERVICES ASSOC.
A/P	204475	06/12/24	53.51	MEDICAL DATA SYSTEMS, INC.
A/P	204476	06/12/24	1,520.00	MEDICAL TECHNOLOGY ASSOCIATES
A/P	204477	06/12/24	.00	VOIDED
A/P	204478	06/12/24	3,763.58	MEDLINE INDUSTRIES INC
A/P	204479	06/12/24	150.00	MEMORIAL MEDICAL CLINIC
A/P	204480	06/12/24	750.78	MICROTEK MEDICAL INC
A/P	204481	06/12/24	.00	VOIDED
A/P	204482	06/12/24	48,952.68	MORRIS & DICKSON CO, LLC
A/P	204483	06/12/24	124.18	NACOGDOCHES TRANSCRIPTION
A/P	204484	06/12/24	614.06	NATUS MEDICAL INC
A/P	204485	06/12/24	18,218.00	NOVITAS SOLUTIONS - PART A

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	204486	06/12/24	281.80	OLYMPUS AMERICA INC
A/P	204487	06/12/24	225.00	PL-CPR, LLC
A/P	204488	06/12/24	171.14	POWER HARDWARE
A/P	204489	06/12/24	136.24	PRECISION DYNAMICS CORP (PDC)
A/P	204490	06/12/24	1,867.74	PROVATION
A/P	204491	06/12/24	1,899.30	REPUBLIC SERVICES #847
A/P	204492	06/12/24	71.12	ROBERT RODRIQUEZ
A/P	204493	06/12/24	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	204494	06/12/24	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	204495	06/12/24	1,883.94	SINGLETON ASSOCIATES PA
A/P	204496	06/12/24	10,986.65	SINGLETON ASSOCIATES, P.A.
A/P	204497	06/12/24	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	204498	06/12/24	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	204499	06/12/24	375.00	ST DAVIDS HEALTHCARE
A/P	204500	06/12/24	43.98	STAPLES
A/P	204501	06/12/24	1,384.99	STERIS CORPORATION
A/P	204502	06/12/24	2,987.22	STRYKER SALES CORP
A/P	204503	06/12/24	4,200.00	SURGICAL DIRECT SOUTH
A/P	204504	06/12/24	4,621.00	TEXAS MUTUAL INSURANCE CO
A/P	204505	06/12/24	8,998.00	TMHP
A/P	204506	06/12/24	287.92	TMS SOUTH
A/P	204507	06/12/24	70.26	TRIOSE, INC
A/P	204508	06/12/24	1,097.97	U S DEPARTMENT OF THE TREASURY
A/P	204509	06/12/24	6,377.14	UNIFIRST HOLDINGS INC
A/P	204510	06/12/24	2,566.40	UPDOX LLC
A/P	204511	06/12/24	28.60	VICTORIA ADVOCATE
A/P	204512	06/12/24	554.00	WAGEWORKS
A/P	204513	06/12/24	4,391.77	WERFEN USA LLC
A/P	204514	06/12/24	55.00	WEST COAST MEDICAL RESOURCES
TOTALS:			452,119.68	

APPROVED ON

JUN 12 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables
450,233.92 +
Critical — 1,885.76 +
452,119.68 ◇

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: 06/07/2024 Page: 002

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 06/08/2024

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

As of: 06/07/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 06/08/2024

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: 13,463.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/11/2024,
Pay This Amount: 13,194.38 USD

If Paid After 06/11/2024,
Pay this Amount: 13,463.68 USD

Due If Paid On Time:
USD 13,194.38

Disc lost if paid late:
269.30

Due If Paid Late:
USD 13,463.68

Andrea De Los Santos
6/10/24

34.11 +
12,792.51 +
224.97 +
141.04 +
1.75 +
13,194.38 ◇

APPROVED ON
JUN 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company 8000

STATEMENT

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

As of: 06/07/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 06/08/2024

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

As of: 06/07/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 06/08/2024

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	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
06/05/2024	06/11/2024	7500644493	3982455	115Invoice	0.70	34.81		34.11	X	7500644493	✓

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: 34.81 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,996.71
06/03/2024

If Paid By 06/11/2024, Pay This Amount: 34.11 USD

If Paid After 06/11/2024, Pay this Amount: 34.81 USD

Due If Paid On Time: USD 34.11 ✓

Disc lost if paid late: 0.70

Due If Paid Late: USD 34.81

✓ Andrew Dotas Santos
6/10/24

APPROVED ON

JUN 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/07/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 06/08/2024

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

As of: 06/07/2024 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: 06/08/2024

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	
Customer Number 256342 WALMART 1098/MEM MED PHS											
06/03/2024	06/11/2024	7500058287	201329697	115Invoice	7.12	356.24		349.12		7500058287	
06/03/2024	06/11/2024	7500058288	201396026	115Invoice	0.01	0.63		0.62		7500058288	
06/03/2024	06/11/2024	7500241547	201402209	195Invoice	0.69	34.32		33.63		7500241547	
06/03/2024	06/11/2024	7500241548	201378744	195Invoice	236.65	11,832.67		11,596.02		7500241548	
06/03/2024	06/11/2024	7500241550	201336007	195Invoice	0.01	0.32		0.31		7500241550	
06/03/2024	06/11/2024	7500241551	201264330	195Invoice	2.08	103.90		101.82		7500241551	
06/03/2024	06/11/2024	7500270009	201139723	115Invoice	0.02	0.95		0.93		7500270009	
06/04/2024	06/11/2024	7500388474	201482908	115Invoice	0.01	0.63		0.62		7500388474	
06/04/2024	06/11/2024	7500545371	201489580	195Invoice	5.24	261.82		256.58		7500545371	
06/04/2024	06/11/2024	7500562232	201405278	115Invoice	0.02	0.95		0.93		7500562232	
06/04/2024	06/11/2024	7500562233	201491043	115Invoice	0.02	0.95		0.93		7500562233	
06/05/2024	06/11/2024	7500648139	201628656	115Invoice	1.92	95.86		93.94		7500648139	
06/05/2024	06/11/2024	7500821442	201635641	195Invoice	6.74	336.99		330.25		7500821442	
06/07/2024	06/11/2024	7501185401	201860519	115Invoice	0.01	0.32		0.31		7501185401	
06/07/2024	06/11/2024	7501337051	201866769	195Invoice	0.52	25.78		25.26		7501337051	
06/07/2024	06/11/2024	7501337052	201872183	115Invoice	0.03	1.27		1.24		7501337052	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 13,053.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,996.71
06/03/2024

If Paid By 06/11/2024,
Pay This Amount: 12,792.51 USD

If Paid After 06/11/2024,
Pay this Amount: 13,053.60 USD

APPROVED ON
JUN 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Due If Paid On Time:
USD 12,792.51

Disc lost if paid late:
261.09

Due If Paid Late:
USD 13,053.60

Andrea D. Fox Limited
6/10/24

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/07/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 06/08/2024

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

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

As of: 06/07/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405
Date: 06/08/2024

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	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
06/03/2024	06/11/2024	7500042835	B2405-055-161211	115Invoice	1.48	73.83		72.35		7500042835	✓
06/05/2024	06/11/2024	7500647570	B2406-055-161625	115Invoice	3.11	155.73		152.62		7500647570	✓

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: 229.56 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,996.71
06/03/2024

If Paid By 06/11/2024, Pay This Amount: 224.97 USD

If Paid After 06/11/2024, Pay this Amount: 229.56 USD

Due If Paid On Time: USD 224.97

Disc lost if paid late: 4.59

Due If Paid Late: USD 229.56

✓ Andrew DeLos Santos
6/10/24

APPROVED ON

JUN 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/07/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 06/08/2024

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

As of: 06/07/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 06/08/2024 **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 835434 CVS PHCY 8923/MEM MC PHS											
06/05/2024	06/11/2024	7500710056	3292695	115Invoice	0.08	3.98		3.90	X	7500710056	✓
06/05/2024	06/11/2024	7500710057	3292695	115Invoice	2.80	139.94		137.14	X	7500710057	✓

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 143.92 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,402.39
05/13/2024

If Paid By 06/11/2024, Pay This Amount: 141.04 USD

If Paid After 06/11/2024, Pay this Amount: 143.92 USD

Due If Paid On Time: USD 141.04 ✗ ✓

Disc lost if paid late: 2.88

Due If Paid Late: USD 143.92

✓ Andrew Dale Santos
6/10/24

APPROVED ON
JUN 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 06/07/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 06/08/2024

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

As of: 06/07/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 06/08/2024 **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											
06/05/2024	06/11/2024	7500832718	3291514	115Invoice	0.04	1.79		1.75		7500832718 ✓	

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: 1.79 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,996.71
06/03/2024

If Paid By 06/11/2024,
Pay This Amount: 1.75 USD

If Paid After 06/11/2024,
Pay this Amount: 1.79 USD

Due If Paid On Time:
USD 1.75 ✓

Disc lost if paid late:
0.04

Due If Paid Late:
USD 1.79

APPROVED ON

JUN 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrea Dotson
6/10/24

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 67598122
Date: 06-07-2024

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:	1,057.55
Past Due:	0.00
Total Due:	1,057.55
Account Balance:	1,057.55

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-03-2024	06-14-2024	3177124466	7006680309	Invoice	121.30		0.00	121.30
06-03-2024	06-14-2024	3177124467	7006691068	Invoice	1.06		0.00	1.06
06-03-2024	06-14-2024	3177124468	7006692509	Invoice	825.05		0.00	825.05
06-04-2024	06-14-2024	3177297023	7006699166	Invoice	10.95		0.00	10.95
06-05-2024	06-14-2024	3177440345	7006707856	Invoice	10.02		0.00	10.02
06-06-2024	06-14-2024	3177600331	7006716730	Invoice	40.44		0.00	40.44
06-07-2024	06-14-2024	3177751428	7006726317	Invoice	45.44		0.00	45.44
06-07-2024	06-14-2024	3177751429	7006726503	Invoice	4.24		0.00	4.24
06-07-2024	06-14-2024	359275726	7006668104	Invoice	(47.42)		0.00	(47.42)
06-07-2024	06-14-2024	359275727	7006668104	Invoice	46.47		0.00	46.47

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,057.55	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-07-2024	(417.60)

APPROVED ON
JUN 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
06-14-2024	1,057.55
Total Due:	1,057.55

Andrea DeLos Santos
6/10/24

Memorial Medical Center
Transfer Request

Amount: 11,764.64 ✓ **Date:** 6/10/2024

From Account: Operating [redacted]

To Account: US BANCORP FSA/HRA/DC ACCT ACCT

APPROVED ON
JUN 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Acct Number: [redacted] **Routing Number:** [redacted]

Explanation:

Invoice numbers 6520738, 6541010, 6562753, 6597498

Requested by: Caitlin Clevenger **Date:** 6/10/2024

Authorized by: Andrea De Los Santos **Date:** 6/10/2024

HealthEquity | WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	05/06/2024
PO #	**DUE DATE**
	08/05/2024
Invoice #	**AMOUNT DUE**
INV6520738	**$3,177.84**

Description	Plan Code	Amount
Visa Card Payments - HCFSA 2024	HCFSA2024	3,177.84

Total Amount Due **$3,177.84**

A.D.

HealthEquity | WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	05/13/2024
PO #	**DUE DATE**
	08/12/2024
Invoice #	**AMOUNT DUE**
INV6541010	**$1,690.71**

Description	Plan Code	Amount
PMB Payments - DCFSA 2024	DCFSA2024	380.00
Visa Card Payments - HCFSA 2024	HCFSA2024	1,310.71

Total Amount Due **$1,690.71**

HealthEquity | WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	05/20/2024
PO #	**DUE DATE**
	08/19/2024
Invoice #	**AMOUNT DUE**
INV6562753	**$3,086.18**

Description	Plan Code	Amount
PMP Payments - HCFSA 2024	HCFSA2024	424.08
Visa Card Payments - HCFSA 2024	HCFSA2024	2,662.10

Total Amount Due **$3,086.18**

HealthEquity | WageWorks

INVOICE

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

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

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

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

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

Account #	Invoice Date
2052366	05/28/2024
PO #	**DUE DATE**
	08/26/2024
Invoice #	**AMOUNT DUE**
INV6597498	**$3,809.91**

Description	Plan Code	Amount
Repayments - HCFSA 2024	HCFSA2024	(35.91)
PMB Payments - HCFSA 2024	HCFSA2024	53.15
Visa Card Payments - HCFSA 2024	HCFSA2024	3,792.67

Total Amount Due **$3,809.91** ✓

A.D.

CHRNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FRDMDT	THRUDT	PRVNO
1961	76351	2	33	0	2024	144001152	0	6/3/2024	$144.82	1	BCM PHYSICIANS	P	177	0	[redacted]		OV	F	3/25/2024	3/25/2024	300791563
1962	76351	3	11	0	2024	145003930	0	6/3/2024	$10.31	1	HOUSTON RADIOLOGY ASSOCIATED	P	183	0			RAD	F	2/15/2024	2/15/2024	741688740
1963	76351	3	18	2	2024	145003949	0	6/3/2024	$29.10	1	PORT LAVACA CLINIC	P	177	0			OV	F	4/15/2024	4/15/2024	742605670
1964	76351	3	13	0	2024	145003856	0	6/3/2024	$53.96	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	4/17/2024	4/17/2024	742554159
1965	76351	3	40	0	2024	144001167	0	6/3/2024	$62.05	1	MPP MSO PLLC	P	728	0			TELM	F	3/20/2024	3/20/2024	611715115
1966	76351	3	55	0	2024	145002554	0	6/3/2024	$65.89	1	JESUS AGUIRRE-BURGOS	P	177	0			OV	F	5/20/2024	5/20/2024	760423386
1967	76351	3	31	0	2024	150000695	0	6/3/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	5/22/2024	5/22/2024	742605670
1968	76351	3	50	0	2024	151001206	0	6/3/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0			OV	F	5/24/2024	5/24/2024	742605670
1970	76351	3	24	0	2024	150000656	0	6/3/2024	$176.76	1	KURTIS R KRUEGER MD	P	457	0			OVS	F	5/22/2024	5/22/2024	471158090
1975	76360	2	35	0	2024	145003881	0	6/3/2024	$27.00	1	DANNA S HARRISON, MA, LPC	P	360	0			POV	F	5/16/2024	5/16/2024	464452997
1976	76360	2	72	0	2024	150000680	0	6/3/2024	$49.00	1	CITIZENS MEDICAL PROFESSIONALS	P	457	0			OVS	F	5/22/2024	5/22/2024	471158090
1977	76360	2	36	0	2024	150000599	0	6/3/2024	$138.34	1	VICTORIA EYE CENTER	P	457	0			OVS	F	5/20/2024	5/20/2024	742208337
1978	76360	2	29	2	2024	151000400	0	6/3/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0			URG	F	5/19/2024	5/19/2024	260845489
1979	76360	3	61	1	2024	150000676	0	6/3/2024	$10.01	1	CLINICAL PATHOLOGY LABS, INC	P	172	0			AB	F	5/16/2024	5/16/2024	742554159
1980	76360	3	105	0	2024	151000515	0	6/3/2024	$15.36	1	SOUTH TEXAS SURGICAL SPECIALISTS	P	457	0			OVS	F	4/16/2024	4/16/2024	932150042
1981	76360	3	82	0	2024	150000700	0	6/3/2024	$19.10	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	5/21/2024	5/21/2024	260151734
1982	76360	3	11	0	2024	137000497	0	6/3/2024	$36.10	1	MELISSA A KAINER ERWIN MD PA	P	177	0			OV	F	5/13/2024	5/13/2024	200802489
1984	76360	3	47	0	2024	150000594	0	6/3/2024	$74.19	1	HANNAH S SMITH MD	P	178	0			SO	F	3/11/2024	3/11/2024	471158090
1985	76360	3	66	0	2024	145003873	0	6/3/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	5/16/2024	5/16/2024	741680498
1986	76360	3	26	0	2024	150000617	0	6/3/2024	$159.18	1	HEALTH AND WELLNESS SOLUTIONS PA	P	457	0			OVS	F	2/19/2024	2/19/2024	260406833
1987	76360	3	47	0	2024	150000654	0	6/3/2024	$176.20	1	AMIT AGARWAL M.D	P	457	0			OVS	F	5/21/2024	5/21/2024	760459500
1990	76360	3	52	0	2024	144001131	0	6/3/2024	$314.50	1	CITIZENS MEDICAL PROFESSIONALS	P	176	0			AO	F	5/8/2024	5/8/2024	471158090
1994	76360	3	32	1	2024	144001125	0	6/3/2024	$1,895.00	1	OLAIDE ASHIMI BALOGUN	P	450	0			XRDS	F	5/15/2024	5/15/2024	650816256
1996	76370	3	19	0	2024	145003903	0	6/3/2024	$9.66	1	SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	5/15/2024	5/15/2024	741680498
1997	76370	3	19	0	2024	145003940	0	6/3/2024	$27.84	1	SINGLETON ASSOCIATES PA	P	603	0			US	F	5/15/2024	5/15/2024	741680498
1998	76370	3	11	0	2024	144001188	0	6/3/2024	$223.90	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0			AB	F	5/20/2024	5/20/2024	742605670
									$4,093.57												

Andrew DeLos Santos
6/10/24

APPROVED ON

JUN 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 3, 2024 - June 9, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
6/3/2024	PAY PLUS ACHTrans 000000024624395 1010006975		403.41	901204
6/3/2024	MERCHANT BANKCD FEE 971160910883 91000015686		9.95	901205
6/3/2024	MERCHANT BANKCD FEE 971160913887 91000015686		199.30	901206
6/3/2024	MERCHANT BANKCD DISCOUNT 971160913887 910000		330.45	901207
6/3/2024	MERCHANT BANKCD DISCOUNT 971160910883 910000		19.95	901208
6/3/2024	MERCHANT BANKCD INTERCHNG 971160913887 91000		180.08	901209
6/4/2024	PAY PLUS ACHTrans 000000024828491 1010006995		35.67	901210
6/4/2024	MCKESSON DRUG AUTO ACH ACH06023592 910000152		5,996.71 *	500609
6/4/2024	AUTHNET GATEWAY BILLING 136702809 1040000155		33.80	901211
6/5/2024	STATE COMPTRLR TEXNET 08216202/40604 2100002		3,289,700.73 **	110082
6/5/2024	PAY PLUS ACHTrans 000000025030653 1010006910		145.07	901212
6/5/2024	FDMS FDMS PYMT 052-2182545-000 4100012840329		91.28	901213
6/5/2024	FDMS FDMS PYMT 052-2000500-000 4100012841986		75.67	901214
6/5/2024	FDMS FDMS PYMT 052-2182557-000 4100012842556		363.55	901215
6/5/2024	FDMS FDMS PYMT 052-1601830-000 4100012838918		32.45	901216
6/6/2024	PAY PLUS ACHTrans 000000025157437 1010006924		251.53	901217
6/7/2024	PAY PLUS ACHTrans 000000025333056 1010006937		284.33	901218
6/7/2024	HEALTHEQUITY INC HealthEqui 1356888 91000018		1,272.83 *	800534
6/7/2024	EXPERTPAY EXPERTPAY 746003411 91000013948962		570.69 *	800535
6/7/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002		417.60 *	500610
6/7/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650		360,739.44 **	
6/7/2024	CLEARGAGE LLC CLEARGAGE, CEGX8LPD6DS8G24 242		109.00	700134
			3,661,263.49	

APPROVED ON
JUN 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

DIFF. OF 54.80

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

June 10, 2024

* Approved on 6.5.24
** Approved on 5.29.24

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT

Date	Description	MMC Notes	Amount
6/15/2024	- TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	nent Funding	199,936.91
			199,936.91

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

2024

3,661,263.49 +
5,996.71 –
3,289,700.73 –
1,272.83 –
570.69 –
417.60 –
360,739.44 –
2,565.49 ◊
54.80 +
2,620.29 ◊
2,620.29 –
0.00 ◊

2,565.49 +
Amerisource → 54.80 +
Overage 2,620.29 ◊

Paul Plus
403.41 +
35.67 +
145.07 +
251.53 +
284.33 +
1,120.01 ◊

0 C
CC Fees
9.95 +
199.30 +
330.45 +
19.95 +
180.08 +
739.73 ◊

0 C
Authnet
33.80 +
33.80 ◊

0 C
FPMS PMT
91.28 +
75.67 +
363.55 +
32.45 +
562.95 ◊

0 C
Clearage
109.00 +
109.00 ◊

0 C

1,120.01 +
739.73 +
33.80 +
562.95 +
109.00 +
2,565.49 ◊

Date/Time	06-06-2024 / 11:19 AM
Submitted By	mcumberland450
Pay Date	05-31-2024
Employee Deposits	$81,989.43
Employer Contributions	$117,947.48
Group Term Life Premiums	$0.00
Total	$199,936.91
Comments	
Payroll File	May 2024 Retirement Upload.xlsx

CLOSE PRINT

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/10/2024

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		117,235.21	116,764.85	115,624.80			116,095.16	115,624.80
						Bank Balance	116,095.16	
						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	115,624.80	
Broadmoor		127,723.18	127,275.63	88,906.53			89,354.08	88,906.53
						Bank Balance	89,354.08	
						Variance	-	
						Leave in Balance	100.00	

						April Interest	191.20	
						May Interest	156.35	
						June Interest		
						Adjust Balance/Transfer Amt	88,906.53	
Crescent		88,484.63	87,855.13	151,560.59			152,190.09	145,060.59
						Bank Balance	152,190.09	
						Variance	-	
						Leave in Balance	100.00	
						Claim Pymt owedd to Tuscany	6,500.00	

						April Interest	269.03	
						May Interest	260.47	
						June Interest		
						Adjust Balance/Transfer Amt	145,060.59	
Fort Bend		52,784.38	52,535.69	48,218.10			48,466.79	48,218.10
						Bank Balance	48,466.79	
						Variance	-	
						Leave in Balance	100.00	

						April Interest	61.77	
						May Interest	86.92	
						June Interest		
						Adjust Balance/Transfer Amt	48,218.10	
Solera at W Houston		93,793.37	93,198.06	64,139.61			64,734.92	64,139.61
						Bank Balance	64,734.92	
						Variance	-	
						Leave in Balance	100.00	

115,624.80 +
88,906.53 +
145,060.59 +
48,218.10 + *@ at West Houston / Fort Bend / Broadmoor:*
64,139.61 +
461,949.63 ◊

						April Interest	223.32	
						May Interest	271.99	
						June Interest		
						Adjust Balance/Transfer Amt	64,139.61	

TOTAL TRANSFERS	461,949.63

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS
6/10/2024

APPROVED ON
JUN 11 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
6/7/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,790.00					-	7,790.00
6/6/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	116,764.85	-					-	-
6/6/2024	Deposit	-	89,474.87					-	89,474.87
6/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000224592	-	576.01					-	576.01
6/6/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	317.00					-	317.00
6/5/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	4,132.00					-	4,132.00
6/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000282248	-	7,521.87					-	7,521.87
6/4/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	1,647.50					-	1,647.50
6/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	205.55					-	205.55
6/3/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	3,960.00					-	3,960.00
		-	-					-	-
		116,764.85	115,624.80	-	-	-	-	-	115,624.80

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/7/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	1,462.50					-	1,462.50
6/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000263018	-	7,400.64					-	7,400.64
6/7/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,070.00					-	7,070.00
6/7/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000146	-	2,735.07					-	2,735.07
6/7/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	10,967.52					-	10,967.52
6/6/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	127,275.63	-					-	-
6/6/2024	Deposit	-	33,684.96					-	33,684.96
6/6/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	291.17					-	291.17
6/6/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	63.45					-	63.45
6/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000281847	-	5,939.41					-	5,939.41
6/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	140.00					-	140.00
6/4/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	302.40					-	302.40
6/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000268806	-	5,939.41					-	5,939.41
6/3/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	12,120.00					-	12,120.00
6/3/2024	HUMANA INS CO HCCLAIMPMT 48863885 8300005729	-	790.00					-	790.00
		-	-					-	-
		127,275.63	88,906.53	-	-	-	-	-	88,906.53

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000263018	-	3,665.57					-	3,665.57
6/7/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	12,570.00					-	12,570.00
6/7/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021748083	-	17,500.00					-	17,500.00
6/7/2024	DEVOTED HEALTH P HCCLAIMPMT 21000021748081	-	8,479.00					-	8,479.00
6/6/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	87,855.13	-					-	-
6/6/2024	Deposit	-	24,922.16					-	24,922.16
6/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000224593	-	4,939.70					-	4,939.70
6/6/2024	DEVOTED HEALTH P HCCLAIMPMT 21000025462134	-	2,250.00					-	2,250.00
6/6/2024	DEVOTED HEALTH P HCCLAIMPMT 21000025462132	-	24,108.24					-	24,108.24
6/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000281848	-	6,831.30					-	6,831.30
6/5/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	14,834.36					-	14,834.36
6/5/2024	DEVOTED HEALTH P HCCLAIMPMT 21000028299836	-	9,494.00					-	9,494.00
6/4/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	2,594.17					-	2,594.17
6/4/2024	DEVOTED HEALTH P HCCLAIMPMT 21000020314727	-	7,827.00					-	7,827.00
6/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000268806	-	4,822.09					-	4,822.09
6/3/2024	DEVOTED HEALTH P HCCLAIMPMT 21000025369658	-	6,723.00					-	6,723.00
		-	-					-	-
		87,855.13	151,560.59	-	-	-	-	-	151,560.59

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/7/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	7,096.00					-	7,096.00
6/7/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,290.00					-	1,290.00
6/7/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,290.00					-	1,290.00
6/7/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000146	-	10,024.42					-	10,024.42
6/6/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	52,535.69	-					-	-
6/6/2024	Deposit	-	28,517.68					-	28,517.68
		-	-					-	-
		52,535.69	48,218.10	-	-	-	-	-	48,218.10

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000263018	-	9,062.98					-	9,062.98
6/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000263528	-	291.00					-	291.00
6/7/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,600.00					-	3,600.00
6/6/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	93,198.06	-					-	-
6/6/2024	Deposit	-	26,844.31					-	26,844.31
6/6/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	2,999.00					-	2,999.00
6/5/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	4,387.50					-	4,387.50
6/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000281848	-	6,828.86					-	6,828.86
6/4/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	10,125.96					-	10,125.96
		-	-					-	-
		93,198.06	64,139.61	-	-	-	-	-	64,139.61

	Transfer-Out	Transfer-In						
TOTALS	477,629.36	468,449.63	-	-	-	-	-	468,449.63

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,427,901.58	$1,442,219.27	$1,427,901.58	$1,706,719.41
*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	$116,095.16	$123,791.77	$116,095.16	$108,305.16
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$89,354.08	$119,326.15	$89,354.08	$59,718.35
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$152,190.09	$215,288.00	$152,190.09	$109,975.52
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$64,734.92	$147,426.42	$64,734.92	$51,780.94
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$48,466.79	$51,796.09	$48,466.79	$28,766.37
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$152,492.94	$188,356.41	$152,492.94	$145,540.35
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$7,675.54	$7,675.54	$7,675.54	$5,118.33
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,756.15	$42,991.06	$41,756.15	$1,600.80
*5506 MMC -NH BETHANY SENIOR LIVING	$52,464.94	$78,571.78	$52,464.94	$33,621.58
*3407 MMC -NH TUSCANY VILLAGE	$75,527.41	$75,527.41	$75,527.41	$50,748.83
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,000.00	$5,000.00	$5,000.00	$5,000.00
Total Balance	**$2,234,742.53**	**$2,499,052.83**	**$2,234,742.53**	**$2,307,978.57**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/10/2024

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		80,459.33	79,991.30	152,024.91	-	152,492.94	151,050.07
					Bank Balance	152,492.94	
					Variance	-	
					Leave in Balance	100.00	
					Claim pymt owed to MMC	65.40	
					Claim pymts owed to Tuscany	909.44	
					April Interest	152.47	
					May Interest	215.56	
					June Interest		
					Adjust Balance/Transfer Amt	151,050.07	

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 6/10/2024

APPROVED ON
JUN 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
6/7/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,000.00					-	1,000.00
6/7/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001095	-	1,066.95					-	1,066.95
6/7/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	4,885.64					-	4,885.64
6/6/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	79,991.30	-					-	-
6/6/2024	Deposit	-	128,846.29					-	128,846.29
6/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000224593	-	4,798.01					-	4,798.01
6/6/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001671	-	1,257.52					-	1,257.52
6/5/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,348.50					-	1,348.50
6/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000281848	-	441.04					-	441.04
6/5/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001734	-	2,798.26					-	2,798.26
6/4/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	1,430.88					-	1,430.88
6/4/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001800	-	1,149.00					-	1,149.00
6/3/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	217.00					-	217.00
6/3/2024	TSYS/TRANSFIRST CR CD DEP 543684555876917 91	-	152.40					-	152.40
6/3/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001473	-	1,877.31					-	1,877.31
6/3/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000143	-	756.11					-	756.11
		-	-					-	-
		79,991.30	152,024.91	-	-	-	-	-	152,024.91

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,427,901.58	$1,442,219.27	$1,427,901.58	$1,706,719.41
*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	$116,095.16	$123,791.77	$116,095.16	$108,305.16
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$89,354.08	$119,326.15	$89,354.08	$59,718.35
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$152,190.09	$215,288.00	$152,190.09	$109,975.52
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$64,734.92	$147,426.42	$64,734.92	$51,780.94
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$48,466.79	$51,796.09	$48,466.79	$28,766.37
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$152,492.94	$188,356.41	$152,492.94	$145,540.35
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$7,675.54	$7,675.54	$7,675.54	$5,118.33
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,756.15	$42,991.06	$41,756.15	$1,600.80
*5506 MMC -NH BETHANY SENIOR LIVING	$52,464.94	$78,571.78	$52,464.94	$33,621.58
*3407 MMC -NH TUSCANY VILLAGE	$75,527.41	$75,527.41	$75,527.41	$50,748.83
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,000.00	$5,000.00	$5,000.00	$5,000.00
Total Balance	**$2,234,742.53**	**$2,499,052.83**	**$2,234,742.53**	**$2,307,978.57**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/10/2024

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		4,774.78	-	2,900.76		-	7,675.54	7,575.54

Bank Balance	7,675.54
Variance	-
Leave in Balance	100.00
Adjust Balance/Transfer Amt	7,575.54

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		7,191.89	7,091.89	41,656.15		-	41,756.15	41,438.02

Bank Balance	41,756.15
Variance	-
Claim pymt owed to MMC	218.13
Leave in Balance	100.00
Adjust Balance/Transfer Amt	41,438.02

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	49,013.56

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 6/10/2024

APPROVED ON
JUN 11 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
6/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000263018	-	2,404.40					-	2,404.40
6/7/2024 HNB - ECHO HCCLAIMPMT 746003411 440000263528	-	152.81					-	152.81
6/5/2024 HNB - ECHO HCCLAIMPMT 746003411 440000281848	-	319.55					-	319.55
6/3/2024 HNB - ECHO HCCLAIMPMT 746003411 440000268806	-	24.00					-	24.00
	-	2,900.76	-	-	-	-	-	2,900.76

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
6/7/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	40,155.35					-	40,155.35
6/6/2024 WIRE OUT HMG Rockport SNF, LP - Commerical	7,091.89	-					-	-
6/6/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,340.80					-	1,340.80
6/3/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	160.00					-	160.00
							-	-
	7,091.89	41,656.15	-	-	-	-	-	41,656.15
	7,091.89	44,556.91	-	-	-	-	-	44,556.91

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,427,901.58	$1,442,219.27	$1,427,901.58	$1,706,719.41
*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	$116,095.16	$123,791.77	$116,095.16	$108,305.16
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$89,354.08	$119,326.15	$89,354.08	$59,718.35
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$152,190.09	$215,288.00	$152,190.09	$109,975.52
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$64,734.92	$147,426.42	$64,734.92	$51,780.94
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$48,466.79	$51,796.09	$48,466.79	$28,766.37
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$152,492.94	$188,356.41	$152,492.94	$145,540.35
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$7,675.54	$7,675.54	$7,675.54	$5,118.33
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,756.15	$42,991.06	$41,756.15	$1,600.80
*5506 MMC -NH BETHANY SENIOR LIVING	$52,464.94	$78,571.78	$52,464.94	$33,621.58
*3407 MMC -NH TUSCANY VILLAGE	$75,527.41	$75,527.41	$75,527.41	$50,748.83
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,000.00	$5,000.00	$5,000.00	$5,000.00
Total Balance	**$2,234,742.53**	**$2,499,052.83**	**$2,234,742.53**	**$2,307,978.57**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/10/2024

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		292,651.07	292,551.07	75,427.41	-	-	-	75,427.41	75,427.41
							Bank Balance	75,527.41	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 75,427.41

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 6/10/2024

APPROVED ON
JUN 11 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
6/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000263018	-	4,454.55					-	4,454.55
6/7/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000146	-	20,324.03					-	20,324.03
6/6/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	292,551.07	-					-	-
6/6/2024	Deposit	-	30,787.75					-	30,787.75
6/6/2024	HNB - ECHO HCCLAIMPMT 746003411 440000224593	-	18,808.12					-	18,808.12
6/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000281848	-	91.30					-	91.30
6/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000269889	-	961.66					-	961.66
								-	-
		292,551.07	75,427.41	-	-	-	-	-	75,427.41

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,427,901.58	$1,442,219.27	$1,427,901.58	$1,706,719.41
*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	$116,095.16	$123,791.77	$116,095.16	$108,305.16
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$89,354.08	$119,326.15	$89,354.08	$59,718.35
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$152,190.09	$215,288.00	$152,190.09	$109,975.52
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$64,734.92	$147,426.42	$64,734.92	$51,780.94
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$48,466.79	$51,796.09	$48,466.79	$28,766.37
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$152,492.94	$188,356.41	$152,492.94	$145,540.35
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$7,675.54	$7,675.54	$7,675.54	$5,118.33
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,756.15	$42,991.06	$41,756.15	$1,600.80
*5506 MMC -NH BETHANY SENIOR LIVING	$52,464.94	$78,571.78	$52,464.94	$33,621.58
*3407 MMC -NH TUSCANY VILLAGE	$75,527.41	$75,527.41	$75,527.41	$50,748.83
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,000.00	$5,000.00	$5,000.00	$5,000.00
Total Balance	**$2,234,742.53**	**$2,499,052.83**	**$2,234,742.53**	**$2,307,978.57**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/10/2024

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		134,308.61	133,700.40	51,856.73			-	52,464.94	51,856.73
							Bank Balance	52,464.94	
							Variance	-	
							Leave in Balance	100.00	

April Interest	194.41
May Interest	313.80
June Interest	
Adjust Balance/Transfer Amt	51,856.73

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 6/10/2024

APPROVED ON
JUN 11 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	
6/7/2024	Deposit	-	18,501.72					-	18,501.72
6/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000263018	-	341.64					-	341.64
6/6/2024	WIRE OUT PORT LAVACA NH, LLC	133,700.40	-					-	-
6/6/2024	HOSPICE OF SOUTH Payments NF 113122650008161	-	699.28					-	699.28
6/5/2024	Deposit	-	3,448.00					-	3,448.00
6/5/2024	Deposit	-	16,516.26					-	16,516.26
6/4/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000113	-	2,266.05					-	2,266.05
6/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000268806	-	1,603.02					-	1,603.02
6/3/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000143	-	8,480.76					-	8,480.76
								-	-
		133,700.40	51,856.73	-	-	-	-	-	51,856.73

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,427,901.58	$1,442,219.27	$1,427,901.58	$1,706,719.41
*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	$116,095.16	$123,791.77	$116,095.16	$108,305.16
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$89,354.08	$119,326.15	$89,354.08	$59,718.35
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$152,190.09	$215,288.00	$152,190.09	$109,975.52
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$64,734.92	$147,426.42	$64,734.92	$51,780.94
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$48,466.79	$51,796.09	$48,466.79	$28,766.37
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$152,492.94	$188,356.41	$152,492.94	$145,540.35
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$7,675.54	$7,675.54	$7,675.54	$5,118.33
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,756.15	$42,991.06	$41,756.15	$1,600.80
*5506 MMC -NH BETHANY SENIOR LIVING	$52,464.94	$78,571.78	$52,464.94	$33,621.58
*3407 MMC -NH TUSCANY VILLAGE	$75,527.41	$75,527.41	$75,527.41	$50,748.83
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,000.00	$5,000.00	$5,000.00	$5,000.00
Total Balance	**$2,234,742.53**	**$2,499,052.83**	**$2,234,742.53**	**$2,307,978.57**

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Tuscany Village

Date Requested: 6/10/2024

APPROVED ON
JUN 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#000213

FOR ACCT USE ONLY

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

AMOUNT: $ 909.44

G/L NUMBER: 21400007

EXPLANATION: Claim pymnts owed from Golden Creek to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

6/10/24

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Tuscany Village

Date Requested: 6/10/2024

APPROVED ON
JUN 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000343

FOR ACCT USE ONLY

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

AMOUNT: $ 6,500.00

G/L NUMBER: 21400007

EXPLANATION: Claim payments owed from Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeLos Santos

6/10/24

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

000213

88-2265/1131

Date 12-13-24

PAY
TO THE ORDER OF Tuscany Village

$ 909. 44/100

Nine hundred nine dollars & 44/100 **DOLLARS**

PROSPERITY BANK®

County auditor

MP
County treasurer

FOR Claim payment

Security features are included. Details on back.

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

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

MP

000343

Date 12-13-24

88-2265/1131

PAY
TO THE ORDER OF Tuscany Village

$ 6,500. 00/100

Six thousand, five hundred dollars & 00/100 **DOLLARS**

PROSPERITY BANK®

County auditor

MP
County treasurer

FOR Claim payment transfer.

Security features are included. Details on back.