MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 19, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,138,154.13
TOTAL TRANSFERS BETWEEN FUNDS	$	154,373.89
TOTAL NURSING HOME UPL EXPENSES	$	1,178,647.86
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED June 19, 2024	$	2,471,175.88

APPROVED

JUN 19 2024

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 19, 2024

PAYABLES AND PAYROLL			
6/13/2024	Weekly Payables	554,065.85	
6/13/2024	Patient Refund	209.64	
6/14/2024	Citibank Credit Card-see attached (Erin)	3,740.58	
6/14/2024	Citibank Credit Card-see attached (Roshanda)	592.50	
6/17/2024	McKesson-340B Prescription Expense	5,502.36	
6/17/2024	Amerisource Bergen-340B Prescription Expense	393.83	
6/17/2024	Payroll Liabilities-Payroll Taxes	116,311.54	
6/17/2024	Payroll	371,125.82	
	Prosperity Electronic Bank Payments		
6/17/2024	90 Degree Benefits - employee insurance claims	78,223.68	
6/17/2024	Credit Card Fees	4,475.89	
6/17/2024	Sales Tax - May 2024	1,988.08	
6/17/2024	Pay Plus-Patient Claims Processing Fee	251.53	
6/17/2024	Health Equity -HSA Contributions	1,272.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,138,154.13**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
6/13/2024	MMC Operating to Solera-Correction of insurance payment payment deposited into MMC Operating in error	1,428.00	
6/13/2024	MMC Operating to Fort bend-Correction of Insurance payment deposited into MMC Operating in error	2,040.00	
6/13/2024	MMC Operating to Broadmoor-Correction of Insurance payment deposited into MMC Operating in error	83.85	
6/13/2024	MMC Operating to The Crescent-Correction of Insurance payment deposited into MMC Operating in error	26,648.07	
6/13/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	92,770.90	
6/13/2024	MMC Operating to Gulf Pointe Plaza - Correction of insurance payment deposited into MMC Operating	3,158.69	
6/13/2024	MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error	28,244.38	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 154,373.89**
NURSING HOME UPL EXPENSES			
6/17/2024	Nursing Home UPL-Cantex Transfer	787,146.80	
6/17/2024	Nursing Home UPL-Nexion Transfer	97,970.67	
6/17/2024	Nursing Home UPL-Tuscany Transfer	79,272.63	
6/17/2024	Nursing Home UPL-HSL Transfer	129,340.51	
QIPP CHECKS TO MMC			
6/17/2024	Ashford - Molina April QIPP Hospital Portion	12,272.66	
6/17/2024	Broadmoor - Molina April QIPP Hospital Portion	4,560.89	
6/17/2024	Crescent - Molina April QIPP Hospital Portion	3,422.94	
6/17/2024	Fort Bend - Molina April QIPP Hospital Portion	3,838.61	
6/17/2024	Solera - Molina April QIPP Hospital Portion	3,707.03	
6/17/2024	Tuscany - Molina April QIPP Hospital Portion	7,679.88	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
6/17/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	49,435.24	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,178,647.86**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED June 19, 2024			**$ 2,471,175.88**

APPROVED
JUN 19 2024
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/05/2024

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PRODUCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020681960	SUPPLIES	05/20/202	05/30/202	06/29/202			2,519.50	0.00	0.00	2,519.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	2,519.50	0.00	0.00	2,519.50

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
5508427719	OXYGEN	05/31/202	05/31/202	06/30/202			987.78	0.00	0.00	987.78
5508427718	OXYGEN	05/31/202	05/31/202	06/30/202			585.23	0.00	0.00	585.23

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	1,573.01	0.00	0.00	1,573.01

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
1FMHX3RJRNH6		05/31/202	05/30/202	06/29/202			123.79	0.00	0.00	123.79
1VQK6QLG3GGL	SUPPLIES	06/05/202	06/04/202	07/04/202			83.28	0.00	0.00	83.28
147HDG9C1YJP	SUPPLIES	06/12/202	06/04/202	07/04/202			17.23	0.00	0.00	17.23

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	224.30	0.00	0.00	224.30

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3177823380	INVENTORY	06/12/202	06/10/202	06/25/202			38.90	0.00	0.00	38.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	38.90	0.00	0.00	38.90

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000052187	340B EXPENSE	06/12/202	06/11/202	06/22/202			10,709.36	0.00	0.00	10,709.36

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC	10,709.36	0.00	0.00	10,709.36

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
104970	MONTHLY FEE	06/01/202	06/01/202	06/01/202			594.00	0.00	0.00	594.00

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
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82418269		06/11/202	05/24/202	06/18/202			196.66	0.00	0.00	196.66

	SUPPLIES							
82451674		06/11/202	06/03/202	06/28/202	631.20	0.00	0.00	631.20
	SUPPLIES							
82452144		06/11/202	06/03/202	06/28/202	3,071.40	0.00	0.00	3,071.40
	SUPPLIES							
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE			3,899.26	0.00	0.00	3,899.26

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
111349608		06/01/202	06/03/202	07/03/202			1,345.78	0.00	0.00	1,345.78
	SUPPLIES									
111351137		06/01/202	06/03/202	07/03/202			453.84	0.00	0.00	453.84
	SUPPLIES									
111360460		06/06/202	06/06/202	07/01/202			52.16	0.00	0.00	52.16
	SUPPLIES									
111349011		06/12/202	06/03/202	07/03/202			3,290.13	0.00	0.00	3,290.13
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					5,141.91	0.00	0.00	5,141.91

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
053124		05/31/202	05/31/202	05/31/202			39,750.69	0.00	0.00	39,750.69
	ELECTRICITY									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY					39,750.69	0.00	0.00	39,750.69

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT ACCOUN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061024		06/11/202	06/01/202	06/02/202			10.00	0.00	0.00	10.00
	COPAY									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN					10.00	0.00	0.00	10.00

Vendor#	Vendor Name	Class	Pay Code
13264	CERVEY, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
28919		05/26/202	06/05/202	06/30/202			1,699.00	0.00	0.00	1,699.00
	MONTHLY FEE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC					1,699.00	0.00	0.00	1,699.00

Vendor#	Vendor Name	Class	Pay Code
C1600	CITIZENS MEDICAL CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024-21		05/30/202	06/10/202	06/22/202			63,355.97	0.00	0.00	63,355.97
	CRNA MAY 24 COVERAGE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER					63,355.97	0.00	0.00	63,355.97

Vendor#	Vendor Name	Class	Pay Code
15188	CLARITY ENROLLMENT SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1602		06/06/202	06/01/202	07/01/202			354.00	0.00	0.00	354.00
	CARRIER CONNECTION									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15188	CLARITY ENROLLMENT SOLUTIONS					354.00	0.00	0.00	354.00

Vendor#	Vendor Name	Class	Pay Code

13000 CLEARFLY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV612397		06/01/202	06/01/202	06/15/202			1,204.79	0.00	0.00	1,204.79
	PHONE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,204.79	0.00	0.00	1,204.79

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
176562024050		05/31/202	05/31/202	06/30/202			23,770.21	0.00	0.00	23,770.21

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	23,770.21	0.00	0.00	23,770.21

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
OEQT269101		06/11/202	06/07/202	06/17/202			635.40	0.00	0.00	635.40
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	635.40	0.00	0.00	635.40

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
41646717014		06/01/202	06/05/202	07/05/202			466.20	0.00	0.00	466.20
	BEVERAGES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES	466.20	0.00	0.00	466.20

Vendor#	Vendor Name	Class	Pay Code
14608	COTIVITI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1307584182535		05/31/202	05/06/202	05/20/202			64.10	0.00	0.00	64.10
	PT REFUND									
1307584179410		05/31/202	05/06/202	05/20/202			75.89	0.00	0.00	75.89
	PT REFUND									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14608	COTIVITI	139.99	0.00	0.00	139.99

Vendor#	Vendor Name	Class	Pay Code
14400	CULINARY CONCESSIONS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00001371		05/31/202	05/31/202	06/30/202			36,286.89	0.00	0.00	36,286.89
	CAFETERIA									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC	36,286.89	0.00	0.00	36,286.89

Vendor#	Vendor Name	Class	Pay Code
10060	DETAR HOSPITAL	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2405017		06/06/202	06/05/202	07/05/202			574.34	0.00	0.00	574.34
	LAB SERV									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10060	DETAR HOSPITAL	574.34	0.00	0.00	574.34

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
7387700		06/04/202	06/04/202	06/29/202			138.52	0.00	0.00	138.52
	SUPPLIES									
7571710		06/11/202	05/30/202	06/24/202			24.66	0.00	0.00	24.66

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	163.18	0.00	0.00	163.18

Vendor#	Vendor Name	Class	Pay Code
11091	ECOLAB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6345822135		06/11/202	06/01/202				238.15	0.00	0.00	238.15
	LEASE PYMT DISHWASHER									

Sales Tax Incl'd 220.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11091	ECOLAB	238.15	0.00	0.00	238.15

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
43297		06/13/202	06/15/202	06/25/202			40,062.50	0.00	0.00	40,062.50
	ER PHYS									

Mid month Services 1-15th

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
F1050	FASTENAL COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TXPOT269544		05/31/202	05/29/202	06/28/202			42.40	0.00	0.00	42.40
	COOLING TOWER									
TXPOT269577		05/31/202	05/30/202	06/29/202			24.13	0.00	0.00	24.13
	SUPPLIES									
TXPOT269582		05/31/202	05/30/202	06/29/202			168.34	0.00	0.00	168.34
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	234.87	0.00	0.00	234.87

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
06A24MMC		06/11/202	06/01/202	06/16/202			1,090.00	0.00	0.00	1,090.00
	WEBSITE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	1,090.00	0.00	0.00	1,090.00

Vendor#	Vendor Name	Class	Pay Code
13568	FEDEX FREIGHT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
851554419		05/31/202	05/30/202	06/29/202			76.46	0.00	0.00	76.46
	SHIPPING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13568	FEDEX FREIGHT	76.46	0.00	0.00	76.46

Vendor#	Vendor Name	Class	Pay Code
10003	FILTER TECHNOLOGY CO, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
122144		05/31/202	05/29/202	06/22/202			1,960.05	0.00	0.00	1,960.05
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	1,960.05	0.00	0.00	1,960.05

Vendor#	Vendor Name	Class	Pay Code
13016	FIRST INSURANCE FUNDING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060724		06/12/202	06/07/202	07/01/202			7,262.78	0.00	0.00	7,262.78
	INSURANCE									
061124		06/12/202	06/11/202	06/30/202			3,631.39	0.00	0.00	3,631.39
	INSURANCE INSTALLMENT									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13016	FIRST INSURANCE FUNDING					10,894.17	0.00	0.00	10,894.17
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
	2005633		05/14/202	05/02/202	05/27/202		87.73	0.00	0.00	87.73
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					87.73	0.00	0.00	87.73
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	052324		05/31/202	05/23/202	06/17/202		25.58	0.00	0.00	25.58
		TELEPHONE SERVICE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					25.58	0.00	0.00	25.58
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
	6002680262		06/05/202	06/01/202	07/01/202		5,665.83	0.00	0.00	5,665.83
		IMAGING CONTRACT 6.1.24 - 6.30.24								
	6002680602		06/05/202	06/01/202	07/01/202		998.34	0.00	0.00	998.34
		IMAGING CONTRACT 6.1.24 - 6.30.24								
	6002680255		06/05/202	06/01/202	07/01/202		3,588.58	0.00	0.00	3,588.58
		IMAGING CONTRACT 6.1.24 - 6.30.24								
	6002680257		06/05/202	06/01/202	07/01/202		2,422.50	0.00	0.00	2,422.50
		IMAGING CONTRACT 6.1.24 - 6.30.24								
	6002680258		06/05/202	06/01/202	07/01/202		61.67	0.00	0.00	61.67
		IMAGING CONTRACT 6.1.24 - 6.30.24								
	6002680256		06/05/202	06/01/202	07/01/202		86.67	0.00	0.00	86.67
		IMAGING CONTRACT 6.1.24 - 6.30.24								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC					12,823.59	0.00	0.00	12,823.59
Vendor#	Vendor Name				Class	Pay Code				
12948	GREAT AMERICA FINANCIAL SVCS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	36691312		05/31/202	06/03/202	06/30/202		10,885.54	0.00	0.00	10,885.54
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS					10,885.54	0.00	0.00	10,885.54
Vendor#	Vendor Name				Class	Pay Code				
G0401	GULF COAST DELIVERY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	053124		05/31/202	05/31/202	06/30/202		75.00	0.00	0.00	75.00
		DELIVERY SERVICES Work performed 5.1.24 - 5.17.24								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					75.00	0.00	0.00	75.00
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
	2541568		06/11/202	06/04/202	07/04/202		1,167.71	0.00	0.00	1,167.71
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					1,167.71	0.00	0.00	1,167.71
Vendor#	Vendor Name				Class	Pay Code				
11552	HEALTHCARE FINANCIAL SERVICES									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20241430	LEASE PMT 48	05/31/202	05/27/202	07/01/202			4,610.52	0.00	0.00	4,610.52
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES					4,610.52	0.00	0.00	4,610.52

Vendor#	Vendor Name	Class	Pay Code
14916	HEWLETT-PACKARD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100000202684	JULY RENTAL	05/31/202	05/17/202	05/31/202			573.53	0.00	0.00	573.53
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14916	HEWLETT-PACKARD					573.53	0.00	0.00	573.53

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6025		05/31/202	05/31/202	06/20/202			15,292.94	0.00	0.00	15,292.94
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					15,292.94	0.00	0.00	15,292.94

Vendor#	Vendor Name	Class	Pay Code
10442	INTERSTATE ALL BATTERY CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1901103025143	SUPPLIES	06/11/202	06/04/202	06/12/202			216.00	0.00	0.00	216.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10442	INTERSTATE ALL BATTERY CENTER					216.00	0.00	0.00	216.00

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
938722267	SUPPLIES	06/12/202	06/05/202	07/05/202			615.20	0.00	0.00	615.20
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					615.20	0.00	0.00	615.20

Vendor#	Vendor Name	Class	Pay Code
15492	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
STAJOB0001	PT REFUND	05/31/202	05/06/202	05/06/202			40.00	0.00	0.00	40.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15492	[redacted]					40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
K0532	KAVU-TV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7021		05/31/202	03/31/202	04/30/202			40.00	0.00	0.00	40.00
707212	ADVERTISING	05/31/202	04/28/202	05/28/202			74.00	0.00	0.00	74.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	K0532	KAVU-TV					114.00	0.00	0.00	114.00

Vendor#	Vendor Name	Class	Pay Code
15504	KVCT-TV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
707221	ADVERTISING	05/31/202	03/31/202	04/30/202			32.00	0.00	0.00	32.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15504	KVCT-TV					32.00	0.00	0.00	32.00

Vendor#	Vendor Name				Class	Pay Code				
L1001	LANDAUER INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	101220008		05/31/202	05/16/202	06/15/202			810.70	0.00	0.00	810.70
		DOSIMETRY SERV									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		L1001	LANDAUER INC					810.70	0.00	0.00	810.70
Vendor#	Vendor Name				Class	Pay Code				
15496	[redacted]									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	LEEPET001		05/31/202	05/07/202	05/07/202			68.00	0.00	0.00	68.00
		PT REFUND									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15496	[redacted]					68.00	0.00	0.00	68.00
Vendor#	Vendor Name				Class	Pay Code				
L1640	LOWE'S BUSINESS ACCT/SYNCB				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	053124		06/11/202	05/31/202	06/28/202			561.73	0.00	0.00	561.73
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		L1640	LOWE'S BUSINESS ACCT/SYNCB					561.73	0.00	0.00	561.73
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
	192759		05/31/202	05/31/202	06/25/202			213.31	0.00	0.00	213.31
		BUSINESS SERVICE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.					213.31	0.00	0.00	213.31
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
	2321578099		06/05/202	06/05/202	06/30/202			4,368.76	0.00	0.00	4,368.76
		SUPPLIES									
	221439050		06/06/202	06/04/202	06/29/202			108.98	0.00	0.00	108.98
		SUPPLIES									
	2321578094		06/06/202	06/05/202	06/30/202			1,942.00	0.00	0.00	1,942.00
		SUPPLIES									
	2321579700		06/06/202	06/05/202	06/30/202			42.77	0.00	0.00	42.77
		SUPPLIES									
	221578096		06/06/202	06/05/202	06/30/202			21.33	0.00	0.00	21.33
		SUPPLIES									
	2321578095		06/06/202	06/05/202	06/30/202			103.96	0.00	0.00	103.96
		SUPPLIES									
	2321578097		06/06/202	06/05/202	06/30/202			27.36	0.00	0.00	27.36
		SUPPLIES									
	2321578093		06/06/202	06/05/202	06/30/202			102.24	0.00	0.00	102.24
		SUPPLIES									
	2321578098		06/06/202	06/05/202	06/30/202			1,170.09	0.00	0.00	1,170.09
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC					7,887.49	0.00	0.00	7,887.49
Vendor#	Vendor Name				Class	Pay Code				
10182	MERCEDES SCIENTIFIC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2842587		05/31/202	05/31/202	06/30/202			54.17	0.00	0.00	54.17
		SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES SCIENTIFIC	54.17	0.00	0.00	54.17

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
2060648	INVENTORY	06/11/202	06/03/202	06/13/202			7.00	0.00	0.00	7.00
2077119	INVENTORY	06/11/202	06/06/202	06/16/202			557.87	0.00	0.00	557.87
2076811	INVENTORY	06/11/202	06/06/202	06/16/202			50.78	0.00	0.00	50.78
2073791	INVENTORY	06/11/202	06/06/202	06/16/202			4,699.30	0.00	0.00	4,699.30
2076812	INVENTORY	06/11/202	06/06/202	06/16/202			711.05	0.00	0.00	711.05
2077120	INVENTORY	06/11/202	06/06/202	06/16/202			108.08	0.00	0.00	108.08
2082920	INVENTORY	06/11/202	06/09/202	06/19/202			9,564.76	0.00	0.00	9,564.76
2082919	INVENTORY	06/11/202	06/09/202	06/19/202			116.51	0.00	0.00	116.51
2081808	INVENTORY	06/11/202	06/09/202	06/19/202			599.38	0.00	0.00	599.38
2075963	INVENTORY	06/11/202	06/09/202	06/19/202			104.58	0.00	0.00	104.58
2061520	INVENTORY	06/12/202	06/03/202	06/13/202			408.52	0.00	0.00	408.52
2061521	INVENTORY	06/12/202	06/03/202	06/13/202			12,095.75	0.00	0.00	12,095.75
2064077	INVENTORY	06/12/202	06/04/202	06/14/202			8.41	0.00	0.00	8.41
2066843	INVENTORY	06/12/202	06/04/202	06/14/202			28.07	0.00	0.00	28.07
2066842	INVENTORY	06/12/202	06/04/202	06/14/202			0.97	0.00	0.00	0.97
2065868	INVENTORY	06/12/202	06/04/202	06/14/202			3,921.36	0.00	0.00	3,921.36
2070456	INVENTORY	06/12/202	06/05/202	06/15/202			6.94	0.00	0.00	6.94
2070457	INVENTORY	06/12/202	06/05/202	06/15/202			482.50	0.00	0.00	482.50
2069357	INVENTORY	06/12/202	06/05/202	06/15/202			43.33	0.00	0.00	43.33
1071949	INVENTORY	06/12/202	06/05/202	06/15/202			1,381.99	0.00	0.00	1,381.99
2071948	INVENTORY	06/12/202	06/05/202	06/15/202			1,205.02	0.00	0.00	1,205.02
2087765	INVENTORY	06/12/202	06/10/202	06/25/202			13.79	0.00	0.00	13.79
2087766	INVENTORY	06/12/202	06/10/202	06/25/202			1,202.03	0.00	0.00	1,202.03
2084883	INVENTORY	06/12/202	06/10/202	06/25/202			12,381.92	0.00	0.00	12,381.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	49,699.91	0.00	0.00	49,699.91

Vendor#	Vendor Name	Class	Pay Code

13548 NACOGDOCHES TRANSCRIPTION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8404		06/12/202	06/10/202	06/20/202			120.68	0.00	0.00	120.68
	TRANSCRIPTION 5.25.24 - 6.7.24									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13548	NACOGDOCHES TRANSCRIPTION	120.68	0.00	0.00	120.68

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
36358878		06/07/202	06/07/202	07/02/202			204.60	0.00	0.00	204.60
	SUPPLIES									
36364602		06/07/202	06/07/202	07/02/202			1,125.00	0.00	0.00	1,125.00
	SUPPLIES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
O1500	OLYMPUS AMERICA INC	1,329.60	0.00	0.00	1,329.60

Vendor# 11155 Vendor Name: PARAREV Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
916410		06/11/202	06/01/202	07/01/202			950.00	0.00	0.00	950.00
	PRICE TRANSPARENCY									
916409		06/11/202	06/01/202	07/01/202			3,084.00	0.00	0.00	3,084.00
	PRICE TRANSPARENCY									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11155	PARAREV	4,034.00	0.00	0.00	4,034.00

Vendor# 10152 Vendor Name: PARTSSOURCE, LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05286081		06/04/202	06/04/202	07/04/202			474.74	0.00	0.00	474.74
	SUPPLIES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10152	PARTSSOURCE, LLC	474.74	0.00	0.00	474.74

Vendor# S0905 Vendor Name: PERFORMANCE HEALTH Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN97706223		06/12/202	06/11/202	06/30/202			35.33	0.00	0.00	35.33
	PT SUPPLIES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
S0905	PERFORMANCE HEALTH	35.33	0.00	0.00	35.33

Vendor# 12708 Vendor Name: POC ELECTRIC, LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4049		06/12/202	03/20/202	06/30/202			925.00	0.00	0.00	925.00
	INSTALL STARTER MED AIR CON									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12708	POC ELECTRIC, LLC	925.00	0.00	0.00	925.00

Vendor# 11932 Vendor Name: PRESS GANEY ASSOCIATES, INC. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000650910		05/31/202	05/31/202	06/30/202			2,838.92	0.00	0.00	2,838.92
	CONTRACT FEES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11932	PRESS GANEY ASSOCIATES, INC.	2,838.92	0.00	0.00	2,838.92

Vendor# 12480 Vendor Name: PRO ENERGY PARTNERS LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24050600		06/11/202	06/11/202	06/26/202			1,981.47	0.00	0.00	1,981.47

ENERGY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC	1,981.47	0.00	0.00	1,981.47

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23732		06/12/202	06/10/202	06/30/202			37.99	0.00	0.00	37.99

APPOINTMENT CARDS

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	37.99	0.00	0.00	37.99

Vendor#	Vendor Name	Class	Pay Code
11240	REMI CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1061559		06/12/202	05/31/202	06/22/202			14,835.43	0.00	0.00	14,835.43

ANNUAL AGREEMENT 6.30.24 - 6.29.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11240	REMI CORPORATION	14,835.43	0.00	0.00	14,835.43

Vendor#	Vendor Name	Class	Pay Code
15264	REPUBLIC PAIN SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
30		05/31/202	05/31/202	06/30/202			7,000.00	0.00	0.00	7,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15264	REPUBLIC PAIN SPECIALISTS	7,000.00	0.00	0.00	7,000.00

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
043024		05/31/202	04/30/202	05/20/202			385.88	0.00	0.00	385.88

PAINT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	385.88	0.00	0.00	385.88

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382400049575		05/31/202	05/25/202	06/20/202			4,195.74	0.00	0.00	4,195.74

RENTAL

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	4,195.74	0.00	0.00	4,195.74

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
301050		06/01/202	06/01/202	06/11/202			410.00	0.00	0.00	410.00

ADVERTISING 12.5.24 - 1.2.24

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

Vendor#	Vendor Name	Class	Pay Code
11296	SOUTH TEXAS BLOOD & TISSUE CEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
I08040838		05/31/202	05/31/202	06/25/202			5,227.00	0.00	0.00	5,227.00

BLOOD

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	5,227.00	0.00	0.00	5,227.00

Vendor#	Vendor Name	Class	Pay Code
C1010	SPARKLIGHT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061524		06/01/202	06/01/202	06/15/202			1,842.00	0.00	0.00	1,842.00

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT					1,842.00	0.00	0.00	1,842.00
Vendor#	Vendor Name				Class	Pay Code				
S2694	STANFORD VACUUM SERVICE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	495031		06/05/202	06/05/202	06/20/202		550.00	0.00	0.00	550.00
		GREASE TRAP								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE					550.00	0.00	0.00	550.00
Vendor#	Vendor Name				Class	Pay Code				
S3960	STERICYCLE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	8007180731		05/31/202	05/18/202	06/17/202		3,079.00	0.00	0.00	3,079.00
		WASTE DISPOSAL 6.1.24 - 6.30.24								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC					3,079.00	0.00	0.00	3,079.00
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
	12456404		06/11/202	06/04/202	06/29/202		202.80	0.00	0.00	202.80
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION					202.80	0.00	0.00	202.80
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
	9206394291		06/11/202	06/07/202	06/12/202		451.30	0.00	0.00	451.30
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP					451.30	0.00	0.00	451.30
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	915673		05/31/202	05/31/202	06/30/202		6,130.42	0.00	0.00	6,130.42
		PHYSICIAN TRACKING								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC					6,130.42	0.00	0.00	6,130.42
Vendor#	Vendor Name				Class	Pay Code				
15488	TEXAN FLOOR SERVICE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	114291		05/31/202	05/29/202	06/28/202		99,169.39	0.00	0.00	99,169.39
		ER FLOORING GRANT								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15488	TEXAN FLOOR SERVICE					99,169.39	0.00	0.00	99,169.39
Vendor#	Vendor Name				Class	Pay Code				
10698	TEXAS DEPT OF STATE HEALTH SRV									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	060124		06/12/202	06/01/202	06/30/202		2,545.00	0.00	0.00	2,545.00
		RADIATION CONTROL -CT License								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10698	TEXAS DEPT OF STATE HEALTH SRV					2,545.00	0.00	0.00	2,545.00
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
	225266502301		05/31/202	05/24/202	06/20/202		3,247.58	0.00	0.00	3,247.58

INVENTORY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC	3,247.58	0.00	0.00	3,247.58

Vendor#	Vendor Name	Class	Pay Code
14372	TRIAGE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1796968671		06/06/202	05/31/202	06/30/202			3,467.50	0.00	0.00	3,467.50
	STEVEN SHAW									
INV1796972888		06/12/202	06/07/202	06/30/202			3,467.50	0.00	0.00	3,467.50
	S SHAW									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC	6,935.00	0.00	0.00	6,935.00

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
TRI85496		05/31/202	05/14/202	05/29/202			128.24	0.00	0.00	128.24
	FREIGHT									
TRI87054		05/31/202	05/30/202	06/14/202			235.56	0.00	0.00	235.56
	FREIGHT									
TRI87486		05/31/202	06/03/202	06/18/202			51.33	0.00	0.00	51.33
	FREIGHT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC	415.13	0.00	0.00	415.13

Vendor#	Vendor Name	Class	Pay Code
C2510	TRUBRIDGE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
T2406101378		05/31/202	06/10/202	07/05/202			10,662.90	0.00	0.00	10,662.90
	CODING/CONSULTING									
A2406051378		06/06/202	06/05/202	06/30/202			22,786.00	0.00	0.00	22,786.00
	SOFTWARE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	33,448.90	0.00	0.00	33,448.90

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
2921034147		06/12/202	06/06/202	07/01/202			220.39	0.00	0.00	220.39
	LAUNDRY									
2921034142		06/12/202	06/06/202	07/01/202			253.47	0.00	0.00	253.47
	LAUNDRY									
2921034145		06/12/202	06/06/202	07/01/202			321.10	0.00	0.00	321.10
	LAUNDRY									
2921034143		06/12/202	06/06/202	07/01/202			3,342.62	0.00	0.00	3,342.62
	LAUNDRY									
2921034148		06/12/202	06/06/202	07/01/202			161.96	0.00	0.00	161.96
	LAUNDRY									
2921034141		06/12/202	06/06/202	07/01/202			125.40	0.00	0.00	125.40
	LAUNDRY									
2921034144		06/12/202	06/06/202	07/01/202			34.04	0.00	0.00	34.04
	LAUNDRY									
2921034146		06/12/202	06/06/202	07/01/202			282.90	0.00	0.00	282.90
	LAUNDRY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	4,741.88	0.00	0.00	4,741.88

Vendor#	Vendor Name	Class	Pay Code
15444	VANDERBILT HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

CI00054476	05/31/202 05/31/202 06/30/202		160.85	0.00	0.00	160.85
JAN-MARCH FEES 2024						
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net
15444	VANDERBILT HEALTH		160.85	0.00	0.00	160.85

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
INV114078		06/04/202	06/03/202	07/03/202			1,074.00	0.00	0.00	1,074.00
SUPPLIES										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
11400	WEST COAST MEDICAL RESOURCES						1,074.00	0.00	0.00	1,074.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	561,346.78	0.00	0.00	561,346.78

APPROVED ON

JUN 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204515 - 204595

561,346.78 +
238.15 - Eolab inv. incld Sales Tax pg. 4 $18.15
561,108.63 ◊
220.00 + correct amount
561,328.63 ◊

561,328.63 +
7,262.78 - Double pmt remove pg. 4 First Ins.
554,065.85 ◊

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	204515	06/19/24	2,519.50	ADVANCED STERILIZATION PRODUCT
A/P	204516	06/19/24	1,573.01	AIRGAS USA, LLC - CENTRAL DIV
A/P	204517	06/19/24	224.30	AMAZON CAPITAL SERVICES
A/P	204518	06/19/24	38.90	AMERISOURCEBERGEN DRUG CORP
A/P	204519	06/19/24	10,709.36	AUTHORITYRX, LLC
A/P	204520	06/19/24	594.00	AZALEA HEALTH
A/P	204521	06/19/24	3,899.26	BAXTER HEALTHCARE
A/P	204522	06/19/24	5,141.91	BECKMAN COULTER INC
A/P	204523	06/19/24	39,750.69	CALHOUN COUNTY
A/P	204524	06/19/24	10.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	204525	06/19/24	1,699.00	CERVEY, LLC
A/P	204526	06/19/24	63,355.97	CITIZENS MEDICAL CENTER
A/P	204527	06/19/24	354.00	CLARITY ENROLLMENT SOLUTIONS
A/P	204528	06/19/24	1,204.79	CLEARFLY
A/P	204529	06/19/24	23,770.21	CLINICAL PATHOLOGY LABS
A/P	204530	06/19/24	635.40	COASTAL OFFICE SOLUTONS
A/P	204531	06/19/24	466.20	COCA COLA SOUTHWEST BEVERAGES
A/P	204532	06/19/24	139.99	COTIVITI
A/P	204533	06/19/24	36,286.89	CULINARY CONCESSIONS LLC
A/P	204534	06/19/24	574.34	DETAR HOSPITAL
A/P	204535	06/19/24	163.18	DEWITT POTH & SON
A/P	204536	06/19/24	220.00	ECOLAB
A/P	204537	06/19/24	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	204538	06/19/24	234.87	FASTENAL COMPANY
A/P	204539	06/19/24	1,090.00	FASTHEALTH CORPORATION
A/P	204540	06/19/24	76.46	FEDEX FREIGHT
A/P	204541	06/19/24	1,960.05	FILTER TECHNOLOGY CO, INC
A/P	204542	06/19/24	3,631.39	FIRST INSURANCE FUNDING
A/P	204543	06/19/24	87.73	FISHER HEALTHCARE
A/P	204544	06/19/24	25.58	FRONTIER
A/P	204545	06/19/24	12,823.59	GE PRECISION HEALTHCARE, LLC
A/P	204546	06/19/24	10,885.54	GREAT AMERICA FINANCIAL SVCS
A/P	204547	06/19/24	75.00	GULF COAST DELIVERY
A/P	204548	06/19/24	1,167.71	GULF COAST PAPER COMPANY
A/P	204549	06/19/24	4,610.52	HEALTHCARE FINANCIAL SERVICES
A/P	204550	06/19/24	573.53	HEWLETT-PACKARD
A/P	204551	06/19/24	15,292.94	HUNTER PHARMACY SERVICES
A/P	204552	06/19/24	216.00	INTERSTATE ALL BATTERY CENTER
A/P	204553	06/19/24	615.20	J & J HEALTH CARE SYSTEMS, INC
A/P	204554	06/19/24	40.00	[redacted]
A/P	204555	06/19/24	114.00	KAVU-TV
A/P	204556	06/19/24	32.00	KVCT-TV
A/P	204557	06/19/24	810.70	LANDAUER INC
A/P	204558	06/19/24	68.00	[redacted]
A/P	204559	06/19/24	561.73	LOWE'S BUSINESS ACCT/SYNCB
A/P	204560	06/19/24	213.31	MEDICAL DATA SYSTEMS, INC.
A/P	204561	06/19/24	.00	VOIDED
A/P	204562	06/19/24	7,887.49	MEDLINE INDUSTRIES INC
A/P	204563	06/19/24	54.17	MERCEDES SCIENTIFIC
A/P	204564	06/19/24	.00	VOIDED

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		204565	06/19/24	49,699.91	MORRIS & DICKSON CO, LLC
A/P		204566	06/19/24	120.68	NACOGDOCHES TRANSCRIPTION
A/P		204567	06/19/24	1,329.60	OLYMPUS AMERICA INC
A/P		204568	06/19/24	4,034.00	PARAREV
A/P		204569	06/19/24	474.74	PARTSSOURCE, LLC
A/P		204570	06/19/24	35.33	PERFORMANCE HEALTH
A/P		204571	06/19/24	925.00	POC ELECTRIC, LLC
A/P		204572	06/19/24	2,838.92	PRESS GANEY ASSOCIATES, INC.
A/P		204573	06/19/24	1,981.47	PRO ENERGY PARTNERS LLC
A/P		204574	06/19/24	37.99	RAPID PRINTING LLC
A/P		204575	06/19/24	14,835.43	REMI CORPORATION
A/P		204576	06/19/24	7,000.00	REPUBLIC PAIN SPECIALISTS
A/P		204577	06/19/24	385.88	SHERWIN WILLIAMS
A/P		204578	06/19/24	4,195.74	SIEMENS FINANCIAL SERVICES
A/P		204579	06/19/24	410.00	SIGN AD, LTD.
A/P		204580	06/19/24	5,227.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P		204581	06/19/24	1,842.00	SPARKLIGHT
A/P		204582	06/19/24	550.00	STANFORD VACUUM SERVICE
A/P		204583	06/19/24	3,079.00	STERICYCLE, INC
A/P		204584	06/19/24	202.80	STERIS CORPORATION
A/P		204585	06/19/24	451.30	STRYKER SALES CORP
A/P		204586	06/19/24	6,130.42	T-SYSTEM, INC
A/P		204587	06/19/24	99,169.39	TEXAN FLOOR SERVICE
A/P		204588	06/19/24	2,545.00	TEXAS DEPT OF STATE HEALTH SRV
A/P		204589	06/19/24	3,247.58	THERACOM, LLC
A/P		204590	06/19/24	6,935.00	TRIAGE, LLC
A/P		204591	06/19/24	415.13	TRIOSE, INC
A/P		204592	06/19/24	33,448.90	TRUBRIDGE
A/P		204593	06/19/24	4,741.88	UNIFIRST HOLDINGS INC
A/P		204594	06/19/24	160.85	VANDERBILT HEALTH
A/P		204595	06/19/24	1,074.00	WEST COAST MEDICAL RESOURCES
A/P		204596	06/19/24	28,244.38	BETHANY SENIOR LIVING
A/P		204597	06/19/24	83.85	BROADMOOR AT CREEKSIDE PARK
A/P		204598	06/19/24	2,040.00	FORTBEND HEALTHCARE CENTER
A/P		204599	06/19/24	92,770.90	GOLDENCREEK HEALTHCARE
A/P		204600	06/19/24	3,158.69	GULF POINTE PLAZA
A/P		204601	06/19/24	1,428.00	SOLERA WEST HOUSTON
A/P		204602	06/19/24	26,648.07	THE CRESCENT
A/P		204603	06/19/24	209.64	[redacted]
TOTALS:				708,649.38	

Payables 554,065.85 +
Pt. Refund 209.64 +
NH Xfers 154,373.89 +
708,649.38 ◇

APPROVED ON
JUN 19 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE COUNTY AUDITOR ON

JUN 13 2024

RUN DATE: 06/13/24
TIME: 12:51

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1592601 01	[redacted]	061224	209.64	2		REFUND FOR [redacted]	
	[redacted] TX 77979						
	ARID=0001 TOTAL		209.64				
TOTAL			209.64				

CALHOUN COUNTY, TEXAS

APPROVED ON

JUN 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204003

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

citi

Account Inquiries:
Toll Free 1-(800)-248-4553
International 1-(904)-954-7314
TDD/TTY 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity	$3,740.58

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK N.A. PO BOX 6125 SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	06/03/2024
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location			Amount
			---------- NOTICE MEMO ITEM(S) LISTED BELOW ----------					
05/10	05/09	9399	05134374131600067264388	1	NPDB NPDB.HRSA.GOV FAIRFAX VA N108620598	22033	USA	2.50
05/10	05/10	8999	55432864131200591846943	2	AMA*CREDENTIALING 800-621-8335 IL	60611	USA	44.00
05/21	05/20	5912	55436874142171422577712	3	IMPRIMISRX 503B LEDGEWOOD NJ 1824819		USA	1,050.00
05/23	05/21	3066	55432864143204595429934	4	SOUTHWES 5264241191202 800-435-9792 TX CLEVENGER/ERIN DEPARTURE: 05/21/24 HOU WN Y DEN	75235	USA	23.00
05/23	05/21	3066	55432864143204595429942	5	SOUTHWES 5262296190919 800-435-9792 TX CLEVENGER/ERIN DEPARTURE: 06/12/24 HOU WN DEN WN T HOU	75235	USA	517.96
05/23	05/21	3066	55432864143204595429926	6	SOUTHWES 5264241191203 800-435-9792 TX CLEVENGER/ERIN DEPARTURE: 05/21/24 DEN WN Y HOU	75235	USA	23.00
05/27	05/24	5734	55207394146510062634436	7	DIGICERT LEHI UT	84043	USA	864.00
05/27	05/24	3740	55432864146205486004113	8	TOWNEPLACE STES SEGUIN SEGUIN TX 75031 CHECK IN: 05/21/2024 75031	75234	USA	447.49
05/29	05/28	9399	55488724150091271001130	9	TXDPS CRIME RECS AUSTIN TX 697688088	78752	USA	153.63
06/03	05/30	8062	55457374152200873700044	10	TEXAS HOSPITAL ASSOC AUSTIN TX	78701	USA	615.00
			---------- TOTAL AMOUNT OF MEMO ITEM(S) $3,740.58					

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

APPROVED ON
JUN 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

citi CITIBANK N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX-6228
Statement Closing Date June 03 2024

Not an invoice
For your records only

ERIN CLEVENGER
202 S ANN ST., STE A
PORT LAVACA TX 77979-4204

00010079643

Information About Your Citi® Corporate Card Account(s)

- ***Report a Lost or Stolen Card Immediately:*** Our telephone lines are open every day 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- ***Cardholder Credit Line:*** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances) which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any) is determined by the Company and is a portion of the total Company Credit Line.
- ***To Increase or Reallocate a Company or Cardholder Credit Line:*** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day 24 hours a day at the telephone number specified on the front of the statement.
- ***Additional Cardholders:*** The Company may request applications to add additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- ***Citi Manager® Online Tool:*** You can easily manage your Citi Corporate Card on line using the Citi Manager on line tool. Citi Manager enables you to manage business expenses from anywhere around the globe from your computer or mobile device you can view statements on line as well as confirm account balances. To register to Citi Manager please log on to www.citimanager.com.cn and click on the "Register a on line Cardholder's Link". From here follow the prompts to establish your account.
- ***Payments:*** You may make a payment to your individually billed card account on line using Citi Manager. Please note that some organizations do not have the Citi Manager on line payment feature enabled to cardholders paying by mail please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts please be sure to send on Company check as payment for a Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, we will be credited as of that day. Payments can also be made by electronic fund transfer wire transfer ACH transfer direct debit and other methods. Call the number on the front of this statement to details.
- ***Company Ratification:*** By signing this payment of any amounts charged to the Account, the Company (1) ratifies the original Application to the Account and the authority of all persons whether named or signing such Application and (2) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- ***Special Information on Cash Advances:*** Cardholders may get a Cash Advance at over 1,600,000 locations worldwide.
  - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line as no additional line of credit.
  - For Cash Advances from ATMs a separate Personal Identification Number (PIN) is required for security purposes.

Account Inquiries

- ***In Case of Errors or Questions About Your Bill:*** You are responsible for notifying the dispute resolution process if your Account Statement shows charges that you believe are unauthorized incorrect or for merchandise that has not been received or for returned merchandise. You should also notify the process if your Account Statement incorrectly shows a credit as a charge or a credit for which you have been issued a credit slip is not shown. To begin the dispute resolution process visit citimanager.com.cn.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter please give us the following information:
  - Your name and account number. For centrally billed Company Accounts the Company name and individual account number.
  - The dollar amount of the suspected error.
  - Describe the error and explain the reason for the error more information as is needed about an item please describe to us.
  - Merchant Disputes. If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
  - In the letter to us please explain in detail the disputed and the results of the attempt to resolve with the merchant. The letter must include the amount involved and must be signed by the individual Cardholder. We will notify you of the results of our efforts.
  - If you returned merchandise and received a credit slip which has not yet been posted please allow 30 days from the date it was issued. If has not been posted to the Account by then forward a copy of the credit slip to us at the billing dispute address specified on the front of this statement. Along with the copy of the credit slip please include a letter (signed by the individual Cardholder) stating that credit was not received. If a credit slip was not issued please request one from the merchant. If the merchant refuses please write to us and explain the details.
  - On non-disputed matters of any matter shown by the Bank not to be in error the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardholder requests such as duplicate periodic statements transaction slips and the like.
  - Please save your charge receipts.

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 6/6/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 provider enrolle			✓ 2.5C
2	—		AMA Credentialing - 1			✓ 44.0C
3			physician - Init + Cont Monitoring			
4	—		Southwest Airlines - Erin			✓ 23.0C
5			Caterer - CHIC Member			✓ 517.9C
6			Mtg - Colorado 6.12.24 - 6.15.24			✓ 23.00
7	— "		DigiCert - "IT "		"	✓ 864.0C
8	—		TownePlace Stes - Seguin	5.21.24 - 5.23.24		✓ 447.4C
9			Dianne Atkinson - Quality			
10	—		TXDPS - credits for Background criminal checks - HR + Cred.			✓ 153.6:

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

Charges made to Erin's credit card

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 6/6/2024

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Texas Hosp. Assoc. - Virtual			✓ 615.00
2			Registration for Erin	1.15.24 - 1.27.24		
3			Clevenger - THT Conf			
4	—		Imprimis Rx - pharmacy			
5			Medication charged to patient			✓ 1050 —
6						
7			" "	"		"
8						
9						
10						

2.50 +
44.00 +
23.00 +
517.96 +
23.00 +
864.00 +
447.49 +
153.63 +
615.00 +
1,050.00 +
3,740.58 ◊

Est. Freight _____ Est. Total Cost _____ TOTAL COST ✓ 3,740.58

NOTES:

Charges made to Erin's credit card

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ROSHANDA S THOMAS

citi

Account Inquiries:
Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-9457

Summary of Account Activity

Total Activity	$592.50

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	CLOSED
Cash Advance Limit	0
Statement Closing Date	**06/03/2024**
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location					Amount
********** NOTICE MEMO ITEM(S) LISTED BELOW **********										
05/06	05/02	8062	5545737412420087370023	1	TEXAS HOSPITAL ASSOC	AUSTIN	TX	78701	USA	590.00
05/07	05/06	9399	0513437412860006875458O	2	NPDB NPDB.HRSA.GOV N108472695	FAIRFAX	VA	22033	USA	2.50
********** TOTAL AMOUNT OF MEMO ITEM(S): **$592.50**										

APPROVED ON
JUN 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX-9457
Statement Closing Date June 03, 2024

Not an invoice.
For your records only.

ROSHANDA S THOMAS
202 S ANN ST
PORT LAVACA TX 77979-4204

00007905040

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 6/6/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Texas Hospital Assoc. —			590.00
2			Registration for Sheila	San Antonio, TX 1/25/24		
3			Poiersbeike - THT Conf.	Virtual		
4	—		NPDB - 1 provider - Enroll			2.50
5						
6		590.00 +				
7	"	2.50 +	"	"		"
8		592.50 ◊				
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 592.50

NOTES:

Charges made to Roshanda's MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

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: 06/14/2024

Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 06/15/2024

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

As of: 06/14/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 06/15/2024

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: 5,614.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/18/2024, Pay This Amount: 5,502.36 USD

If Paid After 06/18/2024, Pay this Amount: 5,614.66 USD

Due If Paid On Time: USD 5,502.36

Disc lost if paid late: 112.30

Due If Paid Late: USD 5,614.66

✓ Andrea De Los Santos
6/17/24

5,487.37 +
11.81 +
3.18 +
5,502.36 ◊

APPROVED ON
JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/14/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 06/15/2024

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

As of: 06/14/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 06/15/2024

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											
06/10/2024	06/18/2024	7501498940	202059477	115Invoice	1.00	50.24		49.24		7501498940	
06/10/2024	06/18/2024	7501498941	202124985	115Invoice	2.68	133.98		131.30		7501498941	
06/10/2024	06/18/2024	7501498942	202124985	115Invoice		0.08		0.08		7501498942	
06/10/2024	06/18/2024	7501669342	202108166	195Invoice	18.67	933.27		914.60		7501669342	
06/10/2024	06/18/2024	7501669343	202130791	195Invoice	1.43	71.63		70.20		7501669343	
06/10/2024	06/18/2024	7501669344	201991988	195Invoice	58.41	2,920.42		2,862.01		7501669344	
06/11/2024	06/18/2024	7501794338	202213453	115Invoice	0.01	0.33		0.32		7501794338	
06/11/2024	06/18/2024	7501951631	202223838	115Invoice	0.03	1.27		1.24		7501951631	
06/12/2024	06/18/2024	7502049467	202360005	115Invoice	26.23	1,311.53		1,285.30		7502049467	
06/12/2024	06/18/2024	7502049469	202420991	115Invoice	0.02	0.95		0.93		7502049469	
06/12/2024	06/18/2024	7502224349	202353849	115Invoice	0.01	0.32		0.31		7502224349	
06/13/2024	06/18/2024	7502309590	202548143	115Invoice		0.03		0.03		7502309590	
06/13/2024	06/18/2024	7502478708	202501567	115Invoice	0.02	0.95		0.93		7502478708	
06/14/2024	06/18/2024	7502572901	202593747	115Invoice	0.97	48.39		47.42		7502572901	
06/14/2024	06/18/2024	7502727811	202600669	195Invoice	2.52	125.98		123.46		7502727811	

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: 5,599.37 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 13,194.38
06/10/2024

If Paid By 06/18/2024, Pay This Amount: 5,487.37 USD

APPROVED ON
JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

If Paid After 06/18/2024, Pay this Amount: 5,599.37 USD

Due If Paid On Time:
USD 5,487.37

Disc lost if paid late: 112.00

Due If Paid Late:
USD 5,599.37

6/17/24

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 06/14/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 06/15/2024

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: 06/14/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 06/15/2024 **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											
06/12/2024	06/18/2024	7502046880	3995398	115Invoice	0.24	12.05		11.81	X	7502046880	✓

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: 12.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 13,194.38
06/10/2024

If Paid By 06/18/2024, Pay This Amount: 11.81 USD

If Paid After 06/18/2024, Pay this Amount: 12.05 USD

Due If Paid On Time: USD 11.81 ✓X

Disc lost if paid late: 0.24

Due If Paid Late: USD 12.05

✓ Andrea De Los Santos
6/17/24

APPROVED ON
JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 06/14/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 06/15/2024

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 06/14/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 06/15/2024 **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											
06/12/2024	06/18/2024	7502248124	3309293	115Invoice	0.06	3.24		3.18	✗	7502248124	✓

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: 3.24 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 13,194.38
06/10/2024

If Paid By 06/18/2024,
Pay This Amount: 3.18 USD

If Paid After 06/18/2024,
Pay this Amount: 3.24 USD

Due If Paid On Time:
USD 3.18 ✗ ✓

Disc lost if paid late:
0.06

Due If Paid Late:
USD 3.24

✓ Andrea DeLos Santos
6/17/24

APPROVED ON

JUN 17 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 67627371
Date: 06-14-2024

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:	393.83
Past Due:	0.00
Total Due:	393.83
Account Balance:	393.83

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-10-2024	06-21-2024	3177917296	7006738480	Invoice	89.54		0.00	89.54
06-10-2024	06-21-2024	3177917297	7006746115	Invoice	73.69		0.00	73.69
06-10-2024	06-21-2024	3177917298	7006757189	Invoice	19.90		0.00	19.90
06-11-2024	06-21-2024	3178082890	7006764136	Invoice	5.89		0.00	5.89
06-12-2024	06-21-2024	3178252603	7006771641	Invoice	56.54		0.00	56.54
06-13-2024	06-21-2024	3178393394	7006781339	Invoice	44.22		0.00	44.22
06-14-2024	06-21-2024	3178543054	7006790610	Invoice	104.05		0.00	104.05

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
393.83	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-14-2024	(1,057.55)

APPROVED ON
JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
06-21-2024	393.83
Total Due:	393.83

Andrea Estes
6/17/24

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"	★	$ 116,311.54	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 61,829.46	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,459.96	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 40,022.12	#
☐ "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	5/31/2024					
PAY PERIOD: END	6/13/2024					
PAY DATE:	6/21/2024					
GROSS PAY:	$ 537,971.35			$ -		$ 537,971.35
DEDUCTIONS:						
A/R	$ 200.00					$ 200.00
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 873.04					$ 873.04
CAFÉ-D	$ 1,276.22					$ 1,276.22
CAFÉ-H	$ 31,017.37					$ 31,017.37
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 570.69					$ 570.69
CLINIC	$ 521.19					$ 521.19
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,373.93					$ 1,373.93
MUTUAL HOSP INDEM	$ 572.50					$ 572.50
FED TAX	$ 40,022.12					$ 40,022.12
FICA-M	$ 7,229.98					$ 7,229.98
FICA-O	$ 30,914.73					$ 30,914.73
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 5,285.31			-		$ 5,285.31
FLX-FE	$ -					$ -
GIFT S	$ 196.49					$ 196.49
MUTUAL CRITICAL ILLNESS	$ 1,092.55					$ 1,092.55
MUTUAL ACCIDENT	$ 729.14					$ 729.14
MUTUAL SHORT TERM DIS	$ 1,884.21					$ 1,884.21
LEGAL	$ 1,157.41					$ 1,157.41
OTHER	$ 2,512.76					$ 2,512.76
NATIONAL FARM LIFE	$ 1,105.50					$ 1,105.50
MED SURCHARGE	$ 295.00					$ 295.00
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 36,869.53					$ 36,869.53
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 166,845.53	$ -	$ -	$ -	$ -	$ 166,845.53
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 371,125.82	$ -	$ -	$ -	$ -	$ 371,125.82
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 39,346.94	Less Exempt:				
TAXABLE PAY:	$ 498,624.41	$ 498,624.41				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,230.05		
FICA - MED (EE)	1.45%	$ 7,230.05	$ 7,229.98	$ 0.07
FICA - SOC SEC (ER)	6.20%	$ 30,914.71		
FICA - SOC SEC (EE)	6.20%	$ 30,914.71	$ 30,914.73	$ (0.02)
FED WITHHOLDING		$ 40,022.12	$ 40,022.12	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 116,311.64	$ 116,311.54	
FICA - MEDICARE	2.90%	$ 14,460.10	$14,459.96	
FICA - SOCIAL SECURITY	12.40%	$ 61,829.42	$61,829.46	PREPARED BY:
FED WITHHOLDING		$ 40,022.12	$40,022.12	PREPARED DATE:
TOTAL TAX:		$ 116,311.64	$116,311.54	$ 0.10

Andrie Flores
6/17/2024

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9870.00	N		N	N		230595.53
1	REGULAR PAY-S1	1839.00	N		N	N	N	85197.08
1	REGULAR PAY-S1	265.25	Y		N	N		8586.08
2	REGULAR PAY-S2	2897.50	N		N	N		79346.34
2	REGULAR PAY-S2	102.25	Y		N	N		4949.08
3	REGULAR PAY-S3	1646.50	N		N	N		57428.21
3	REGULAR PAY-S3	124.25	Y		N	N		6314.33
4	CALL BACK PAY	21.75	N	1	N	N	Y	1004.51
4	CALL BACK PAY	23.50	N	2	N	N	Y	898.44
4	CALL BACK PAY	.25	Y	1	N	N	Y	12.21
4	CALL BACK PAY	.75	Y	2	N	N	Y	37.76
C	CALL PAY	2135.50	N	1	N	N		4271.00
D	DOUBLE TIME	7.75	N	1	N	N		610.24
D	DOUBLE TIME	19.00	N	2	N	N		1599.07
D	DOUBLE TIME	24.00	N	3	N	N		2146.74
D	DOUBLE TIME	8.50	Y	3	N	N		994.50
E	EXTRA WAGES		N		N	N	N	600.00
E	EXTRA WAGES		N	1	N	N	N	1929.75
F	FUNERAL LEAVE	48.00	N	1	N	N		914.88
I	INSERVICE	10.00	N	1	N	N		277.72
K	EXTENDED-ILLNESS-BANK	404.00	N	1	N	N		11691.84
P	PAID-TIME-OFF	66.18	N		N	N	N	1996.65
P	PAID-TIME-OFF	1170.00	N	1	N	N		35955.39
X	CALL PAY 2	184.00	N	1	N	N		368.00
Y	YMCA/CURVES		N		N	N	N	30.00
Z	CALL PAY 3	72.00	N	1	N	N		216.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	200.00	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1276.22
CAFE-F		CAFE-H	31017.37	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	570.69	CLINIC	521.18	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	40022.12	FICA-M	7229.98
FICA-O	30914.73	FIRSTC		FLEX S	4521.67
FLX FE		FORT D		FUTA	
GIFT S	196.49	GRANT		GRP-IN	
GTL		HOSP-I		HSA	763.64
ID TFT		IRSTAX		LEAF	
LEGAL	257.41	MASA	900.00	MEALS	2512.76
METVIS		MISC		MISC/	
MMCSHR		MOOACC	729.14	MOOILL	1092.55
MOOIND	572.50	MOOLIF	1373.93	MOOSTD	1884.21
MOOVIS	873.04	NATFML	1105.50	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	36869.53	TUTION		UNIFOR	
UW/HOS					

Grand Totals: 20939.93 ------- { Gross: 537971.35 Deductions: 166845.53 Net: 371125.82

Checks Count:- FT 206 PT 13 Other 42 Female 234 Male 26 Credit OverAmt 11 ZeroNet Term Total: 260

Andrea De Los Santos
6/17/24

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
1858	76360	3	21	1	2024	135001101	0	5/16/2024	$20,130.00	1	LIBERTY DIALYSIS VICTORIA	P	465	0	[redacted]		HDI	F	4/1/2024 0:00	4/30/2024	262438451
									$20,130.00												

APPROVED ON

JUN 17 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea DeLosSantos
6/17/24

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2031	76351	3	11	0	2024	145003026	0	6/11/2024	$37,732.80	1	HOUSTON METHODIST HOSPITAL	P	418	0	[redacted]		RB	F	2/14/2024	2/17/2024	741180155
									$37,732.80												

Andrew DeLos Santos
6/17/24

APPROVED ON

JUN 17 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
1593	76351	3	11	0	2024	103002366	0	4/19/2024	$20,360.88	1	HOUSTON METHODIST HOSPITAL	P	591	0	[redacted]		INLP	F	2/12/2024	2/12/2024	741180155
									$20,360.88												

Andrew DeLosSantos
6/17/24

APPROVED ON

JUN 17 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- June 10, 2024 - June 16, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
6/14/2024	PAY PLUS ACHTrans 000000026114750 1010006995	- 3rd Party Payor Fee	38.38	9012
6/14/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,057.55 *	5006
6/13/2024	WIRE OUT HEALTHEQUITY	-Wageworks	11,764.64 *	8005
6/13/2024	PAY PLUS ACHTrans 000000025978276 1010006983	- 3rd Party Payor Fee	111.51	9012
6/12/2024	PAY PLUS ACHTrans 000000025788297 1010006971	- 3rd Party Payor Fee	26.70	9012
6/11/2024	PAY PLUS ACHTrans 000000025641457 1010006959	- 3rd Party Payor Fee	74.94	9012
6/11/2024	MCKESSON DRUG AUTO ACH ACH06037898 910000124	- 340B Drug Program Expense	13,194.38 *	5006
6/10/2024	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	895.89	9012
6/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	456.28	9012
6/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	1,236.54	9012
6/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,374.70	9012
6/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	279.72	9012
6/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	232.76	9012
6/10/2024	IRS USATAXPYMT 270456222211102 6103601001390	- Payroll Taxes	113,023.35 **	8005
			143,767.34	

38.38 +
111.51 +
pay plus 26.70 +
74.94 +
251.53 ◊
0.C
wires
895.89 +
456.28 +
1,236.54 +
1,374.70 +
279.72 +
232.76 +
4,475.89 ◊
0.C

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center
June 17, 2024

* Approved on 6.12.24
** Approved on 6.05.24

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
6/19/2024	- WEBFILE TAX PYMT DD	- Sales Tax	1,988.08
			1,988.08

251.53 +
4,475.89 +
4,727.42 ◊

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center
June 17, 2024

APPROVED ON
JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

143,767.34 +
1,057.55 -
11,764.64 -
13,194.38 -
113,023.35 -
4,727.42 ◊
4,727.42 -
0.00 ◊

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 05/31/2024 (2405)

Taxpayer ID: [redacted]
User ID [redacted]
Reference Number: [redacted]
Date and Time of Filing:
06/10/2024, 02:15:42 PM

Taxpayer Name:
MEMORIAL MEDICAL CENTER
Taxpayer Address:
815 N VIRGINIA ST PORT LAVACA , TX 77979-3025
IP Address: 24.116.195.218

Entered By: Caitlin Clevenger
Email Address:
cclevenger@mmcportlavaca.com
Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Electronic Check
State Amount: $1,506.12
Local Amount: $481.96
Amount to Pay: $1,988.08
Electronic Check: $1,988.08

Payment Reference Number: [redacted]
Trace Number [redacted]

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center
Bank Routing Number: [redacted]
Bank Account Number [redacted]
Payment Effective Date: 06/19/2024

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return? No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	24,219	24,219	0.00	24,219	1,513.69	24,219	0.02	484.38
SubTotal	**24,219**	**24,219**	**0**	**24,219**	**1,513.69**	**24,219**		**484.38**

Total Tax for Locations 1,998.07

Total Tax Due:	$1,998.07
Timely Filing Discount:	- $9.99
Balance Due:	$1,988.08
Pending Payments:	- $0.00
Total Amount Due and Payable:	**$1,988.08**

(State amount due is $1,506.12) (Local amount due is $481.96)

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	

RECEIVED BY THE
COUNTY AUDITOR ON
JUN 13 2024

06/13/2024
12:27

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/09/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11828	CALHOUN COUNTY, TEXAS SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053124		06/07/202	05/31/202	07/08/202			1,428.00	0.00	0.00	1,428.00
	TRANSFER	ins. pmt. dep. into mmc ope in error								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON					1,428.00	0.00	0.00	1,428.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,428.00	0.00	0.00	1,428.00

APPROVED ON
JUN 13 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 204601

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 13 2024

CALHOUN COUNTY, TEXAS

06/13/2024 MEMORIAL MEDICAL CENTER 0
12:26 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/09/2024

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053024A	TRANSFER	06/07/202	05/31/202	07/08/202			164.70	0.00	0.00	164.70
053124	TRANSFER	06/07/202	05/31/202	07/08/202			2,040.00	0.00	0.00	2,040.00

ins. pmt adj. into mmc ope. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	2,204.70	0.00	0.00	2,204.70

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,204.70	0.00	0.00	2,204.70

APPROVED ON

JUN 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204598

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 13 2024

06/13/2024 MEMORIAL MEDICAL CENTER 0
12:26 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/09/2024

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060324		06/07/202	06/03/202	07/08/202			20.32	0.00	0.00	20.32
	TRANSFER Ins. pmt dep. into MMC Opt. in error									
060324A		06/07/202	06/03/202	07/08/202			63.53	0.00	0.00	63.53
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	83.85	0.00	0.00	83.85

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	83.85	0.00	0.00	83.85

APPROVED ON

JUN 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204597

RECEIVED BY THE COUNTY AUDITOR ON

JUN 13 2024

CALHOUN COUNTY, TEXAS

06/13/2024 MEMORIAL MEDICAL CENTER 0

12:26 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/09/2024

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052424		06/07/202	05/23/202	06/29/202			4,488.00	0.00	0.00	4,488.00
	TRANSFER									
052324		06/07/202	05/23/202	07/08/202			3,355.00	0.00	0.00	3,355.00
	TRANSFER	"		"						
052424A		06/07/202	05/23/202	07/08/202			5,304.00	0.00	0.00	5,304.00
	TRANSFER	"		"						
052924		06/07/202	05/23/202	07/08/202			6,120.00	0.00	0.00	6,120.00
	TRANSFER	"		"						
053024		06/07/202	05/30/202	07/08/202			49.07	0.00	0.00	49.07
	TRANSFER	"		"						
053124		06/07/202	05/31/202	07/08/202			204.00	0.00	0.00	204.00
	TRANSFER	"		"						
053124A		06/07/202	05/31/202	07/08/202			5,700.00	0.00	0.00	5,700.00
	TRANSFER	"		"						
060324		06/07/202	06/03/202	07/08/202			1,428.00	0.00	0.00	1,428.00
	TRANSFER	"		"						

INS. PMT dep. into MMC OPL in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	26,648.07	0.00	0.00	26,648.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	26,648.07	0.00	0.00	26,648.07

APPROVED ON

JUN 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 204602

RECEIVED BY THE COUNTY AUDITOR ON

JUN 13 2024

CALHOUN COUNTY, TEXAS

06/13/2024 12:27

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/09/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
052324		06/07/202	05/23/202	07/08/202			18,063.48	0.00	0.00	18,063.48
	TRANSFER	ins. pmt. dep into mmc ope. in error								
052824A		06/07/202	05/28/202	07/06/202			65,245.76	0.00	0.00	65,245.76
	TRANSFER									
052824		06/07/202	05/28/202	07/08/202			350.00	0.00	0.00	350.00
	TRANSFER									
052924B		06/07/202	05/29/202	07/08/202			2,013.66	0.00	0.00	2,013.66
	TRANSFER									
052924		06/07/202	05/29/202	07/08/202			140.68	0.00	0.00	140.68
	TRANSFER									
052924A		06/07/202	05/29/202	07/08/202			34.12	0.00	0.00	34.12
	TRANSFER									
053024		06/07/202	05/30/202	07/08/202			93.64	0.00	0.00	93.64
	TRANSFER									
053124		06/07/202	05/31/202	07/08/202			294.20	0.00	0.00	294.20
	TRANSFER									
053124A		06/07/202	05/31/202	07/08/202			1,253.54	0.00	0.00	1,253.54
	TRANSFER									
060324A		06/07/202	06/03/202	07/08/202			4,080.00	0.00	0.00	4,080.00
060324		06/07/202	06/03/202	07/08/202			280.10	0.00	0.00	280.10
060424		06/12/202	06/04/202	07/09/202			0.03	0.00	0.00	0.03
	TRANSFER									
060424A		06/12/202	06/04/202	07/09/202			921.69	0.00	0.00	921.69
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	92,770.90	0.00	0.00	92,770.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	92,770.90	0.00	0.00	92,770.90

APPROVED ON

JUN 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Chk# 204599

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 13 2024

06/13/2024
12:28

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/09/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
053024		06/07/202	05/31/202	07/08/202			3,158.69	0.00	0.00	3,158.69
	TRANSFER ins. pmt. dep. into mmc ope. in error									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA					3,158.69	0.00	0.00	3,158.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,158.69	0.00	0.00	3,158.69

APPROVED ON

JUN 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204600

RECEIVED BY THE COUNTY AUDITOR ON

JUN 13 2024

06/13/2024 MEMORIAL MEDICAL CENTER 0

12:28 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/09/2024

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
052324A		06/07/202	05/23/202	07/08/202			204.00	0.00	0.00	204.00
	TRANSFER	Ins. Pmt. due to MMC ope in error								
052924		06/07/202	05/28/202	07/08/202			19.03	0.00	0.00	19.03
	TRANSFER	"		"						
052824		06/07/202	05/28/202	07/08/202			8,134.20	0.00	0.00	8,134.20
	TRANSFER	"		"						
052924A		06/07/202	05/29/202	07/08/202			14,314.38	0.00	0.00	14,314.38
	TRANSFER	"		"						
052924B		06/07/202	05/29/202	07/08/202			29.76	0.00	0.00	29.76
	TRASNFER	"		"						
053024		06/07/202	05/30/202	07/08/202			164.70	0.00	0.00	164.70
	TRANSFER	"		"						
053124		06/07/202	05/31/202	07/08/202			204.00	0.00	0.00	204.00
	TRANSFER	"		"						
052324		06/07/202	05/31/202	07/08/202			4,591.62	0.00	0.00	4,591.62
	TRANSFER	"		"						
060424		06/12/202	06/04/202	07/09/202			582.69	0.00	0.00	582.69
	TRANSFER	"		"						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	28,244.38	0.00	0.00	28,244.38

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	28,244.38	0.00	0.00	28,244.38

APPROVED ON

JUN 13 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 204596

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
[redacted]				
A/P	204596	06/19/24	28,244.38	BETHANY SENIOR LIVING
A/P	204597	06/19/24	83.85	BROADMOOR AT CREEKSIDE PARK
A/P	204598	06/19/24	2,040.00	FORTBEND HEALTHCARE CENTER
A/P	204599	06/19/24	92,770.90	GOLDENCREEK HEALTHCARE
A/P	204600	06/19/24	3,158.69	GULF POINTE PLAZA
A/P	204601	06/19/24	1,428.00	SOLERA WEST HOUSTON
A/P	204602	06/19/24	26,648.07	THE CRESCENT
TOTALS:			708,439.74	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/17/2024

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		116,095.16	115,723.69	225,809.70			226,181.17	213,438.15
						Bank Balance	226,181.17	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens:						Molina April QIPP	12,272.66	
Ashford Health Care Center Ltd Co								
JP Morgan Chase Bank						April Interest	178.33	
						May Interest	192.03	
						June Interest		
						Adjust Balance/Transfer Amt	213,438.15	
Broadmoor :		89,354.08	88,906.53	166,178.30		-	166,625.85	161,617.41
						Bank Balance	166,625.85	
						Variance	-	
						Leave in Balance	100.00	
						Molina April QIPP	4,560.89	
						April Interest	191.20	
						May Interest	156.35	
						June Interest		
						Adjust Balance/Transfer Amt	161,617.41	
Crescent		152,190.09	145,060.59	251,303.38			258,432.88	198,445.20
						Bank Balance	258,432.88	
						Variance	-	
						Leave in Balance	100.00	
						Claim Pymt owed to Tuscany	6,500.00	
						Molina April QIPP	3,422.94	
						Claim Pymt owed to Tuscany	49,435.24	
						April Interest	269.03	
						May Interest	260.47	
						June Interest		
						Adjust Balance/Transfer Amt	198,445.20	
Fort Bend :		48,466.79	48,218.10	41,632.29			41,880.98	37,793.68
						Bank Balance	41,880.98	
						Variance	-	
						Leave in Balance	100.00	
						Molina April QIPP	3,838.61	
						April Interest	61.77	
						May Interest	86.92	
						June Interest		
						Adjust Balance/Transfer Amt	37,793.68	
Solera at W Houston		64,734.92	64,251.18	179,670.96			180,154.70	175,852.36
						Bank Balance	180,154.70	
						Variance	-	
						Leave in Balance	100.00	
						Molina April QIPP	3,707.03	
						April Interest	223.32	
						May Interest	271.99	
						June Interest		
						Adjust Balance/Transfer Amt	175,852.36	

213,438.15 +
161,617.41 +
198,445.20 +
37,793.68 + *West Houston / Fort Bend / Broadmoor*
175,852.36 +
787,146.80 ◊

TOTAL TRANSFERS 787,146.80

Approved: Andrew de los Santos
ANDREW DE LOS SANTOS 6/17/2024

APPROVED ON
JUN 17 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.

J:\NH Weekly Transfers\NH UPL Transfer Summary\2024\NH UPL Transfer Summary 6.17.24

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/14/2024	Enhanced Analysis Ch	98.89	-					-	-
6/14/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	17,830.07					-	17,830.07
6/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000270647	-	9,466.67					-	9,466.67
6/13/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	115,624.80	-					-	-
6/13/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	6,255.00					-	6,255.00
6/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231173	-	787.61					-	787.61
6/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000230670	-	3,013.92					-	3,013.92
6/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000230670	-	33,258.49					-	33,258.49
6/13/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	25,505.77					-	25,505.77
6/12/2024	MOLINA HEALTHCAR MOLINAACH 01288236 42000017	-	14,771.13	11,201.88	3,569.25			12,272.66	2,498.48
6/12/2024	MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	877.50					-	877.50
6/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000290868	-	289.62					-	289.62
6/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,752.94					-	5,752.94
6/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	0.15					-	0.15
6/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,114.82					-	24,114.82
6/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	76,189.40					-	76,189.40
6/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	7,696.61					-	7,696.61
		-	-					-	-
		115,723.69	225,809.70	11,201.88	3,569.25	-	-	12,272.66	213,537.05

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000270650	-	16,054.04					-	16,054.04
6/14/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,306.11					-	2,306.11
6/14/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	1,208.40					-	1,208.40
6/13/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	88,906.53	-					-	-
6/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231173	-	4,693.89					-	4,693.89
6/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000230670	-	28,636.82					-	28,636.82
6/13/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	910.00					-	910.00
6/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000136	-	9,029.73					-	9,029.73
6/12/2024	MOLINA HEALTHCAR MOLINAACH 01288762 42000017	-	5,531.08	4,145.10	1,385.98			4,560.89	970.19
6/12/2024	MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	4,387.50					-	4,387.50
6/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000291761	-	1,336.37					-	1,336.37
6/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,320.48					-	4,320.48
6/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	32,139.96					-	32,139.96
6/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,425.75					-	17,425.75
6/11/2024	HUMANA INS CO HCCLAIMPMT 49515951 8300005593	-	5,925.00					-	5,925.00
6/11/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	2,301.10					-	2,301.10
6/10/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	10,100.00					-	10,100.00
6/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000161	-	10,774.67					-	10,774.67
6/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	9,097.40					-	9,097.40
		-	-					-	-
		88,906.53	166,178.30	4,145.10	1,385.98	-	-	4,560.89	161,617.41

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/14/2024	DEVOTED HEALTH P HCCLAIMPMT 21000022666981	-	900.00					-	900.00
6/14/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000172	-	149.78					-	149.78
6/14/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	5,249.98					-	5,249.98
6/13/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	145,060.59	-					-	-
6/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231173	-	7,233.14					-	7,233.14
6/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000230670	-	7,236.81					-	7,236.81
6/12/2024	MOLINA HEALTHCAR MOLINAACH 01288720 42000017	-	4,191.27	3,093.66	1,097.61			3,422.94	768.33
6/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027045454	-	13,745.00					-	13,745.00
6/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027045452	-	2,700.00					-	2,700.00
6/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027045450	-	19,350.00					-	19,350.00
6/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027045448	-	13,747.00					-	13,747.00
6/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,917.12					-	2,917.12
6/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000027824401	-	7,650.00					-	7,650.00
6/12/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024103864	-	1,350.00					-	1,350.00
6/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024402914	-	11,845.00					-	11,845.00
6/11/2024	DEVOTED HEALTH P HCCLAIMPMT 21000024402912	-	2,800.00					-	2,800.00
6/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,036.32					-	9,036.32
6/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,139.97					-	19,139.97
6/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,902.08					-	2,902.08
6/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	23,675.00					-	23,675.00
6/11/2024	HUMANA INS CO HCCLAIMPMT 49517069 8300005593	-	6,715.00					-	6,715.00
6/11/2024	HUMANA CHA DISB HCCLAIMPMT 49627823 42000018	-	21,364.00					-	21,364.00
6/11/2024	HIC KY HCCLAIMPMT 49627822 420000188044838 44	-	1,860.00					-	1,860.00
6/11/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	2,448.00					-	2,448.00
6/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000161	-	29,835.00					-	29,835.00
6/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	33,262.91					-	33,262.91
		-	-					-	-
		145,060.59	251,303.38	3,093.66	1,097.61	-	-	3,422.94	247,880.44

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/14/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	3,802.50					-	3,802.50
6/13/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	48,218.10	-					-	-
6/13/2024	MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	2,553.90					-	2,553.90
6/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000230670	-	2,143.90					-	2,143.90
6/12/2024	MOLINA HEALTHCAR MOLINAACH 01288390 42000017	-	4,633.24	3,498.06	1,135.18			3,838.61	794.63
6/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	25,169.45					-	25,169.45
6/10/2024	NOVITAS SOLUTION HCCLAIMPMT 675663 420000161	-	3,329.30					-	3,329.30
		-	-					-	-
		48,218.10	41,632.29	3,498.06	1,135.18	-	-	3,838.61	37,793.68

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
6/14/2024	Enhanced Analysis Ch	111.57	-					-	-
6/14/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,500.32					-	3,500.32
6/14/2024	HUMANA INS CO HCCLAIMPMT 49846890 8300005839	-	3,160.00					-	3,160.00
6/14/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130072	-	430.20					-	430.20
6/13/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	64,139.61	-					-	-
6/12/2024	MOLINA HEALTHCAR MOLINAACH 01288681 42000017	-	4,524.90	3,356.52	1,168.38			3,707.03	817.87
6/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	30,295.95					-	30,295.95
6/11/2024	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	1,218.00					-	1,218.00
6/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000253331	-	173.69					-	173.69
6/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	298.35					-	298.35
6/11/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	35,073.42					-	35,073.42
6/11/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000197	-	221.63					-	221.63
6/11/2024	HUMANA INS CO HCCLAIMPMT 49519769 8300005593	-	9,345.00					-	9,345.00
6/11/2024	HUMANA CHA DISB HCCLAIMPMT 49636995 42000018	-	7,565.00					-	7,565.00
6/11/2024	HUMANA CHA DISB HCCLAIMPMT 49636994 42000018	-	969.00					-	969.00

6/11/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	204.00				-	204.00
6/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000201180	-	3,969.40				-	3,969.40
6/10/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	900.00				-	900.00
6/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000161	-	63,332.86				-	63,332.86
6/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	14,489.24				-	14,489.24
							-	-
		64,251.18	179,670.96	3,356.52	1,168.38	-	- 3,707.03	175,963.93
	TOTALS	462,160.09	864,594.63	25,295.22	8,356.40	-	- 27,802.14	836,792.49

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,725,812.84	$1,667,615.51	$1,725,812.84	$1,678,720.84
*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	$226,181.17	$229,078.99	$226,181.17	$198,983.32
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$166,625.85	$222,554.46	$166,625.85	$147,057.30
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$258,432.88	$264,637.82	$258,432.88	$252,133.12
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$180,154.70	$191,021.65	$180,154.70	$173,175.75
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$41,880.98	$41,880.98	$41,880.98	$38,078.48
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$99,413.54	$100,413.54	$99,413.54	$92,021.54
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$458.34	$458.34	$458.34	$458.34
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,738.04	$3,738.04	$3,738.04	$1,553.04
*5506 MMC -NH BETHANY SENIOR LIVING	$129,948.72	$130,698.90	$129,948.72	$107,332.43
*3407 MMC -NH TUSCANY VILLAGE	$87,052.51	$101,434.05	$87,052.51	$87,052.51
*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	**$2,925,782.50**	**$2,959,615.21**	**$2,925,782.50**	**$2,782,649.60**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/17/2024

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		152,492.94	151,957.07	98,877.67	-	99,413.54	97,970.67

Bank Balance	99,413.54
Variance	-
Leave in Balance	100.00
Claim pymt owed to MMC	65.40
Claim pymts owed to Tuscany	909.44

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	97,970.67

Note: Only balances of over $5,000 will be transferred to the nursing home.
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Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 6/17/2024

APPROVED ON
JUN 17 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
6/14/2024	TSYS/TRANSFIRST CR CD DEP S436845558876917 91	-	1,884.00					-	1,884.00
6/14/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	5,508.00					-	5,508.00
6/13/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	151,050.07	-					-	-
6/13/2024	Deposit	-	17,515.92					-	17,515.92
6/13/2024	TSYS/TRANSFIRST CR CD DEP S436845558876917 91	-	9,596.10					-	9,596.10
6/12/2024	TSYS/TRANSFIRST CR CD DEP S436845558876917 91	-	2,794.68					-	2,794.68
6/12/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001364	-	3,403.09					-	3,403.09
6/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000253331	-	9,905.41					-	9,905.41
6/11/2024	Am Health TX PAYMENT 21531 84307030007084	-	11,500.00					-	11,500.00
6/10/2024	GOLDENCREEKHEALT ELEC DEBIT 1220356 91000014	907.00	-					-	-
6/10/2024	TSYS/TRANSFIRST CR CD DEP S436845558876917 91	-	1,391.90					-	1,391.90
6/10/2024	TSYS/TRANSFIRST CR CD DEP S436845558876917 91	-	8,665.15					-	8,665.15
6/10/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001455	-	1,538.00					-	1,538.00
6/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	25,175.42					-	25,175.42
								-	-
		151,957.07	98,877.67	-	-	-	-	-	98,877.67

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,725,812.84	$1,667,615.51	$1,725,812.84	$1,678,720.84
*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	$226,181.17	$229,078.99	$226,181.17	$198,983.32
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$166,625.85	$222,554.46	$166,625.85	$147,057.30
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$258,432.88	$264,637.82	$258,432.88	$252,133.12
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$180,154.70	$191,021.65	$180,154.70	$173,175.75
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$41,880.98	$41,880.98	$41,880.98	$38,078.48
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$99,413.54	$100,413.54	$99,413.54	$92,021.54
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$458.34	$458.34	$458.34	$458.34
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,738.04	$3,738.04	$3,738.04	$1,553.04
*5506 MMC -NH BETHANY SENIOR LIVING	$129,948.72	$130,698.90	$129,948.72	$107,332.43
*3407 MMC -NH TUSCANY VILLAGE	$87,052.51	$101,434.05	$87,052.51	$87,052.51
*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	**$2,925,782.50**	**$2,959,615.21**	**$2,925,782.50**	**$2,782,649.60**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/17/2024

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		7,675.54	7,575.54	358.34		-		458.34	no transfer
							Bank Balance	458.34	
							Variance	-	
							Leave in Balance	100.00	
							Claim pymt owed to MMC	218.13	
							Adjust Balance/Transfer Amt	140.21	

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		41,756.15	41,438.02	3,419.91		-		3,738.04	-
							Bank Balance	3,738.04	
							Variance	0.00	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	3,638.04	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	3,778.25

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 6/17/2024

APPROVED ON
JUN 17 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
6/13/2024	WIRE OUT HMG Rockport SNF, LP -Commerical	7,575.54	-					-	-
6/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000291761	-	58.81					-	58.81
6/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000291429	-	152.81					-	152.81
6/11/2024	PNC-ECHO HCCLAIMPMT 746003411 41000128407755	-	117.61					-	117.61
6/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000253331	-	29.11					-	29.11
								-	-
		7,575.54	358.34	-	-	-	-	-	358.34

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
6/14/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	2,185.00					-	2,185.00
6/13/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	41,438.02	-					-	-
6/10/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,234.91					-	1,234.91
								-	-
		41,438.02	3,419.91	-	-	-	-	-	3,419.91
		49,013.56	3,778.25	-	-	-	-	-	3,778.25

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,725,812.84	$1,667,615.51	$1,725,812.84	$1,678,720.84
*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	$226,181.17	$229,078.99	$226,181.17	$198,983.32
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$166,625.85	$222,554.46	$166,625.85	$147,057.30
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$258,432.88	$264,637.82	$258,432.88	$252,133.12
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$180,154.70	$191,021.65	$180,154.70	$173,175.75
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$41,880.98	$41,880.98	$41,880.98	$38,078.48
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$99,413.54	$100,413.54	$99,413.54	$92,021.54
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$458.34	$458.34	$458.34	$458.34
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,738.04	$3,738.04	$3,738.04	$1,553.04
*5506 MMC -NH BETHANY SENIOR LIVING	$129,948.72	$130,698.90	$129,948.72	$107,332.43
*3407 MMC -NH TUSCANY VILLAGE	$87,052.51	$101,434.05	$87,052.51	$87,052.51
*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	**$2,925,782.50**	**$2,959,615.21**	**$2,925,782.50**	**$2,782,649.60**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/17/2024

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		75,527.41	75,427.41	86,952.51	-	-	-	87,052.51	79,272.63
							Bank Balance	87,052.51	
							Variance	-	
							Leave in Balance	100.00	
							Molina April QIPP	7,679.88	

Adjust Balance/Transfer Amt 79,272.63

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 6/17/2024

APPROVED ON
JUN 17 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
6/13/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	75,427.41	-					-	-
6/13/2024	Deposit	-	816.00					-	816.00
6/13/2024	Deposit	-	21,258.00					-	21,258.00
6/12/2024	MOLINA HEALTHCAR MOLINAACH 01288756 42000017	-	8,737.71	6,622.05	2,115.66			7,679.88	1,057.83
6/11/2024	Deposit	-	49,123.20					-	49,123.20
6/10/2024	Deposit	-	7,017.60					-	7,017.60
								-	-
		75,427.41	86,952.51	6,622.05	2,115.66	-	-	7,679.88	79,272.63

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,725,812.84	$1,667,615.51	$1,725,812.84	$1,678,720.84
*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	$226,181.17	$229,078.99	$226,181.17	$198,983.32
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$166,625.85	$222,554.46	$166,625.85	$147,057.30
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$258,432.88	$264,637.82	$258,432.88	$252,133.12
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$180,154.70	$191,021.65	$180,154.70	$173,175.75
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$41,880.98	$41,880.98	$41,880.98	$38,078.48
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$99,413.54	$100,413.54	$99,413.54	$92,021.54
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$458.34	$458.34	$458.34	$458.34
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,738.04	$3,738.04	$3,738.04	$1,553.04
*5506 MMC -NH BETHANY SENIOR LIVING	$129,948.72	$130,698.90	$129,948.72	$107,332.43
*3407 MMC -NH TUSCANY VILLAGE	$87,052.51	$101,434.05	$87,052.51	$87,052.51
*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	**$2,925,782.50**	**$2,959,615.21**	**$2,925,782.50**	**$2,782,649.60**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
6/17/2024

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		52,464.94	51,856.73	129,340.51			-	129,948.72	129,340.51
							Bank Balance	129,948.72	
							Variance	-	
							Leave in Balance	100.00	

April Interest	194.41
May Interest	313.80
June Interest	
Adjust Balance/Transfer Amt	129,340.51

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 6/17/2024

APPROVED ON
JUN 17 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	
6/14/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000172	-	18,440.65					-	18,440.65
6/14/2024	HOSPICE OF SOUTH Payments NF 113122650066942	-	4,175.64					-	4,175.64
6/13/2024	WIRE OUT PORT LAVACA NH, LLC	51,856.73	-					-	-
6/13/2024	Deposit	-	44,638.38					-	44,638.38
6/12/2024	Deposit	-	19,650.30					-	19,650.30
6/11/2024	NDC SWEEP FAC K236 31316967123980 SWEEP FR	-	16,328.70					-	16,328.70
6/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000161	-	26,106.84					-	26,106.84
								-	-
		51,856.73	129,340.51	-	-	-	-	-	129,340.51

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	$1,725,812.84	$1,667,615.51	$1,725,812.84	$1,678,720.84
*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	$226,181.17	$229,078.99	$226,181.17	$198,983.32
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	$166,625.85	$222,554.46	$166,625.85	$147,057.30
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	$258,432.88	$264,637.82	$258,432.88	$252,133.12
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*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	$41,880.98	$41,880.98	$41,880.98	$38,078.48
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$99,413.54	$100,413.54	$99,413.54	$92,021.54
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$458.34	$458.34	$458.34	$458.34
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$3,738.04	$3,738.04	$3,738.04	$1,553.04
*5506 MMC -NH BETHANY SENIOR LIVING	$129,948.72	$130,698.90	$129,948.72	$107,332.43
*3407 MMC -NH TUSCANY VILLAGE	$87,052.51	$101,434.05	$87,052.51	$87,052.51
*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	**$2,925,782.50**	**$2,959,615.21**	**$2,925,782.50**	**$2,782,649.60**

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 6/17/2024

APPROVED ON
JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001240

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

AMOUNT: $ 12,272.66

G/L NUMBER: 10255040

EXPLANATION: Molina April QIPP Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Dukes-Santos

6/17/24

Broadmoor ✓ ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 6/17/2024

APPROVED ON
JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000277

FOR ACCT USE ONLY

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

AMOUNT: $ 4,560.89 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina April QIPP Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

6/17/24

Crescent ✓✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 6/17/2024

APPROVED ON
JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 000346

FOR ACCT USE ONLY

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

AMOUNT: $ 3,422.94 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina April QIPP Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Sandra Dotson ✓

6/17/24

Fort Bend ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 6/17/2024

APPROVED ON
JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk #000249

FOR ACCT USE ONLY

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

AMOUNT: $ 3,838.61 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina April QIPP Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

6/17/24

Solera ✓✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 6/17/2024

APPROVED ON JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk #001303

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

AMOUNT: $ 3,707.03 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina April QIPP Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Delos Santos ✓

6/17/24

Tuscany ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 6/17/2024

APPROVED ON
JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#00115e

FOR ACCT USE ONLY

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

AMOUNT: $ 7,679.88 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina April QIPP Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

6/17/24

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **6/19/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina April					TOTAL	Date
Ashford	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	12,272.66					12,272.66	6/19/2024
Broadmoor	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	4,560.89					4,560.89	6/19/2024
Crescent	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	3,422.94					3,422.94	6/19/2024
Fort Bend	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	3,838.61					3,838.61	6/19/2024
Solera	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	3,707.03					3,707.03	6/19/2024
Golden Creek	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040						-	6/19/2024
Bethany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040						-	6/19/2024
Tuscany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	7,679.88					7,679.88	6/19/2024
				Total:	35,482.02	-	-	-	-	35,482.02	

Note:

Approved:

ANDREW DE LOS SANTOS 6/17/2024

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

001240

Date 6-19-24

88-2265/1131

PAY
TO THE
ORDER OF MMC Operating

$ 12,272. 66/100

Twelve thousand, two hundred seventy-two dollars & 66/100 DOLLARS

PROSPERITY BANK®

County auditor

MP

County treasurer

Security features are included. Details on back.

FOR

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

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

000277

88-2265/1131

Date 6-19-24

PAY
TO THE
ORDER OF MMC Operating

$ 4560. 89/100

Four thousand, five hundred sixty dollars & 89/100 DOLLARS

PROSPERITY BANK®

County auditor

MP

County treasurer

Security features are included. Details on back.

FOR Molina April

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

000346

Date 6-19-24

88-2265/1131

PAY
TO THE
ORDER OF MMC Operating

$ 3422. 94/100

Three thousand, four hundred twenty-two dollars & 94/100 DOLLARS

PROSPERITY BANK®

County auditor

MP

County treasurer

Security features are included. Details on back.

FOR Molina April AIPP

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

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

MP
000249

88-2265/1131

Date 6-19-24

PAY
TO THE ORDER OF MMC Operating $ 3838.61/100

Three thousand, eight hundred thirty-eight dollars & 61/100 DOLLARS

PROSPERITY BANK®

County auditor

FOR April Molina QIPP

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

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

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

MP
001303

Date 6-19-24 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 3707.03/100

Three thousand, seven hundred seven dollars & 03/100 DOLLARS

PROSPERITY BANK®

County auditor

FOR Molina April QIPP

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

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

MEMORIAL MEDICAL CENTER
TUSCANY VILLAGE
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
001156

Date 6-19-24 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 7679.88/100

Seven thousand, six hundred seventy-nine dollars & 88/100 DOLLARS

PROSPERITY BANK®

County auditor

FOR Molina April QIPP

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

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Tuscany Village

Date Requested: 6/17/2024

APPROVED ON
JUN 17 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK#000345

FOR ACCT USE ONLY

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

AMOUNT: $ 49,435.24

G/L NUMBER: 21400007

EXPLANATION: Claim Payment owed by The Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew Estes Santos

6/17/24

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

MP

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

000345

Date 12-19-24 88-2265/1131

PAY
TO THE
ORDER OF Tuscany Village $ 49,435.24/100

Forty-nine thousand, four hundred thirty-five dollars 24/100 DOLLARS

PROSPERITY BANK

County auditor
MP

FOR Claim payments

County Treasurer
Security features are included. Details on back.